

# General Chiropractic Council

Performance Review  
Periodic review 2022/23

# General Chiropractic Council

## Performance review report 2022/23

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## About our performance reviews

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 performance review process on our website.

This is a periodic review report on the General Chiropractic Council (GCC) and covers 1 July 2022 to 30 June 2023.

## About the GCC

The GCC regulates the practice of chiropractors in the United Kingdom. It has **3,640 professionals** on its register (as at 30 June 2023).

## About the GCC's performance for 2022/23

The GCC met 18 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the GCC's performance this year.

Standards of Good Regulation met 2022/23		
	General Standards	5 out of 5
	Guidance and Standards	2 out of 2
	Education and Training	2 out of 2
	Registration	4 out of 4
	Fitness to Practise	5 out of 5
	<b>Total met</b>	<b>18 out of 18</b>
	<b>Standards met 2019-22</b>	
	2021/22	17 out of 18
	2020/21	17 out of 18
	2019/20	17 out of 18

## Key findings

### Equality, Diversity and Inclusion (EDI)

The GCC continues to demonstrate its commitment to EDI and has made good progress implementing its action plan. It created an EDI Working Group and published a new EDI policy, with a supplementary EDI Toolkit for registrants. It also conducted, and reported on, a thematic review of cases closed by its Investigating Committee (IC). The review found no concerns about the GCC's processes but identified some areas for further development, such as improving diversity of fitness to practise committees. The GCC used its recruitment campaign of February 2023 as an opportunity to further diversify its pool of IC members.

### Patient Community

In early 2022, the GCC set up its Patient Community – an advisory group comprising 20 chiropractic patients, to gain a deeper understanding of the chiropractic experience from a patient's perspective. This year, the GCC published two reports on research conducted with the group: *Professionalism, The Patients' Perspective*; and *Consent, The Patients' Perspective*. This work informed the GCC's development of guidance and toolkits for the profession.

### New Education Standards

The GCC introduced new Education Standards this year. The development of the Standards was informed by a public consultation, focus groups with key stakeholders and publications and guidance from other relevant organisations. The new Standards have a greater emphasis on patient-centred care, EDI and collaborative and integrated working with other healthcare professionals. The GCC is supporting existing education providers to implement the changes and has transition plans and timelines in place for each provider. The GCC anticipates that most providers will admit students to qualifications that meet the new Standards from the 2024/25 academic year.

### Fitness to practise timeliness

The GCC did not meet Standard 15 last year because it was taking too long to progress fitness to practise investigations. This year, there has been a significant improvement in the time taken from receipt of referral to final fitness to practise decision, so we are satisfied that Standard 15 is met. However, the time taken from referral to IC decision has increased for the second year in a row. The GCC must ensure it progresses cases promptly and does not allow a backlog of older cases to build up.

### Fitness to practise decisions

We carried out an audit of the decisions made at IC this year. We found that the GCC had reasonable and proportionate controls in place to ensure good decision-making and those controls generally worked effectively. Almost all of the IC decisions we reviewed were reasonable, with clear, accurate and detailed reasons recorded. We only saw a small number of issues in relation to decisions and were reassured to see evidence of the GCC identifying and implementing learning when issues arose.

## General Standards

### 1

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

- 1.1 The GCC continues to publish information about its work on its website. It launched new sections this year, including an EDI toolkit and a Continuing Professional Development (CPD) information guide.
- 1.2 The GCC also uses social media and its monthly newsletters to publicise its work, such as promoting consultations.
- 1.3 Key pages of the GCC's website are available in Welsh, and the GCC intends to move to a full-site translation to comply with the Welsh Language Standards regulations.

#### Conclusion

The GCC uses a range of methods to communicate information about its work and we have seen no evidence of inaccurate information being provided. We are satisfied that this Standard is met.

### 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 continues to carry out its statutory functions through the implementation of its Strategy for 2022-24, supported by annual business plans.
- 2.2 The GCC's Business Plan 2023 includes work to review guidance and develop further registrant resources on consent and diagnostic imaging after these were identified as recurrent themes and priority areas from fitness to practise cases. The GCC also decided the 'directed' element of CPD submissions for 2022/23 should be on the subject of consent.

#### Conclusion

The GCC has not changed any processes relevant to this Standard this year. It is clear about its purpose and we continue to see examples of it applying learning from one function to another. We are satisfied that this Standard is met.

