

performance review 2020/21

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](#). We also have a [glossary of terms](#) and abbreviations we use as part of our performance review process 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 2020/21

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 2021:

3,385
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 considered not fit to practise.

Standards of Good Regulation met for 2020/21 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.

General Chiropractic Council

Executive summary

How the General Chiropractic Council is protecting the public and meeting the Standards of Good Regulation



This report arises from our annual performance review of the General Chiropractic Council (GCC) and covers the period from 1 April 2020 to 31 March 2021. The GCC 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.

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 used 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's register. We used this information to decide the type of performance review we should undertake. You can find further information about our review process in our [Performance Review Process guide](#), which is available on our website.

Key developments and findings

The GCC's response to the Covid-19 pandemic

The GCC responded well in managing the risks presented by the Covid-19 pandemic and demonstrated a clear focus on protecting patients from harm. It published guidance to help registrants to provide safe and effective care and provided signposting to guidance published by other relevant organisations. It took a pragmatic and proportionate approach to consultation during the pandemic, engaging with stakeholders as appropriate.

The GCC maintained its Education Standards but allowed education providers a reasonable degree of flexibility in how they assessed student performance. Similarly, it maintained its Continuing Professional Development requirements, encouraging registrants to make use of remote and informal learning opportunities. It acted quickly to

The General Chiropractic Council's performance during 2020/21

We conducted a targeted review of the GCC's performance against Standards 3, 4, 11, 15 and 17. Following our targeted review we concluded that the GCC had not met Standard 3.

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 \(as amended\)](#).

remove misleading advertising which claimed chiropractic could prevent or treat Covid-19. The GCC used technology effectively to reduce the impact of the pandemic on its core functions, by holding Council meetings, fitness to practise hearings and quality assurance visits to education providers remotely.

Equality, Diversity and Inclusion

The GCC stepped up its efforts around issues of Equality, Diversity and Inclusion (EDI) during this performance review period. It published a draft EDI policy statement, organised training for staff, Council and committee members, and started routinely conducting Equality Impact Assessments. It also took action to improve its understanding of diversity of its registrants, for example by collecting robust EDI data in its registrant survey. These were all positive developments.

There was still evidence, however, that the GCC had not yet embedded EDI thinking in its work. It could have made better use of its EDI data: it collected and analysed EDI information about applicants for committee membership and registrants subject to fitness to practise complaints, which indicated some potential differences which we thought the GCC should have identified and reflected on. It also did not conduct an Equality Impact Assessment for the introduction of remote interviews for the Test of Competence. In light of these weaknesses, we concluded the GCC had not met Standard 3 for this performance review period.

Fitness to practise timeliness

As was the case for many other regulators, we saw some deterioration in the key timeliness measures for the GCC's fitness to practise process. The Covid-19 pandemic was a factor: delaying access to case files; slowing production of expert reports; and disrupting hearing schedules. We also recognise that, as a smaller regulator, the GCC has less scope to redeploy its staffing resources and that its performance can be skewed by a small number of complex cases. We therefore concluded that the GCC had met Standard 15 for this performance review period. We do, however, expect performance in this area to improve in 2021/22 so that cases are progressed and resolved more quickly.

How the GCC 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 GCC publishes information about its role and activities on its website,² which it relaunched in October 2019. The website works well on a range of devices and we are pleased to note that the GCC has launched a Welsh version³ of the website; this removes a potential barrier to access that we identified in our last performance review.
- 1.2 The GCC maintains a live version of its register on its website homepage, which allows users to search for registrants by surname, registration number or location. It also publishes monthly reports detailing additions, removals and restorations to the register, together with any ongoing disciplinary action affecting a registrant's fitness to practise, as well as an annual registration report providing statistics and analysis. The website also contains information about how to join the register, and the rules and processes around Continuing Professional Development (CPD).
- 1.3 The 'Standards' section of the website includes the GCC Code, which sets out the standards of performance, conduct and ethics that UK chiropractors must meet to join and remain on the register, accompanied by guidance covering a range of issues. It also includes the Education Standards which students must reach by the point of graduation from a recognised chiropractic programme, plus details of the GCC's approval and quality assurance processes and activities.
- 1.4 The 'Concerns about a Chiropractor' section of the website contains online forms to allow people to raise complaints about either registered chiropractors or unregistered individuals describing themselves as chiropractors. It also contains guidance about how to complain and how the investigation process works, and how to ask for assistance. There are also links to recent decisions and future hearings.

