

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#).

This report covers the period 1 April 2021–30 June 2022.

Key findings

- The GCC has demonstrated a clear commitment to tackling issues around equality, diversity and inclusion (EDI) during this review period. It has made good progress implementing its EDI Action Plan, in particular by improving the completeness of the EDI data it holds about its registrants, and has set up an EDI Working Group of registrants and a diverse online patient community. It has also embedded EDI throughout its draft Education Standards, which are due to be implemented in 2023. Because of this work, the GCC has met Standard 3 for the first time. We urge the GCC to keep up the momentum on this vital issue.
- Like all regulators, the GCC has had to deal with the ongoing and wide-ranging effects of the Covid-19 pandemic. This continues to have a major impact on the GCC's ability to progress complaints through its fitness to practise system. The time taken to progress cases to resolution has increased significantly this year – particularly for the most serious cases that reach the Professional Conduct Committee. The GCC has therefore not met Standard 15 for this review period. We will look in more detail at the GCC's plans to improve performance in our next review.
- We are concerned that the GCC may not have the legal powers it needs to manage high-risk fitness to practise cases effectively. Compared to other regulators, the GCC can use interim orders to restrict the practise of registrants for a relatively short period of time. This is a risk to patients and the public, and we will be investigating this further over the coming months.

Standards met 2021/22

| | |
|------------------------|--------------|
| General Standards | 5/5 |
| Guidance and Standards | 2/2 |
| Education and Training | 2/2 |
| Registration | 4/4 |
| Fitness to Practise | 4/5 |
| Total | 17/18 |

GCC standards met 2019-21

| | |
|---------|-------|
| 2020/21 | 17/18 |
| 2019/20 | 17/18 |



3,520

professionals on the register
(as at 30 June 2022)

General Standards

The GCC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Accuracy and accessibility of information

The GCC continued to provide up to date, accurate and accessible information about its registrants, regulatory requirements, guidance, processes, and decisions through its website and social media.

Equality, diversity and inclusion (EDI)

Last year, although we concluded that the GCC had made progress in this area and had plans in place for further action, we concluded that it had not met Standard 3. In February 2022, the GCC published a 15-point EDI Action Plan and has started to implement it. The GCC has taken some important steps during this review period, including:

- ▶ significantly improving the completeness of its EDI data for registrants
- ▶ setting up an EDI Working Group of registrants and a diverse online patient community
- ▶ routinely conducting Equality Impact Assessments for significant policy changes
- ▶ embedding EDI throughout its new draft Education Standards.

The GCC has made significant progress in this area, and we have concluded that it has met Standard 3 for the first time. We urge the GCC to ensure that this momentum is maintained.

We are currently reviewing our approach to assessing Standard 3 as part of our own organisational EDI action plan, and we will continue to engage with the GCC on this.¹

Learning from external reports

The GCC continued its work to respond to a coroner's report on the death of a patient following chiropractic treatment. It assembled an expert group to consider the clinical evidence for the use of diagnostic imaging in chiropractic, and consulted stakeholders on draft guidance in 2021. The GCC published this guidance in March 2022.

Engaging with others

We are pleased to see that the GCC has reverted to a more extensive approach to consultation, following the challenging circumstances during the peak of the Covid-19 pandemic. We have seen evidence of the GCC engaging constructively with stakeholders to shape draft material before full consultation, and then to consider and respond appropriately to consultation responses. We have received positive feedback from stakeholders about the GCC's responsive and supportive approach.



“We use the GCC’s public-friendly website, containing information on important matters such as equity, diversity and inclusion and patient and public involvement, as a valuable resource. These areas of work, as well as the GCC’s clear commitment to engaging with the profession, all go to forming a positive impression of the GCC as a regulator.”

Guidance and Standards

The GCC met both Standards for Guidance and Standards this year.

The GCC's standards for registrants, *The Code*, has been in effect since 2016, with one minor change about misleading advertising made in 2019. We have not received any feedback or seen other evidence to suggest *The Code* is out of date.