## 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 This is the second year of the GCC's three-year 15-point EDI action plan. The GCC has made good progress with the plan and regularly reports updates on this work to Council. Examples of the work it completed this year include:

- creating an EDI Working Group, with representation and guidance from the GCC, the profession and EDI professionals
- publishing a new EDI policy with a supplementary EDI Toolkit for registrants
- providing mandatory EDI training for staff
- conducting and reporting on a thematic review of cases closed by the Investigating Committee (IC). The review identified no concerns about the GCC's processes but did highlight some areas for improvement, such as the diversity of fitness to practise committees. The GCC has begun to address some of these areas, including using the recruitment campaign of February 2023 to further diversify the pool of IC members.

3.2 The GCC also:

- launched its new Education Standards, which have a greater emphasis on EDI. As part of this work, the GCC has a project specifically designed to help education providers implement the EDI aspects of the new Standards.
- revised the annual monitoring and self-assessment form for education providers to have a greater focus on EDI and started asking providers to capture EDI data on five protected characteristics<sup>1</sup> to provide an overview of the diversity of the student body.

## Conclusion

The GCC continues to demonstrate its commitment to equality, diversity and inclusion. It is positive to see the progress it has made in implementing its action plan to date and we will continue to monitor this. A substantial part of the work will take time to produce evidence of impacts but we have seen the GCC taking action when it identifies areas for improvement. We are satisfied that this Standard is met.

## 4

**The regulator reports on its performance and addresses concerns identified about it and considers the implications**

<sup>1</sup> Sex, age, disability, sexual orientation and ethnicity.

## **for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

- 4.1 The GCC regularly reports on its performance in a variety of ways, including its annual report and through operational updates at each of its public Council meetings.
- 4.2 The GCC proactively seeks feedback about its performance, identifies learning and acts on feedback received. For example, it:
- commissions an external law firm to carry out audits of fitness to practise cases closed by the IC. Learning from the audits is shared with the fitness to practise team, IC members and with other teams, such as registration or policy, where relevant
  - invites participants in fitness to practise proceedings to complete an online survey about their experience after the closure of each case
  - invited registrants to complete a survey on their experience of the retention process this year
  - confirmed it will take learning from and act on our audit findings (we did not identify any areas of significant concern, but we noted some opportunities for improvement).
- 4.3 In November 2022, the Care Quality Commission (CQC) published a report which found that there was poor compliance and understanding of the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) in services run by chiropractors.<sup>2</sup> The GCC acted on this report by inviting the Society of Radiographers (SoR) to collaborate in finding ways to improve compliance in the minority of chiropractic services that undertake radiography, building on the guidance the GCC published for registrants in March 2022.

## **Conclusion**

The GCC continues to report on its performance and seeks feedback from stakeholders with a view to identifying learning for itself. It acts on feedback it receives and in response to external reports that are relevant to its work. We are satisfied that this Standard is met.

# **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 This year, the GCC held consultations on:

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<sup>2</sup> <https://www.cqc.org.uk/publications/irmer-annual-report/2021-2022>

- its new Education Standards
  - a new Protocol for Hearings
  - changes to its IC Decision-Making Guidance.
- 5.2 The GCC used focus groups and social media to gain further views to inform its work. It reported on the responses it received and how they informed the consultation outcomes.
- 5.3 The GCC also engaged with stakeholders in other ways to identify and manage risks to the public in respect of its registrants:
- the Chair met with staff and students from education providers to understand the challenges they are facing and concerns they have about developments affecting their programmes, including the changes to the Education Standards
  - it is involved with fora at national and international level, including the England-wide Health and Social Care Forum and the International Chiropractic Regulatory Society
  - it conducted work and research with its Patient Community – an advisory group created by the GCC in early 2022, comprising 20 chiropractic patients, to gain a deeper understanding of the chiropractic experience from a patients’ perspective. The group produced two reports this year: *Professionalism, The Patients’ Perspective* in December 2022; and *Consent, The Patients’ Perspective* in March 2023. This work informed new guidance and toolkits produced by the GCC for registrants.



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### **What we heard from stakeholders**

Two stakeholders reported a perception that the GCC’s consultations were a ‘tick-box’ exercise. The rest of the feedback was mostly very positive, as illustrated by the following quotes, which are each from different stakeholders.

“I feel as an institution we have an excellent and valuable relationship with our regulator and I am grateful for their engagement and positivity as they conduct their regulatory business.”