Conclusion against this Standard

- 1.5 The GCC uses its website to provide information about its registrants, regulatory requirements, guidance, processes and decisions in a way which appears to be accurate and accessible. We are satisfied that this Standard is met.

² www.gcc-uk.org

³ www.gcc-uk.org/cymraeg

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 Chiropractors Act 1994⁴ sets out the statutory duty of the GCC to 'develop and regulate the profession of chiropractic' with the overarching objective of protecting the public. This objective underpins the GCC's 2019-23 Strategic Plan, and the activities set out in the 2021 Business Plan. Progress against the Business Plan is discussed at each meeting of the GCC Council.
- 2.2 As a small regulator, there is a lower risk that policies might be applied inconsistently, and we have not seen any evidence of this happening. Monthly meetings to discuss cases considered by the Investigations Committee provide opportunities for staff from different teams in the GCC to share information and learning.
- 2.3 The GCC has arrangements for declaring and managing the interests of Council members and GCC partners (legal assessors, medical assessors, test of competence assessors and education visitors). Annual declarations for each Council member are published on the website and relevant interests are declared by members at Council meetings.

Conclusion against this Standard

- 2.4 The GCC has a clear focus on public protection, which we can see linking its legislation, strategic plan and business plan, through to its day-to-day activity. It takes a proportionate approach to ensuring that learning is shared across the organisation and that policies are implemented consistently. It also has appropriate measures in place to manage 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 did not meet this Standard in our review last year. We have seen evidence of the GCC giving greater priority to issues of Equality, Diversity and Inclusion (EDI) during this performance review period. It has organised training for staff, Council and committee members, improved its approach to EDI data collection and analysis, and started routinely conducting Equality Impact Assessments (EIAs). It has also published a draft EDI policy statement which sets out its approach to EDI and summarises progress made in 2020 and the work planned for 2021.

EDI data

- 3.2 In February 2021, the GCC published the results of a major survey on public perceptions of chiropractic.⁵ It had commissioned this work to help registrants better

⁴ www.legislation.gov.uk/ukpga/1994/17/contents

⁵ www.gcc-uk.org/assets/downloads/Public_Perceptions_Research_report_February_2021.pdf

understand patient views, needs and concerns. However, it did not collect any EDI information from respondents other than age and gender. This may limit the usefulness of such research in, for example, helping regulators to identify potential barriers to treatment faced by different population groups. While we are aware that other regulators have not sought such information in their public surveys, we encourage all regulators to collect EDI information in future surveys and research by default.

- 3.3 The GCC is working to improve its understanding of the diversity of chiropractic students and future registrants. It is analysing the EDI information that education providers submitted as part of the annual monitoring process for 2019/20. The GCC has noted that the data appears to show different outcomes for ethnic minority students, and further research is to be undertaken. We will continue to monitor this work. The GCC also switched to an online application form for its Test of Competence (for those with qualifications obtained outside the UK) which has improved its collection of EDI data from candidates.
- 3.4 The GCC's understanding of the diversity of its registrants is improving. It has the age, sex and ethnicity data for 76% of its registrants, and complete data on all protected characteristics for 40% of registrants.⁶ The GCC will ask registrants to provide complete and up-to-date EDI information in the next annual retention round; this should further improve the completeness and accuracy of the GCC's registrant EDI data. The GCC also conducted an online registrant survey in 2020 which generated robust EDI data; the GCC intends to use this information as it develops its policies.
- 3.5 In late 2020, the GCC used data from the previous three years to review its fitness to practise process in terms of the incidence and impact on ethnic minority registrants. During this period, 201 registrants were subject to formal complaints; the GCC held ethnicity data for 153 of these registrants, of whom 19 came from an ethnic minority. 20 cases proceeded to a final hearing; of those cases, two registrants involved identified as being from an ethnic minority and the GCC did not have ethnicity data for another eight. The GCC concluded that ethnic minority registrants did not appear to experience differential outcomes from its fitness to practise system, although it acknowledged that the gaps in its data meant it could not properly assess this. We welcome the GCC's plans to improve its data and agree this will help it to identify potential disparities between groups with protected characteristics in future. However, we think the GCC should have recognised that – among the 153 registrants for whom it did hold ethnicity data – it appeared that ethnic minority registrants were more likely than White registrants to enter its fitness to practise system.⁷
- 3.6 The GCC collected robust EDI data during its major recruitment drive for regulatory committee members in late 2020 and early 2021. It attracted a diverse range of applicants. However, the data showed that ethnic minority candidates were much less likely to be shortlisted than White candidates, and that female candidates were much less likely to succeed at interview than male candidates. We recognise that