The GCC continued to provide registrants with guidance on how to treat patients safely during the Covid-19 pandemic, including signposting to relevant guidance from the government and devolved administrations. It also launched a number of toolkits and other pieces of guidance about advertising, websites and social media to help registrants comply with standards set by the GCC and the Advertising Standards Authority.

The GCC has also published specific pieces of guidance through its newsletter, blogs and press releases, addressing issues it has identified from its fitness to practise work and research projects. Topics have included patient boundaries and communication, incident reporting and referrals to healthcare professionals.

Education and Training

The GCC met both Standards for Education and Training this year.

During 2021, the GCC carried out a scoping review to decide whether changes should be made to its Education Standards and Quality Assurance Handbook (both published in 2017). This exercise involved a range of methods, including input from patients, education providers, employers, and other stakeholders. The GCC concluded that the Education Standards did require updating and the Quality Assurance Handbook could be improved, and set about this work in early 2022. The GCC launched a consultation exercise on a draft set of Education

Standards in July 2022, with a view to implementation in 2023. We will examine progress in our next performance review.

The GCC's processes for approving and quality assuring programmes of chiropractic education were largely unchanged from the previous year, and we received positive comments from education providers regarding the GCC's support and communication.

Registration

The GCC met all four Standards for Registration this year.

The GCC continued to maintain an accurate register and to process new applications promptly. We are satisfied that the switch to remote assessments for its Test of Competence (for chiropractors with a qualification achieved overseas) has worked well and has not disadvantaged particular groups of applicants.

Continuing Professional Development (CPD)

Last year, we noted the GCC had required registrants to include information about their first aid knowledge and skills in their CPD submissions, as part of its response to a 2019 coroner's report. The GCC decided to make this change permanent, so there will be a specific focus of directed CPD each year. The GCC will select the annual focus by drawing on themes from its fitness to practise process, research findings or changes to legislation or relevant guidance.

The directed element of CPD for 2021/22 was around communication skills – a topic the GCC identified through its public perceptions research from 2020. New graduates also have an additional element of directed CPD with a clinical governance focus. The GCC's approach to directed CPD seems an effective way to encourage registrants to think about how their training and development will equip them to deal with the issues and risks that the GCC has identified.

Fitness to Practise

The GCC met four of five Standards for Fitness to Practise. The GCC met Standards 14, 16, 17 and 18, but did not meet Standard 15.

Through its website, the GCC continues to provide appropriate guidance for anyone considering whether to raise a concern about a registrant. The GCC has an online complaint form as well as options to submit complaints via post, email and phone. We have seen no evidence that individuals have been unable to raise a concern with the GCC.

Time taken to progress cases

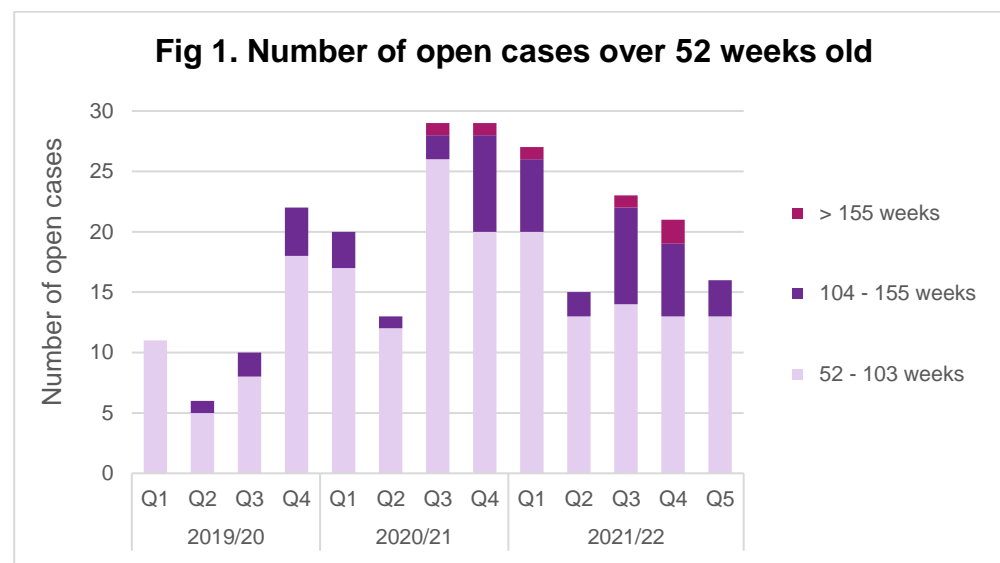
The GCC met Standard 15 last year, despite cases taking longer to progress through the fitness to practise system than the previous year. We concluded that, in the context of the pandemic, this was not unacceptable but that we would expect to see an improvement in 2021/22.

