



# Getting on with it

## Chairman's message Peter Dixon

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This issue of *GCC News* demonstrates that UK health regulation is undergoing a significant period of change. At the same time, regulators are getting on with their statutory responsibilities.

Inside, you will find an update on the implementation of the government [White Paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century](#), and the decisions taken by General Council on the future governance of the GCC.

Within the current governance arrangements, parliament has set out the grounds on which the GCC may remove a member of Council and the procedure to be followed. Recently, Council considered it necessary to invoke these arrangements for the first time, and it was with regret that it resolved to remove Richard Lanigan from Council effective from 3 March 2008. There is more about this below.

A few months ago, the GCC sent chiropractors some essential reading on maintaining clear sexual boundaries between healthcare professionals and patients. Published by the Council for Healthcare Regulatory Excellence (CHRE), and funded by the Department of Health, I hope chiropractors found it helpful and thought provoking.

On page 3 there's a summary of CHRE's new standards-based framework for regulators' annual performance review. It's a recent innovation and the GCC found it a positive experience aimed at identifying good practice and any development needs for the organisation.

The GCC's five-yearly review and update of the [Code of Practice and Standard of Proficiency](#) is nearly upon us. The GCC will be holding a series of consultation workshops throughout the UK later this year – please take the opportunity to note in your diary the possible dates of the workshops in your region, listed on page 8.

Finally, there's some very interesting news from the Bone and Joint Decade's Taskforce on Neck Pain – read on for a summary of the outcome of a series of very detailed studies, led by Professor Scott Haldeman, and recently published in the journal *Spine*.

## Council member removed from office

In mid-February it came to the attention of the GCC that Richard Lanigan, a chiropractic member of Council, had

- revealed to people who are not members of Council that the health of a GCC employee had been discussed at a closed Council meeting
- circulated a defamatory statement about an employee to Council and to people who are not members of Council

At an Extraordinary Meeting held on 3 March 2008, Council resolved to remove Mr Lanigan from office

with immediate effect. This action was taken under the provisions of our [Constitution and Procedure Rules 1999](#) on the grounds of his

1. Disclosure to another person who is not a member of the Council, without the consent of the Council, information which was known to Mr Lanigan in confidence by reason of his membership of the Council; and/or
2. Acting contrary to the best interests of the Council

# White Paper implementation: response to consultation on first section 60 Order

The reforms proposed in the [White Paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century](#), are being implemented through a series of Orders under section 60 of the Health Act 1999.

In November 2007, the Department of Health published a consultation paper on the first of these Orders, which deals with

- new constitutional arrangements for regulatory bodies
- standardisation of the main objective of regulatory bodies
- improved arrangements for accountability to Parliament

Council's response to the consultation, which ended on 22 February 2008, can be read on [www.gcc-uk.org](http://www.gcc-uk.org) – click on *publications* in the main menu bar and then *review of legislation*.

## Review of GCC decisions regarding size of new 'board' and appointment of Chairman

On 1 May 2007, Council agreed several matters relating to the governance component of the [White Paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century](#).

Since then, six new members have been elected to Council and it is this new Council that will be responsible for overseeing the changes arising from the implementation of the government decisions on governance. The Appointments Commission had also recently given Council advice on the good practice and practicalities associated with the process. So, Council took the opportunity to review the decisions of the previous Council on the size of the more Board-like regulatory body and the manner in which the Chairman of that organisation will be identified.

For the purposes of the section 60 Order, Council agreed that

- there should be parity of lay and chiropractic membership on Council, rather than a lay majority of one
- the Chairman would be appointed by a separate recruitment exercise undertaken by the [Appointments Commission](#) in advance of the exercise to appoint the other members
- there will be a maximum of 14 Council members, including the Chairman, unless otherwise directed by government

Council noted that the detailed constitution rules of Council will be established through additional legislation by way of statutory instruments.

## Clear sexual boundaries

The Council for Healthcare Regulatory Excellence (CHRE) has published guidance, commissioned by the Department of Health, on sexual boundaries between healthcare professionals and patients. The GCC sent a copy to all chiropractors in January 2008.