“The GCC operates in a consultative manner; it does not impose things on the profession but does things in consultation with them. It seeks to listen, learn and inform its decision-making through consultations.”

“There has been a big shift in a positive direction and communications and engagement from the GCC have significantly improved over the last year. The GCC is very willing to work with [us] to identify creative and alternative ways to meet the outcomes set out in the Standards.”



At meetings of the UK Chiropractic Forum, “the GCC have been open and willing to engage in a wide range of discussions which help those of us representing chiropractors to best explain the regulatory decisions and framework to our members. These meetings are incredibly constructive.”

## Conclusion

We have seen clear examples of the GCC consulting and working with stakeholders across its functions. It combines different approaches to seek stakeholders’ views and engagement to inform its work. The GCC’s stakeholders are on the whole very positive about the way the GCC works and engages with them. The GCC publishes information about its consultations, including Council meeting minutes and consultation reports, which demonstrate how stakeholders’ views are considered and how Council reaches decisions. We are satisfied that this Standard is met.

## Guidance and Standards

### 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 2016. The GCC intends to review *The Code* during 2024 and will start preparatory work later in 2023. We will monitor progress in future performance reviews.
- 6.2 We have not seen any evidence this year to suggest that the GCC should have reviewed *The Code* any sooner or that it does not currently prioritise patient and service user centred care and safety.

## Conclusion

We are satisfied that this Standard is met.

### 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 a range of guidance and resources for registrants. It is reviewing and revising its existing guidance to ensure it is up to date and fit for purpose. This year, it published:

- guidance on: consent; the Monkeypox outbreak; patient records; and delegating patient care to non-registrants
- resources such as FAQs and toolkits for: CPD; graduates; EDI; consent; and various aspects of professionalism, including communication, patient-centred care and enhancing patient care through competency
- learnings from fitness to practise hearings in its newsletters, such as the need to obtain explicit consent when undertaking intimate and internal examinations or treatment and the need to provide patients with clear information on the proposed treatment and its likely length.

7.2 The GCC used the work and research it conducted with its Patient Community to inform the new guidance and toolkits on professionalism and consent.

## Conclusion

The GCC uses intelligence from its fitness to practise work to identify priority areas for guidance. We also welcome the work and engagement the GCC has done with its Patient Community, which is helping to ensure that its guidance prioritises patient and service user centred care. We are satisfied that this Standard is met.

## Education and Training

### 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 introduced new Education Standards and a new Quality Assurance (QA) Handbook on 1 March 2023. They are accompanied by two supporting documents: *How the Education Standards are used*; and *Education Standards with Expectations*.
- 8.2 The development of the Standards was informed by a public consultation, focus groups with key stakeholders<sup>3</sup> and publications and guidance from other relevant organisations.<sup>4</sup> The GCC's consultation report reflects a range of stakeholders' views and explains how they were considered and how Council reached its final decisions.

<sup>3</sup> The GCC held five focus groups and participants included: the Royal College of Chiropractors (RCC); providers of recognised programmes; education visitors; employers of recent graduates; and patients.

<sup>4</sup> The RCC's *Outcomes for Chiropractic Graduates (2022)*, education standards set by other healthcare regulators; the *Musculoskeletal Core Capabilities Framework for first point of contact practitioners* developed by Health Education England and NHS England; the International Federation of Orthopaedic Manipulative Physical Therapists' Education Standards; and the World Federation of Chiropractic Rehabilitation Competency Framework.

- 8.3 The GCC is supporting existing education providers to implement the changes in the new Standards. It has produced guidance and resources on the changes and agreed transition plans and timelines with each provider. The GCC is also meeting with each provider and reviewing their self-evaluations to understand the challenges they are facing and how the GCC can better support them. The GCC anticipates that most providers will admit students to qualifications that meet the new Standards from the 2024/25 academic year.

### *Key changes in the GCC's new Education Standards*

The new Standards have a greater emphasis on:

- patient-centred care
- equality, diversity and inclusion
- collaborative and integrated working with other healthcare professionals.

They include new requirements:

- on legislation, regulatory standards and guidance relevant to the work of chiropractors
- to promote stakeholder involvement, including patients, learners and educators, in the design and delivery of the programme
- on financial viability.

They no longer include a requirement to teach the history of chiropractic.



#### ***What we heard from stakeholders***

Two stakeholders provided positive feedback about the new Standards and the GCC's associated consultation.