⁶ Figures include 'prefer not to say' responses.

⁷ Of the 153 registrants subject to a formal complaint for whom the GCC has EDI information, 19 registrants (12%) came from an ethnic minority; this compares with 8% of all registrants for whom the GCC has ethnicity data.

this was only one round of recruitment, and that different outcomes do not, in themselves, demonstrate unfairness. The GCC told us its recruitment processes are fair to all candidates and set out the measures it put in place, such as unconscious bias training for those shortlisting and interviewing. However, the GCC does not appear to have reflected on the data that suggests different outcomes for different groups at key stages in the recruitment process *despite* those measures.

Equality Impact Assessments

- 3.7 In our last performance review, we found no evidence that the GCC was systematically considering whether EIAs were necessary. Since then, the GCC has reviewed its process for completing EIAs and has conducted EIAs on a number of draft policies during this performance review period. It has published summaries of these assessments to accompany relevant policy papers presented to Council. The GCC did not, however, conduct an EIA for the introduction of remote interviews for the Test of Competence in May 2020. The GCC has told us that it regarded this as a necessary operational decision, given the urgency of these interviews and the pandemic. In our view, the GCC should have completed an EIA ahead of the remote interviews to formally consider whether the test could be carried out fairly.

Conclusion against this Standard

- 3.8 We welcome the progress that the GCC has made during this performance review period and the plans it has in place to take further action. The GCC is working hard to improve its understanding of the diversity of chiropractic students and its registrants by collecting more complete and accurate EDI data. It is also taking a more structured approach to the use of EIAs, which was a weakness we noted in our last performance review.
- 3.9 During this performance review period, however, there were still significant gaps in the GCC's EDI data. Because of this, the GCC was not able to tell whether its processes were affecting people differently on the basis of different protected characteristics. Furthermore, the GCC missed opportunities to make better use of the EDI data it did have – for example to consider whether ethnic minority registrants were disproportionately likely to be subject to a formal fitness to practise complaint. Even where the GCC had robust data – as it did for its major committee recruitment round – it did not appear to have reflected on the different outcomes associated with different protected characteristics. There was also evidence that EDI considerations were not yet embedded in all aspects of the GCC's work – for example, the GCC did not collect complete EDI data in its major public perceptions survey, and did not conduct an EIA about introducing remote interviews for the Test of Competence. We therefore conclude 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 As required by the Chiropractors Act 1994, the GCC publishes three key corporate documents: an annual report of its activities including its equality, diversity and

inclusion arrangements; an annual fitness to practise report; and a strategic plan. The GCC holds four Council meetings per year at which organisational reports are presented, including a summary of fitness to practise performance. All the meetings during this performance review period were held remotely due to the pandemic, and were open for the public to observe.

- 4.2 The GCC encourages people to make complaints to help it learn from its mistakes and improve its performance. The website provides relevant guidance and the GCC will adjust its processes for complainants with accessibility or disability needs. The GCC receives a small number of corporate complaints each year and we have seen evidence of it taking appropriate action in response. We have also seen evidence of the GCC improving its fitness to practise process after reviewing feedback from complainants. The GCC told us that it intends to collect feedback from fitness to practise parties in a more structured way from July 2021 which it will report to Council periodically.
- 4.3 The GCC conducted two major pieces of research during this performance review period: a survey of public perceptions of chiropractic; and research into registrants' working habits and attitudes. The GCC intends to use this research to inform its policy development over the coming years, and has started sharing key findings with registrants in its monthly newsletter.
- 4.4 As we noted in our previous report, the GCC has been taking action in response to a Coroner's report on the death of a patient following chiropractic treatment. The report emphasised the need for proper first aid training for chiropractors. The GCC has obtained confirmation from education providers that first aid training is part of all undergraduate chiropractic courses. It also assembled an expert panel to review the use of diagnostic imaging in chiropractic and intends to publish guidance on this later in 2021.