Please put aside time to read and reflect upon it because it is essential reading for all healthcare professionals. It explains why the relationship between patient and health professional is not an equal one, and will help patients and

healthcare professionals to understand how boundary abuses occur, so helping to prevent them.

The guidelines will also protect healthcare professionals by helping them to identify and manage inappropriate sexualised behaviour by patients so that professional boundaries can be maintained.

The GCC, along with other regulators and public and patient representative groups, actively participated in the development of CHRE's guidance. All recognise that the vast majority of healthcare

professionals work with dedication and integrity and are committed to providing the best possible patient care.

CHRE has published two other documents in this series: guidance for regulatory bodies' fitness to practise panels; and guidance for higher education institutions and training providers. All three documents are available from [www.chre.org.uk](http://www.chre.org.uk). Or if you want further hard copies sent to you, please contact Paul Robinson at the GCC.

# The annual review of the GCC's performance

Every year, the Council for Healthcare Regulatory Excellence (CHRE) reviews the performance of each of the nine UK health regulators. The main aim of the review is to identify good practice and any areas requiring development. CHRE's reviews are placed before parliament and published on [www.chre.org.uk](http://www.chre.org.uk).

In November 2007 CHRE published a new format for the review process, which is built on a set of standards. The standards remain at a high level and focus on outcomes. This new framework has been used recently for the first time. Although requiring the provision of a lot of detailed information, it appears to be well focused on achieving its aim of identifying good regulatory practice. The GCC's experience of the process has been a positive one and it's expected that CHRE will publish its official findings in April.

The GCC's Chairman, Peter Dixon, and the Chief Executive & Registrar, Margaret Coats, attended the performance review meeting with CHRE on Friday 29 February. Margaret Coats said: "The meeting went really well. Informal feedback from CHRE indicated that the GCC has met all the requirements and exceeded them in some cases".

## The principles

The development of the standards was informed by previous work carried out in 2003 by CHRE Council members, the work of the Better Regulation Task Force (BRTF) now known as the Risk and Regulatory Advisory Council, and input from the regulators.

The BRTF defined five principles of good regulation

- Proportionality
- Accountability
- Consistency
- Transparency
- Targeting

The BRTF principles apply across all regulatory functions and have been central to the definition of the standards.

## The performance review framework and process

Standards are the foundation of CHRE's performance review process and will evolve over time. They describe what the public should expect from regulators and reflect good practice. Currently there are 18 core standards (with over 80 minimum requirements) spanning five regulatory functions, which are

- Standards and guidance
- Registration
- Fitness to practise
- Education and governance
- External relations

Regulators submit their documentation and evidence to CHRE within a given deadline. CHRE examines each regulator's submission and, if necessary, will request clarification or further evidence. This process is then followed by a meeting to explore any issues identified by CHRE. CHRE then produces a published report for parliament.

# Neck pain study published

The *Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders* published its 236 page review of the current research on neck pain in the journal *Spine* on 15 February, 2008.

## About the Task Force

The Task Force was set up in 2000 to help neck pain sufferers and health professionals use the best research evidence to prevent, diagnose and manage neck pain. The multidisciplinary Task Force was led by Professor Scott Haldeman from the University of California in Irvine and in Los Angeles. More than 50 researchers based in nine countries were involved, comprising 14 different clinical and scientific disciplines in eight universities. The Task Force assembled more than 31,000 research citations on neck pain and related disorders, and analysed over a 1,000 studies that met the relevant criteria.

Neck pain can be associated with headaches, arm and upper back pain and depression. The Task Force found that it is a widespread experience that is a persistent and recurrent condition for the majority of sufferers. It is disabling for approximately two out of every 20 people with neck pain and affects their ability to carry on with daily activities.