"[The consultation on the Standards] was a useful consultation and [the GCC] seem to seriously engage and listen to stakeholders with regards to the feedback I have fed back to them."

"The changes made by the GCC are very welcome and the Standards are now more in line with other professions. The GCC's approach to consulting on the new Standards was carried out in a way that was helpful to education providers and the profession. The new Standards appear to have been future-proofed and for the first time have been mapped externally to other requirements."

A third stakeholder was concerned that the new Standards go beyond setting standards, and now direct scope of practice, resulting in a watered-down version of chiropractic.

## Conclusion

While we received concerns about the new Standards from one stakeholder, we are satisfied that the GCC considered their views. The GCC took a reasonable approach and took account of relevant factors in developing the new Standards. The GCC has a structured approach in place for their implementation and is working closely with each of the education providers to support them. We are satisfied that this Standard is met.

## 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’s quality assurance process is set out in its QA Handbook. Following input from stakeholders, the GCC reviewed and revised the Handbook this year. It did not identify the need to make any material changes to the process but focused the content more clearly on the GCC’s risk-based approach to quality assurance. As mentioned under Standard 8, the new Handbook was introduced on 1 March 2023.



### ***What we heard from stakeholders***

One existing education provider described the GCC as ‘supportive and constructive’ in relation to the annual monitoring requirements.

Another existing provider told us ‘the changes made by the GCC over the last year have enabled an enhanced critical friend approach to quality assurance. One area that may benefit from a full review and perhaps a public consultation is the annual reporting process for education providers.’

## Conclusion

The GCC has not changed the way it quality assures education programmes and the overall picture of performance this year is positive. We are satisfied that this Standard is met.

## Registration

# 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 did not make any changes to the way it maintains or publishes its register this year.
- 10.2 We checked the register entries for cases where there had been a fitness to practise hearing between July 2022 and June 2023. All entries were as expected and we identified no concerns.

### Conclusion

We are satisfied that this Standard is met.

# 11

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

- 11.1 The GCC continues to process applications for registration efficiently; the median time taken remains one day for both UK and international graduates.
- 11.2 Last year, the GCC held more frequent remote interviews to meet increased demand for Test of Competence assessments. Demand increased again this year, so the GCC continued to hold monthly interviews and also recruited and trained new assessors and Chairs. We have not received any concerns about the GCC's registration process.

### Conclusion

We have no concerns about the GCC's registration process and are satisfied that this Standard is met.

# 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 The GCC can take action about protection of title concerns under Section 32 of its legislation. It uses a range of outcomes to manage these risks, such as sending advisory letters, cease and desist letters, or initiating a prosecution.
- 12.2 The GCC received more Section 32 complaints this year than last but was still able to close cases within its target of 16 weeks. This is a significant improvement

on the median time taken to close cases during the calendar year of 2021, which was 72 weeks.

- 12.3 The GCC is monitoring the increase in Section 32 complaints and, should any trends emerge, it will explore whether it needs to identify other ways to address these risks. We will also monitor the data for trends.

## Conclusion

The GCC takes action to manage risks resulting from non-registrants using a protected title. It has significantly reduced the time taken to investigate these types of cases and is closely monitoring progress and trends. We are satisfied that this Standard is met.

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

- 13.1 The GCC's CPD process and requirements remain the same as last year. The GCC selects a specific topic as 'directed' CPD work for registrants each year. The chosen topic draws on the GCC's work in other areas, such as its public perceptions research or themes in fitness to practise concerns; in 2021/22 this was communication skills, and in 2022/23 it is consent. The GCC published a report on consent in March 2023 based on work with its Patient Community, and flagged this to registrants in its newsletter as a useful source of information when completing their CPD.
- 13.2 The GCC continues to remove registrants for non-compliance with CPD and the number of removals appear to have dropped back to pre-pandemic levels, after higher numbers of removals in 2020 and 2021.

## Conclusion

We are satisfied that this Standard is met.

## Fitness to practise

## 14 | The regulator enables anyone to raise a concern about a registrant.

- 14.1 The number of fitness to practise referrals received by the GCC fell for the second successive year. The volume of referrals peaked in 2020/21 because of a bulk referral about misleading advertising; in response, the GCC issued guidance and a toolkit to help registrants remain compliant with its own standards and those set by the Advertising Standards Authority. This work appears to have brought down the number of referrals about misleading advertising and contributed to the number of referrals received this year.