Conclusion against this Standard

- 4.5 The GCC uses feedback and evidence from a range of sources to improve its processes and performance. We are satisfied that this Standard is met.

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 worked effectively with stakeholders to manage the risks presented by the Covid-19 pandemic and protect patients from harm. It engaged with other regulators during the pandemic and participated in various inter-regulatory groups and forums.
- 5.2 We are satisfied with the GCC's approach to consultation during the unique circumstances of the pandemic. It did not consult stakeholders before it asked the Department of Health and Social Care (DHSC) to enable it to serve fitness to practise notices via email; we agree this was a necessary step while the GCC office was closed to staff. In developing a protocol on remote hearings for its Professional Conduct Committee, the GCC sought feedback from defence representatives and professional associations as key stakeholders, rather than launch a full consultation; again, we think this was a proportionate approach.

- 5.3 The GCC also directed registrants to relevant guidance from organisations such as NHS England, Public Health England and DHSC, as well as equivalent health organisations in the devolved administrations, to support them in providing safe and effective care to patients during the pandemic.
- 5.4 The GCC established a new quarterly fitness to practise stakeholder meeting including representatives from professional associations and their legal providers. These meetings were set up to improve joint working and identify process improvements.

Conclusion against this Standard

- 5.5 During this performance review period, the GCC has taken a targeted approach to its engagement work in response to the demands of the pandemic. This is reflected in its limited consultation with stakeholders most affected by the introduction of remote hearings, and its decision not to consult on the use of email to serve fitness to practise notices. The impact of the pandemic justified these decisions at the time, but the GCC should revert to full consultations in future where appropriate. 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 Code: Standards of conduct, performance and ethics for chiropractors*, has been in effect since 30 June 2016. This outlines the standards that chiropractors must meet in order to join and remain on the register.
- 6.2 We have seen no evidence that the GCC has considered making any changes to its Code during this performance review period. However, we have not received any concerns suggesting that changes are required.

Conclusion against this Standard

- 6.3 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 support registrants to apply its standards on its website. During this period, it focused on guidance to help registrants provide care to patients safely during the Covid-19 pandemic. It reminded registrants that they should have regard to *The Code* in deciding when and how to provide treatment, and of the need to prioritise patient safety at all times. It directed registrants to relevant guidance from NHS England, Public Health England and DHSC, and equivalent health organisations in the devolved administrations.

- 7.2 The GCC received some complaints from registrants who wanted its guidance to be more prescriptive. However, we consider the GCC acted appropriately in terms of the guidance it issued, which prioritised patient safety and directed registrants to the Code and relevant guidance from other organisations.
- 7.3 As noted in our assessment against Standard 4, the GCC has started work to produce new guidance on the use of diagnostic imaging. This project was delayed by the pandemic and the GCC now expects to publish the guidance later in 2021; we will consider it in our next performance review.

Conclusion against this Standard

- 7.4 The GCC provided appropriate guidance and support to registrants during the Covid-19 pandemic so they could provide treatment to patients safely. 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 set both standards for conduct, performance and ethics for chiropractors to ensure competent and safe practice, and the content and criteria required of chiropractic degrees. The GCC's Quality Assurance Handbook gives providers guidance to ensure that their programmes meet those standards. This is supplemented by a number of more detailed guidance documents covering specific issues for providers.
- 8.2 The GCC has not changed its Education Standards or accompanying guidance during this performance review period. It has, however, started work on a scoping exercise to determine the need for any changes to the Standards and quality assurance processes. A key objective is to ensure that approved qualifications meet future patient needs. The GCC has convened a steering group to lead this work, which is due to report to the GCC's Education Committee in November 2021.

Conclusion against this Standard

- 8.3 We have not seen evidence that the Education Standards have become outdated since our last review. The GCC's scoping exercise indicates that the GCC actively considers the need to keep its standards up to date. We are therefore satisfied 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.