## Key outcomes

A key component of the report is a new four level classification system for neck pain

**Grade 1:** neck pain with little or no interference with daily activities

**Grade 2:** neck pain that limits daily activities

**Grade 3:** neck pain accompanied by radiculopathy ("pinched nerve" – pain, weakness and/or numbness in the arm)

**Grade 4:** neck pain with serious pathology, such as tumour, fracture, infection, or systemic disease

The study found that a majority of patients fall into the Grade 1 and Grade 2 categories and do not need extensive tests or invasive treatments. If pain is interfering with a patient's daily activities (Grade 2), some type of early treatment is recommended to prevent long-term disability.

The Task Force recommends that neck manipulation, acupuncture and massage are better choices for managing most common neck pain. Other useful approaches highlighted by the study are exercises, education, neck mobilisation, low level laser therapy and pain relievers. It does not recommend the use of neck collars and ultrasound.

For the minority of sufferers who experience Grade 3 neck pain, the Task Force reports that corticosteroid injections may provide temporary relief. Surgery is a last resort and should only be considered if accompanying arm pain is persistent or if the person is experiencing Grade 4 pain due to serious injury or systemic disease.

## Stroke

An integral part of the Task Force's report included a new study into the association between chiropractic care of the neck and stroke. ***It found that patients who visit a chiropractor are no more likely to experience a stroke than are patients who visit their GP or family physician.***

The lead author, Dr David Cassidy, Professor of Epidemiology at the University of Toronto and senior scientist at the University of Health Network at Toronto Western Hospital said: "This type of stroke is extremely rare and has been known to occur spontaneously or after ordinary neck movements such as looking up at the sky or shoulder-checking when backing up a car".

## Useful links

Bone and Joint Decade website [www.boneandjointdecade.org](http://www.boneandjointdecade.org)

Spine [www.spinejournal.org/pt/re/spine/home.htm](http://www.spinejournal.org/pt/re/spine/home.htm)

Spine Executive Summary [www.spinejournal.org/pt/re/spine/executivesummary.htm](http://www.spinejournal.org/pt/re/spine/executivesummary.htm)

The Task Force's study, which comprises 23 papers, is available to subscribers of *Spine*. Abstracts and the Executive Summary are available free of charge. The remaining papers may be purchased from *Spine*.

The advice for people with neck pain published by the Task Force is

- Stay as active as you can, exercise and reduce mental stress
- Don't expect to find a single 'cause' for your neck pain
- Be cautious of treatments that make 'big' claims for relief of neck pain
- Trying a variety of therapies or combinations of therapies may be needed to find relief
- Once you have experienced neck pain, it may come back or remain persistent
- Lengthy treatment is not associated with greater improvements. If the treatment is the right one for you, improvements should be seen after two to four weeks
- There is relatively little research on what does or does not prevent neck pain; ergonomics, cervical pillows, postural improvements etc. may or may not help

## GCC and Healthcare Commission agree Memorandum of Understanding

The GCC has agreed a Memorandum of Understanding with the Healthcare Commission, which focuses primarily on our common interest in compliance by chiropractors with the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We hope to come to similar arrangements with the relevant authorities in Northern Ireland, Scotland and Wales.

### Background

On 1 November 2006, the Healthcare Commission assumed responsibility from the Department of Health for the inspection and enforcement for incidents, in England, under IR(ME)R. This means that all such notifications should be sent to the Commission using its web-based notification form.

You can find more information about the Commission's responsibilities for IR(ME)R by phoning 0845 601 3012 or following this link [www.healthcarecommission.org.uk/serviceproviderinformation/irmer2000.cfm](http://www.healthcarecommission.org.uk/serviceproviderinformation/irmer2000.cfm)

The GCC's Advice Note on IR(ME)R can be downloaded from [www.gcc-uk.org](http://www.gcc-uk.org) or contact Paul Robinson at the GCC for hard copies.

# Press Complaints Commission

You may remember from our previous newsletter that the GCC complained to the Press Complaints Commission (PCC). The GCC was seriously concerned about inaccurate and distorted reports of a *Lancet* study published by the *Daily Mail*, *Daily Telegraph* and the *Guardian*, each similarly headlined – that chiropractic is, or may be, ‘a waste of time and money’. The GCC’s letter of 20 November 2007 to the PCC can be read on [www.gcc-uk.org](http://www.gcc-uk.org).