- 14.2 The GCC continues to receive referrals from a range of sources and the proportion of referrals from each of the different sources remains largely the same as in previous years; most referrals are still received from patients or a patient's relative. During the course of our audit work this year (discussed further under Standard 16) we found no evidence to suggest there were any barriers to concerns being raised.

## Conclusion

We are satisfied that this Standard is met.

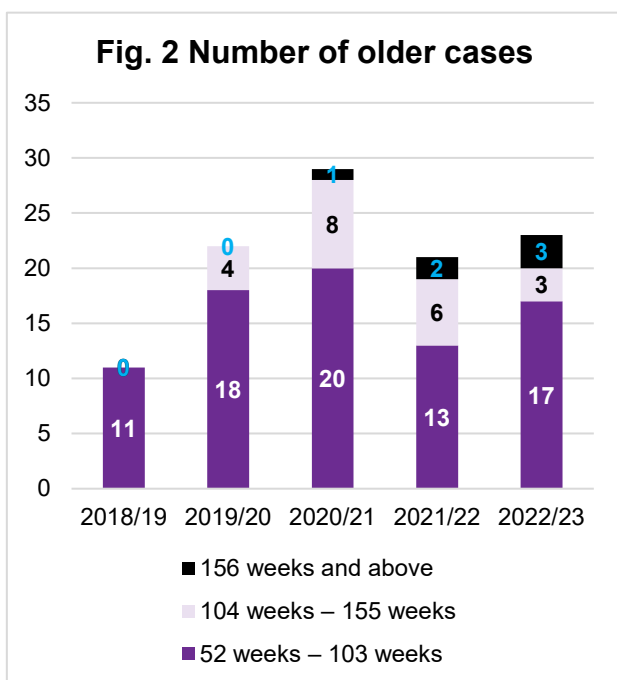
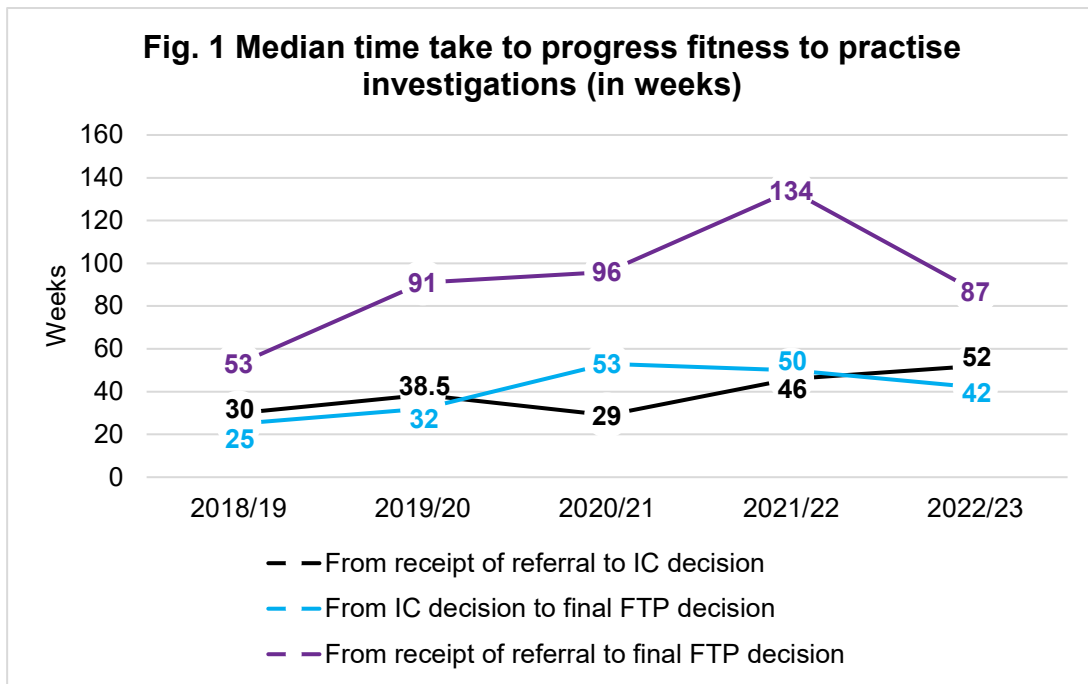
# 15

**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 The GCC did not meet this Standard last year because the timeliness of its fitness to practise investigations had deteriorated significantly – in particular, the median time from receipt of referral to final decision by the Professional Conduct Committee (PCC). While we recognised the ongoing impact of the Covid-19 pandemic on the ability of the GCC to process fitness to practise cases, the deterioration in this measure of performance was significantly worse than was seen in other regulators.