Performance, however, has deteriorated again this year, both in terms of the time cases took to reach an Investigating Committee (IC) decision, and in the time taken for a complaint to progress all the way to a final decision at a Professional Conduct Committee (PCC) hearing. As the table below shows, the annual median figure for this has increased from 96 to 134 weeks.

| Median time (weeks) from: | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|
| Receipt of complaint to IC decision | 39 | 29 | 46 |
| IC decision to final PCC decision | 32 | 53 | 50 |
| Receipt of complaint to final PCC decision | 91 | 96 | 134 |

The GCC has attributed the deterioration in performance to the cumulative effects of hearing postponements due to the pandemic, and to difficulties in securing the availability of complainants, registrants and experts. The GCC appointed more legal assessors to support the IC and PCC in late 2021; we will look at the impact of this in our next review.

As the chart below shows, the GCC has reduced the number of open older cases in its fitness to practise system this year. This is a positive development and – if the trend continues – would help the GCC reduce its timeliness medians.



We recognise that the pandemic continues to affect the ability of all the regulators to progress cases through their fitness to practise systems. The deterioration in the GCC's performance during 2021/22, however, is significantly worse than the other regulators. The GCC has therefore not met Standard 15. We will look in detail at the GCC's work to improve the timeliness of its fitness to practise work in our next review.

Quality of decision-making

The decisions made by the GCC's IC remained broadly in line with those seen in previous years, with less than one case a month being referred to a PCC hearing.

| Investigating Committee decisions | 2019/20 | 2020/21 | 2021/22 |
|-----------------------------------|---------|---------|---------|
| No further action | 62 | 85 | 69 |
| Referral to a PCC | 10 | 8 | 10 |
| Adjourned | 7 | 6 | 9 |
| Total | 79 | 99 | 88 |

As we noted last year, the GCC has an established process for assessing and monitoring the level of risk in fitness to practise cases. We did receive a number of concerns regarding the decision of no Unacceptable Professional Conduct in the case of Arleen Scholten, but concluded that the decision could not be successfully challenged in an appeal. We have no concerns over the quality of the GCC's decision-making during this review period.

Support for those involved in the fitness to practise process

We have not seen any evidence that the GCC has failed to provide appropriate support to those participating in the fitness to practise process. The GCC has conducted all of its PCC hearings remotely during this review period and is currently consulting stakeholders on a new draft Hearings Protocol.

¹ <https://www.professionalstandards.org.uk/about-us/equality-and-diversity>

Interim order powers

When we reviewed the small number of high-risk cases that were considered at an Interim Suspension Hearing, we found that the GCC's legislation prevented it from managing risk as effectively as other regulators.² We examined one case involving a chiropractor who had been arrested on suspicion of voyeurism; three of the incidents were alleged to have taken place at his clinic, including two involving patients under 18 years of age. Once the GCC's interim order expired, it could not limit the chiropractor's practice for almost two years until their criminal case concluded. We are concerned that the GCC may not have the legal powers to protect the public in these kinds of cases and we will be investigating this further in the coming months.



Quick links/find out more

- ▶ Find out more about our performance review process
- ▶ Read the GCC's 2020/21 performance review
- ▶ Read our Standards of Good Regulation

² The Chiropractors Act 1994 empowers the GCC's Investigating Committee to impose an interim suspension of no longer than two months, and not more than one order in respect of the same allegation.