The British Chiropractic Association (BCA) and a chiropractor also complained.

## The GCC’s complaint in brief

The *Lancet* study did not conclude that chiropractors are ‘a waste of time and money’ or of no use in treating back pain – it did not mention chiropractors or chiropractic. The purpose of the study was not to measure or assess the efficacy of chiropractic management of lower back pain.

The articles gave an inaccurate, misleading and distorted view of research published in the *Lancet* on 9 November 2007: *Assessment of diclofenac or spinal manipulative therapy, or both, in addition to*

*recommended first-line treatment for acute low back pain: a randomised controlled trial*, M.J. Hancock et al, (*Lancet* 2007; 370:1638-43).

## Extract from the GCC’s letter of 20 November 2007

*‘The GCC considers that such reporting is irresponsible and does not serve the public interest. It misleads readers, may prevent members of the public from seeking the help of appropriately qualified, experienced and regulated health professionals, and ultimately undermines the public’s trust in the accuracy and utility of scientific research.*

*It is likely that such reporting has also undermined the reputation of the chiropractic profession and may have a direct impact on chiropractors’ practices; all chiropractors, apart from a handful, are in private practice. It may also prejudice any chance of increasing public access to chiropractic on the basis of need through NHS funding.*

*The GCC suggests that the reporting as described above contravenes good practice guidelines on science and health communication of November 2001, prepared by the Social Issues Research Centre (SIRC)*

*in partnership with The Royal Society and the Royal Institution of Great Britain.’*

## Outcomes

The PCC will publish a summary of the GCC’s complaints and how they were resolved in its bi-annual report and on its website.

## The Guardian

In its response to the PCC, the *Guardian* demonstrated that it had thought carefully about the GCC’s complaint and acknowledged that it had made a mistake. The *Guardian* offered to publish a clarification in its corrections and clarifications column and to include it on the online version of the article. The GCC agreed to accept the *Guardian*’s offer as a proportionate resolution to its complaint.

The *Guardian*’s clarification was published on 6 February 2008

*‘The medical research paper reported in an article headlined Chiropractors may be no use in treating back pain, study says, (page 11, November 9) actually made no mention of chiropractors. The study, conducted by the University of Sidney, looked at the effect on acute lower back pain of various treatments, including spinal manipulation – a therapy used by a range of health professionals. In this study the manipulation was given by physiotherapists.’*

## The Daily Mail

The *Daily Mail* accepted, in part, that it was in error and explained that it had already ‘marked’ its cuttings and databases to ensure that the mistake will not be repeated. It published the following clarification on 11 March 2008

## The PCC’s complaints process in brief

Should a complaint fall within the PCC’s jurisdiction, there are two key stages to its complaints process

- an amicable resolution of a complaint mediated by the PCC staff. For example, the publication of a correction or clarification
- if mediation is unsuccessful, formal adjudication by the Commission will commence to establish if its Code of Practice has been contravened. If upheld, the Commission’s ruling will be published by the offending newspaper with due prominence and on the PCC’s website and in its bi-annual report

For further information about the PCC’s jurisdiction and complaints processes look on [www.pcc.org.uk](http://www.pcc.org.uk).

### *Chiropractors*

An article on a medical research paper published on November 9 last year wrongly reported that chiropractors 'are a waste of time'. In fact the study, by the University of Sidney, made no mention of chiropractors'.

### **The Daily Telegraph**

In its response to the PCC, the *Daily Telegraph* focused on the remedial action it had already taken in response to complaints it had received from the BCA i.e. removing the article from its website, printing a clarification and offering to publish a chiropractic-related article.

Given that the *Daily Telegraph* had not acknowledged that it had made a mistake nor demonstrated that it had thought about the GCC's specific concerns, the GCC did not accept that its complaint had been resolved and asked that it be referred to the Commission for full adjudication.