### Timeliness of fitness to practise investigations

- 15.2 As Figure 1 shows, there has been a significant improvement this year in the time taken between the GCC receiving a referral and reaching a final fitness to practise decision; the annual median has gone from one of the worst of all regulators to one of the best. However, the time taken from receipt of referral to IC decision has increased for the second year in a row and, as Figure 2 shows, there has been no significant change in the number of older cases in the GCC's caseload. We will monitor the data closely for evidence that the GCC is progressing cases promptly and not developing a backlog.



**What we heard from stakeholders**

We received varied feedback about the GCC’s fitness to practise process. One stakeholder found the fitness to practise department ‘efficient, effective, easy to deal with and well led.’ Another stakeholder said ‘the FTP system is outdated, slow and expensive with registrants carrying the financial burden.’

**Quality of investigations**

15.3 This Standard was not subject to audit this year, but our case review provided insight into the quality of the GCC’s investigations. We found a very small number of isolated issues but on the whole, the quality of investigations was sound. The GCC identified the key mischief appropriately, made relevant enquiries, and gathered and presented sufficient information for the IC to make a decision. The GCC also sought clinical expert opinion when appropriate and we saw evidence of controls working effectively to identify any gaps or errors in the investigation.



## Conclusion

We welcome the GCC's success in reducing the time taken from receiving a referral to a final fitness to practise decision. We are, however, concerned at another increase in the time from receipt to IC decision and no significant change in the GCC's open older caseload – we will continue to monitor this data closely. Our audit gave us assurance regarding the quality of the GCC's investigations and, taking the evidence together, we are satisfied that this Standard is met.

# 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.**

## Investigating Committee (IC) decisions

- 16.1 We carried out an audit of IC decisions this year. We last audited the GCC's fitness to practise function in 2017/18 and we also wanted to assess whether the GCC's recruitment of additional legal assessors in 2021<sup>5</sup> had impacted the speed or quality of IC decisions.
- 16.2 We looked at the controls the GCC has in place for ensuring good decision-making and found that they were reasonable and proportionate. The GCC:
- provides training and guidance, uses decision templates and has a structured process in place to ensure learning is identified and shared
  - introduced additional measures to mitigate the impact of recruiting new legal assessors until they develop their knowledge and experience, such as listing fewer cases for new legal assessors and pairing them with more experienced Chairs.
- 16.3 We tested the controls in place by reviewing 15 of the 27 cases closed by the IC between 1 July 2022 and 13 February 2023. We found:
- almost all of the IC decisions were reasonable, with clear, accurate and detailed reasons recorded and with the relevant test applied and the threshold criteria considered<sup>6</sup>

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<sup>5</sup> The GCC recruited 10 new legal assessors in addition to the existing four in order to increase capacity at IC.

<sup>6</sup> The GCC has guidance on the factors to consider and test to apply when making IC decisions. Two versions apply to this review period: the current [IC Decision-Making Guidance January 2023](#) and the previous guidance from October 2019. The factors to consider and test to apply for IC decisions is the same in both versions.

- no evidence that the addition of new legal assessors adversely affected the speed or quality of IC decisions.

16.4 We disagreed with the IC decision in one case but, based on the other cases we reviewed, we were satisfied this was not a widespread issue. The GCC confirmed it will take learning from the feedback we provided on this case.

### Professional Conduct Committee (PCC) decisions

16.5 We reviewed all five of the PCC's decisions this year and identified no concerns. We have not issued learning points to the GCC about its PCC decisions since 2019/20.

16.6 In September 2022, the High Court quashed a PCC decision by consent. The case highlighted one instance of flawed decision-making by the PCC, dating from February 2022. In response, the GCC promptly issued learning points arising from this case to PCC members and legal assessors.

## Conclusion

The GCC has preventive, detective and corrective controls in place at appropriate points of its fitness to practise process to ensure it is making reasonable and robust decisions. We saw evidence of those controls working effectively and we are satisfied with the GCC's decision-making. We are reassured by the GCC's willingness to learn lessons and take appropriate action when issues do arise. We are satisfied that this Standard is met.