Approval of new programmes

- 9.1 The GCC sets out its process for approving new education programmes in its Quality Assurance Handbook. All new courses are subject to a four-stage approval process, with an additional stage for education providers wishing to offer a chiropractic qualification for the first time. This allows the GCC to manage the additional risks associated with a new provider.
- 9.2 The GCC approved two new chiropractic courses during the review period, at AECC University College and Teesside University, both with conditions attached. We saw evidence that the GCC took a proportionate and risk-based approach to its approval process, which took into account the fact that Teesside University had not offered a chiropractic qualification before. The GCC now publishes a useful summary⁸ of the conditions in place for each institution, including target dates and whether they have been met or not; in our last review we noted that this information was not always published on the GCC website.
- 9.3 The GCC is assessing a number of prospective courses in line with its approval process and we have seen evidence of the Education Committee taking decisions to uphold the standard of courses progressing through the system.

Quality assurance of existing programmes

- 9.4 The Covid-19 pandemic affected both the delivery of chiropractic education and the GCC's approach to quality assurance. The GCC gave education providers greater flexibility in how they assessed student performance, in recognition of the temporary restrictions on in-person teaching and patient contact. We are content that this approach was appropriate in the circumstances; providers were still required to assess students against the GCC's existing Education Standards.
- 9.5 As in previous years, the GCC required education providers to submit an annual monitoring and self-assessment form as part of its quality assurance regime. The pandemic prevented members of the GCC's Education Committee from meeting staff and students in person as they normally would as part of their assessments. Instead, they resolved queries by email and met students remotely. Again, this was a flexible and appropriate response to the situation.

Conclusion against this Standard

- 9.6 The GCC has continued to process applications for new chiropractic programmes and carry out its quality assurance work, despite the challenges posed by the pandemic. It has shown flexibility in its approach while staying focused on maintaining education standards. The GCC's decision to publish a summary of conditions imposed on education providers is a welcome improvement in transparency. We are satisfied that this Standard is met.

⁸ www.gcc-uk.org/assets/downloads/Summary_of_GCC_Conditions_imposed_on_Education_Institutions_2020.pdf

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 The GCC register can be accessed via the homepage of the GCC website, and allows users to search for a chiropractor by name, postcode, or location. We checked a sample of entries on the register and found all the entries to be correct and in accordance with the GCC's revised Publication and Disclosure Policy, published in June 2020.

Conclusion against this Standard

10.2 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 website contains information about the registration process for UK and international applicants. It also sets out the process for appealing against the Registrar's decisions.

11.2 There was a significant fall in the first-time pass rate for international candidates taking the GCC's Test of Competence during this performance review period. This coincided with the introduction of remote interviews as part of the Test of Competence in response to the Covid-19 pandemic. In response to the fall in the first-time pass rate, the external examiner reviewed the process and results; they concluded that there was no evidence to suggest candidates had been treated differently this year. We also note that the *final* pass rate for candidates was in line with figures seen in previous years.

11.3 Despite the Covid-19 pandemic, the number of new registration applications is in line with previous years. The GCC did not reject any applications to the register and there were no appeals. The median time to process applications remained very low, at one day for UK and non-EU/EAA graduates, and two days for EU/EEA graduates.

Conclusion against this Standard

11.4 The GCC has operated an efficient and fair registration process despite the challenges of the Covid-19 pandemic, and 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 Chiropractors Act 1994 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 website includes an online form where users can submit concerns about someone falsely describing themselves as a chiropractor, although it does not explain the process for handling any complaints.
- 12.2 The GCC will examine complaints to see if they fall within the scope of a Section 32 complaint and can instigate appropriate enforcement action, including prosecution if necessary. The GCC has taken legal advice to help it determine when investigation is appropriate; of the 36 cases closed during this performance review period, 22 were outside the scope of Section 32, and 14 related to advertising concerns (discussed further under Standard 15). The GCC did not prosecute any individuals under Section 32.
- 12.3 In previous reports we have commented on the backlog of old Section 32 cases and the lack of performance reporting to Council. We are pleased to see that the GCC has successfully addressed both of these issues. The GCC has started reporting on Section 32 performance as part of its quarterly fitness to practise updates to Council; this data shows the GCC had closed all but one of its backlog of old cases by the end of this performance review period, and is processing new cases promptly.