The Commission did not uphold the GCC's complaint, although it acknowledged that the *Daily Telegraph* had been at fault and its reporting of the *Lancet* study had, in part, been distorted and inaccurate. The Commission considered that the *Daily Telegraph* had already taken proportionate steps sufficient to address the GCC's concerns and that no further remedial action was necessary.

The Commission's decision cannot be appealed, although the **handling** of a complaint can be looked into within 28 days. The GCC decided that there were no grounds to pursue this further.

## Osteoarthritis – new NICE clinical guideline

The National Institute for Health and Clinical Excellence (NICE) published, in February 2008, the clinical guideline: *Osteoarthritis – The care and management of osteoarthritis in adults*. Amongst other things it provides a quick reference guide with a clear pathway for the assessment, management and treatment of osteoarthritis in adults.

The guideline can be downloaded from [www.nice.org.uk/cg059](http://www.nice.org.uk/cg059).

## In the pipeline

NICE is developing a guideline on *low back pain: the acute management of patients with chronic (longer than six weeks) non-specific low back pain*. The GCC's Chairman, Peter Dixon, is a member of the guideline development group, which is Chaired by Professor Martin Underwood. Publication of the guideline is expected in May 2009.

For more information about the scope of the guideline and the progress of its development, look on [www.nice.org.uk](http://www.nice.org.uk).

## Health & Wellbeing at Work

At the beginning of March the GCC was out and about exhibiting at Health & Wellbeing at Work, Birmingham NEC. Chiropractors Julie McKay and Kevin Grant joined Philippa Barton-Hanson on the GCC exhibition stand. Amongst other things, they were able to advise the many visitors to our stand on how the effective management of musculoskeletal disorders by chiropractors fits into occupational health. An interesting and useful two days.

# Review of the *Code of Practice and Standard of Proficiency*

## Consultation workshops – have your say

The GCC is arranging a series of UK-wide consultation workshops to enable stakeholders – including chiropractors, patients and the public – to contribute to the regular five-yearly review of the [Code of Practice and Standard of Proficiency](#).

Seven workshops will be held during the winter of 2008. Planning has already started and we anticipate that invitations and consultation documents will be sent to all chiropractors, and others, in the Summer.

The venues and dates have yet to be confirmed, but if you're keen to attend (and we hope you are!) please pencil in your diary the likely dates for the workshops in your region.

### Seven consultation workshops will be arranged for Winter 2008

There will be four workshops in England

- **North:** 30 September or 1 or 2 October
- **South East/London:** 17, 18 or 19 November
- **Midlands:** 4, 5 or 6 November
- **South/South West:** 14 or 15 October

And...

One workshop in **Wales** on 7 or 8 October

One workshop in **Scotland** on 28, 29 or 30 October

One workshop in **Northern Ireland** on 11, 12 or 13 November

## The review process

- a specialist contractor has been commissioned to work with representatives of Council to develop a consultation draft that tracks proposed changes against the current version
- the professional associations have been asked to provide details of problems with the Code and Standard that have been flagged up to them by their members
- the findings of the PCC will be used to identify aspects of the Code and Standard that may require clarification
- the wider regulatory environment will be scanned to identify any necessary additions or changes
- all interest parties will be consulted

The consultation framework will include

- named contacts for all interested parties, for example: patients, the public, all registered chiropractors and student chiropractors in the UK
- timetables that are published in advance of the start date
- clear documentation, identifying the purpose of the consultation and the range of potential issues to be addressed
- seven facilitated workshops/seminars to listen to, and take on board, the views of chiropractors and other stakeholders
- the provision of sufficient information to ensure that respondents are well informed and able to provide properly structured comment
- a helpline that is staffed throughout the consultation
- an audit trail of the key stages that is available in a timely manner to all interested parties

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Dates of future meetings of General Council and minutes; findings of Professional Conduct and Health Committees; annual accounts; registration checks and other relevant information are on our website.

[Webmaster@gcc-uk.org](mailto:Webmaster@gcc-uk.org) for feedback on the website.

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