## 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.

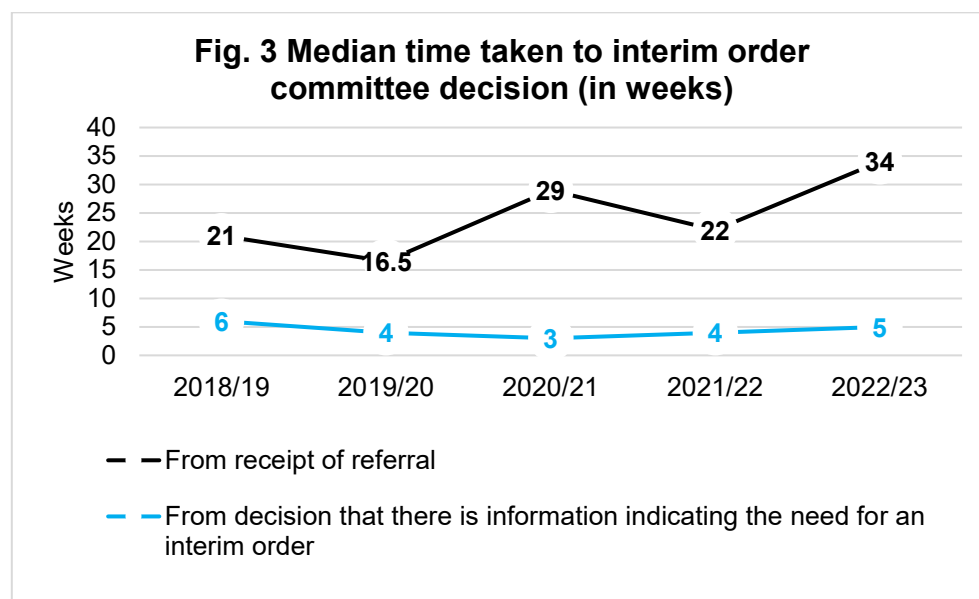
### Timeliness of interim orders

17.1 As Figure 3 shows, there has been a sharp increase in how long it takes between the GCC receiving a fitness to practise referral and making a decision on whether to impose an interim order. This measure helps us understand how quickly the most serious cases are being progressed. However, the GCC has a very low number of such cases each year, which tends to make the figure fluctuate more sharply, and it can also be impacted by delays caused by third parties. The GCC told us that this year's increase was due to factors outside its control, and we have previously seen evidence that the GCC manages these cases closely.<sup>7</sup> As Figure

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<sup>7</sup> Last year we reviewed the small number of high-risk cases that were considered at an Interim Suspension Hearing.

3 also shows, the GCC acts promptly when it receives information that indicates the need for an interim order.



## Risk assessments

- 17.2 Although this Standard was not the subject of our audit, our case review provided us with insight into the way the GCC identifies and prioritises serious cases.
- 17.3 We found no instances of the GCC failing to identify risks. In most cases, risk assessments were completed as expected and we saw the GCC identifying and acting on risks, including cases being referred for interim orders.
- 17.4 The GCC takes a cautious approach to assessing risk, in part due to a recommendation made following a 2021 external audit report; in 2022 the GCC assigned a 'high risk' rating to most of its cases. A cautious approach to risk is reassuring but it may make it more difficult to prioritise if taken too far. The GCC is aware of this potential impact and, in November 2022, introduced monthly risk meetings to assist with the prioritisation of cases. It also told us that it will consider whether its risk rating system allows it to prioritise the most serious cases effectively.

## Conclusion

Although the median time taken from receipt of referral to interim order decision increased this year, this is due to factors outside the GCC's control. Our audit provided us with assurance that the GCC identifies and acts on risks appropriately. The GCC takes a cautious approach to assessing risk, which may make it difficult to prioritise cases effectively. The GCC recognised this issue and took steps during the year to address it, and has committed to looking at whether further action is required. We will continue to monitor the GCC's timeliness data closely, but we are satisfied that this Standard is met.

## 18 | All parties to a complaint are supported to participate effectively in the process.

- 18.1 Our audit of IC decisions provided insight into the support provided by the GCC during fitness to practise investigations. In most cases, we had no concerns about the customer service provided to the parties: the process was routinely explained to registrants and complainants at the outset; they were kept regularly updated throughout the investigation; and they were promptly notified of the outcome. We did not receive any concerns or feedback from stakeholders about this aspect of the GCC's performance.

### Conclusion

We are satisfied that this Standard is met.

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