Conclusion against this Standard

- 12.4 The GCC enables people to raise concerns about individuals inappropriately describing themselves as chiropractors. It has a system in place to examine and process complaints, and to take appropriate enforcement action where necessary. The GCC has nearly eliminated the backlog of old Section 32 cases and is processing new complaints efficiently. It has also improved its performance reporting to Council. We are satisfied that this Standard is met.

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

- 13.1 All registered chiropractors are required by law to undertake CPD.⁹ Registrants must carry out 30 hours of CPD each year between 1 September to 31 August, including 15 hours of 'learning with others' such as case discussions or work shadowing.
- 13.2 As we noted in our last performance review, the GCC made changes to its CPD approach from October 2019 to focus on the impact of learning on practice, rather than simply measuring hours completed. The GCC asked the Royal College of Chiropractors (RCC) to evaluate the effectiveness of these changes; it reported to the GCC's Education Committee in April 2020 that the findings were very encouraging in terms of compliance and reflective learning.

⁹ As set out in the Chiropractors Act 1994 and the General Chiropractic Council (Continuing Professional Development) Rules 2004.

First aid knowledge and skills

- 13.3 In February 2020, the GCC told registrants that they would need to provide information on their first aid knowledge and skills in their CPD return due in September 2020. This was in response to the Coroner's report after the inquest, in November 2019, into the death of a patient following chiropractic treatment. The GCC asked the RCC to review the CPD submissions; it found that over 98% indicated they were currently first aid certified or recently trained, or had clear plans in place to undertake training. The GCC identified fewer than 100 registrants whose responses were inadequate and asked them to provide further information.

CPD compliance

- 13.4 The GCC did not relax its CPD requirements in response to the Covid-19 pandemic. On 13 March 2020, it issued a statement reminding registrants that informal learning and remote learning counted towards CPD hours. It repeated the message in its newsletters in April and August 2020.
- 13.5 During the 2020 calendar year, the GCC removed 76 registrants from the register because of non-compliance with CPD requirements – the highest figure since the GCC started publishing this data in 2014. The GCC has stated that the Covid-19 pandemic is likely to have been a factor in this increase, and that 19 registrants had since re-joined the register. There appear to have been no appeals against these decisions.

Conclusion against this Standard

- 13.6 The GCC has clear CPD requirements for registrants, supported by appropriate guidance. It required registrants to answer questions on first aid skills and training in their 2020 CPD submission, demonstrating willingness to update its CPD requirements to address risks to patients. The GCC maintained its CPD requirements during the Covid-19 pandemic, and there has been a small increase in the number of registrants removed from the register for non-compliance during the year, with no appeals against these decisions. 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 provides information for anyone wishing to make a complaint about a chiropractor on its website. This explains what type of complaints the GCC can and cannot deal with, and clearly sets out the investigation process. It also provides links to more detailed information such as the Investigating Committee Decision Making Guidance and further information about formal hearings. Individuals can make complaints through the simple online complaint form, as well as by letter, email and phone. The website makes it clear that additional assistance is available for anyone who needs it.

14.2 The number of complaints received by the GCC increased from 111 in 2019/20 to 148 in 2020/21. This was driven by a bulk referral of complaints about misleading advertising from a single source, discussed further under Standard 15. There is no evidence that people were unable to raise complaints with the GCC during the performance review period.

Conclusion against this Standard

14.3 The GCC has appropriate processes, guidance and support in place to enable individuals to raise concerns about registrants. 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.

Timeliness of the fitness to practise process

15.1 We noted in our last performance review that cases were taking longer to progress through the GCC’s fitness to practise system. The GCC attributed this to instability in its fitness to practise team, and a number of particularly complex cases.

15.2 Since then, the GCC has restructured its fitness to practise team and made all the roles permanent; we had therefore expected to see some improvement in the key performance measures this year. As the table below shows, cases have progressed to a decision by the Investigating Committee (IC) more quickly than in 2019/20. But it has taken longer for the most serious cases to reach a final decision by a Professional Conduct Committee (PCC). Overall, the end-to-end measure of timeliness has deteriorated slightly from a median of 91 weeks in 2019/20 to 96 weeks during this performance review period.

Median time from:	2018/19	2019/20	2020/21
Receipt of referral to the final decision on whether the referral should progress to consideration by an IC (days)	4.5	12	7
Receipt of referral to final IC decision (weeks)	30	38.5	29
Final IC decision to final PCC decision or other final disposal of the case (weeks)	25	32	53
Receipt of referral to final PCC determination/or other final disposal of the case (weeks)	53	91	96

15.3 The Covid-19 pandemic has made it more difficult for regulators to progress their fitness to practise cases over the last year. Access to case files and other evidence has been affected and PCC hearings could not be conducted in person as before. The GCC’s small size made it particularly vulnerable: it has less scope to redeploy its staffing resources quickly; and its small caseload (only nine final PCC decisions

in 2020/21) means the data is more easily affected by a few complex cases or external events. In these difficult circumstances, the drop in timeliness performance this year is understandable, but we expect it to improve in 2021/22.

Handling complaints about misleading advertising

- 15.4 The GCC continues to receive complaints about misleading advertising – often allegations that a registrant has made unsubstantiated claims about the effectiveness of chiropractic treatment. During this performance review period a large proportion of complaints related to claims that chiropractic could prevent or treat Covid-19. Such claims could pose a risk to public protection and – if not properly addressed by the GCC – damage public confidence in the regulator.
- 15.5 As we noted in last year’s performance review, the GCC has made progress implementing recommendations from a lessons learned review it published in 2019. It amended its Code, effective from October 2019, to provide greater clarity on this issue. It has a clear process in place that allows it to handle complaints in a proportionate and effective way. The GCC’s IC will make decisions in line with advertising guidance published by the Advertising Standards Authority (ASA) or the GCC’s own guidance; we saw evidence that this approach resulted in registrants removing misleading advertising promptly. We also noted how the GCC engaged with the source of the complaints during the year.
- 15.6 As part of a more proactive approach to this issue, the GCC intends to launch an online digital advertising toolkit for registrants, supported by an ongoing communications campaign. The GCC has also said that it wants to develop its relationship with the ASA and look to develop further formal guidance on chiropractic advertising. We will consider this in next year’s performance review.

Conclusion against this Standard

- 15.7 The GCC’s performance in concluding fitness to practise cases promptly has worsened for a second year running. However, we recognise the challenges that the Covid-19 pandemic has presented all regulators, and the specific challenges that smaller regulators such as the GCC have faced. In this context, we do not think the GCC’s performance is unacceptable. We do, however, expect to see an improvement in performance over the next review period.
- 15.8 The GCC has a clear process for dealing with complaints about misleading advertising. And, from the evidence we have seen, the GCC succeeded in getting registrants to remove misleading advertising promptly. We also note the more proactive approach the GCC plans to take later this year. We think that this area would benefit from further work and guidance for regulators. Over the coming months, we will gather further evidence from the regulators, so that principles-based guidance can be developed. We have concluded that the Standard is met this year, but we will work with the regulators over the coming months and continue to monitor this area.

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 In October 2019, the GCC published *Investigating Committee Decision-Making Guidance* (IC guidance) to improve the consistency of decision-making and make the process more transparent. It included new threshold criteria to assist an IC to determine whether an allegation might constitute Unacceptable Professional Conduct (UPC) and be referred to the GCC’s PCC or Health Committee (HC).
- 16.2 As the table below shows, the number of cases progressing to a fitness to practise committee remained in line with previous years. This suggests that the new guidance has not led to cases being closed prematurely. The proportion of cases referred for a hearing has fallen this year. The GCC has told us it received a large number of cases relating to the Covid-19 pandemic, none of which progressed to a fitness to practise committee. We note the GCC’s explanation and will continue to monitor the data about case outcomes.

Number of decisions made by an IC, and with the following outcomes:	2018/19	2019/20	2020/21
Total	59	79	99
No further action	50	62	85
Referral to a fitness to practise committee	8	10	8
Adjourned	9	7	6

- 16.3 As in previous years, the GCC commissioned an independent audit of a sample of IC decisions; this found no concerns other than delays in case progression, which we have considered in Standard 15 above.
- 16.4 Since September 2019, hearings of the GCC’s PCC have been chaired by lay or registrant members, supported by independent barristers to provide legal advice as necessary; previously these hearings had been led by legally qualified chairs. The change was introduced to reduce the risk of delays. We have seen no evidence that the quality or speed of decision-making has been adversely affected during this performance review period. There were no appeals lodged against the GCC’s fitness to practise decisions, and we identified no significant concerns through our review of decisions under the Section 29 process.

Conclusion against this Standard

- 16.5 We have not seen any evidence that the GCC’s fitness to practise work is failing to protect the public and we are satisfied that this Standard is met.

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.

- 17.1 The GCC’s process for assessing and prioritising complaints is documented in its Fitness to Practise Procedure Manual. This sets out how caseworkers should

conduct risk assessments on new complaints, including the risk factors to consider and the four categories of risk to use. The GCC Council now receives quarterly data on the risk assessments for new cases, providing greater transparency and allowing the Council to monitor performance. Caseworkers should reassess risk as more information is collected.

- 17.2 As the table below shows, there was a significant increase in the median time that elapsed between receipt of a complaint to an Interim Suspension Hearing (ISH) decision.

Median time from:	2018/19	2019/20	2020/21
Receipt of referral to ISH decision (weeks)	21	16.5	29
Decision that there is information indicating the need for an interim order to ISH decision (weeks)	6	4	3

- 17.3 The GCC told us only three cases progressed to an ISH during this performance review period, none of which resulted in an Interim Suspension Order. In each case, the GCC made the decision to apply for an interim suspension after obtaining an expert report about the clinical justification for the treatment provided. We recognise these can take time to produce and we did not see any evidence that the GCC's approach in these cases was inappropriate. The GCC has now expanded its pool of experts to try to reduce the risk of delays. The GCC also told us that it faced specific problems obtaining consent from complainants to proceed during this review period. We accept that this was largely outside the GCC's control and explains much of this year's deterioration in performance, particularly when so few cases are involved.

Conclusion against this Standard

- 17.4 The GCC has an established process for assessing the risk of cases when complaints are first received, as well as at later stages in the process. Data on risk assessment is now reported each quarter to Council. Very few cases are considered at an ISH in any year, and we would expect to see variation in this timeliness measure. This year's increase was largely caused by delays in obtaining patient consent, rather than because of the actions of the GCC itself. The GCC has increased its pool of expert witnesses to try to reduce the risk of delay in that part of the process in future. 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 set out above at Standard 14, the GCC's website contains information and advice for anyone wishing to make a complaint about a chiropractor. There is a dedicated email address and telephone number for anyone who needs further information or would like assistance in making a complaint. The GCC website also contains information for registrants who are the subject of complaints. It advises registrants to seek advice from their professional association and insurer, and its guidance document provides links to the professional associations, the Law Society and Citizens Advice.

- 18.2 Complainants can provide feedback on the process to the GCC through an online form. We noted in our last performance review that the GCC uses this information to monitor and improve its services but there is no published information about how it does this, or what changes it has made as a result. The GCC Business Plan for 2021 includes an objective to improve its processes around obtaining and using feedback from fitness to practise parties; we will consider any progress made in our next performance review.
- 18.3 As noted under Standard 5, the GCC established a new quarterly meeting with representatives from professional associations and their legal providers. The meetings were set up to 'foster good relationships, create stronger joint working and initiatives and identify process improvements' and met for the first time in November 2020. We have not seen any evidence of any changes made as a result of this work so far.

Conclusion against this Standard

- 18.4 The GCC provides clear guidance for people involved in fitness to practise cases to help them understand and engage with the process effectively. There is guidance to help GCC staff identify and support vulnerable parties, and the website encourages people to contact the GCC if they need assistance or further information. We note the new quarterly meetings with key fitness to practise stakeholders and the GCC's plans to make better use of feedback from complainants and registrants; we suggest that the GCC could set out what action it has taken in response in future fitness to practise annual reports. We are satisfied that this Standard is met.

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 a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website [here](#).

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links

Find out more about:

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

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for Health and Social Care December 2021

