

Private and Confidential

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Department of Health and Social Care
Workforce Directorate,
Quarry House, Quarry Hill,
Leeds, LS2 7UE

By email

08 December 2025

Dear [Redacted]

Lord Mann Review into tackling antisemitism and racism in the NHS

Thank you for your letter of 25 November regarding the role of the General Chiropractic Council (GCC) in addressing antisemitism and racism within the healthcare workforce. I welcome the opportunity to outline our approach, recent developments, and ongoing commitments in this vital area.

Our Commitment and Context

The General Chiropractic Council is the smallest of the UK-wide statutory regulators, with a register of just over 4000 chiropractors. While most registrants are in private practice, there are also chiropractors working in (or alongside) the NHS, in education and in research.

Recently we have:

- reviewed [our Education Standards](#) (effective from 2024)
- Revised the [Code of Professional Practice](#) (effective from 1 January 2026).
- Developed a new [five-year strategy](#) (from January 2026).

Our work on antisemitism and racism, is stronger for being framed through the broader lens of protected characteristics, guided by the Equality Act (2010).

“What plans do you have in place to bolster efforts to ensure that registrants who are perpetrators of antisemitism and racism are held to account for their actions, and that effective interventions are put in place to address their behaviour?”

Setting Standards for Accountability

All chiropractors must adhere to the Code of Professional Practice, which requires fair, non-discriminatory treatment of patients and colleagues, and expects that personal biases do not influence care or professional interactions. Key standards include:

- **Standard A5:** treat the patient fairly and without discrimination, interacting in a way that respects their choices, diversity and culture.
- **Standard C12:** ensure your personal biases, values and beliefs do not prejudice the care that you provide to the patient, your personal interactions, or your professional reputation.

Professional conduct is expected at all times, including online:

- **Standard C7:** ensure your behaviour is professional at all times, upholding and protecting the reputation of the profession and justifying public trust.
- **Standard G6:** when communicating online as a healthcare professional (including media sharing, social networking sites and user-generated content), do so responsibly. You must check that information is not misleading, and maintain professional boundaries and public confidence in the profession. Where you delegate this, the accountability sits with you.

The new Code of Professional Practice also places active responsibility on chiropractors to be healthcare leaders, and consider the actions of their staff and colleagues:

- **Standard E2:** ensure you, and any person you employ, manage or lead, treat all patients, their carers or others accompanying them, with respect and dignity.
- **Standard C1** (*extract*): You must protect others from harm caused by the health, conduct or performance of you or any other regulated healthcare professional.
- **Standard C13:** promote equality, diversity and inclusion, challenge discrimination and seek to tackle inequalities. You must raise concerns about colleagues if you believe they are treating people unfairly, have discriminated against someone or if their personal biases have prejudiced the care they provide. When raising concerns you must follow the relevant local procedures to maintain the safety of everyone involved.
- **Standard H5:** treat others in the workplace fairly and with respect. You must report, follow-up and escalate concerns, following relevant procedures in your workplace, if you become aware of bullying, harassment, or intimidation. You must act quickly and appropriately where such concerns are raised to you, keeping everyone involved safe. You must encourage and support colleagues to raise their concerns.
- **Standard H6:** report, follow-up and escalate concerns, following relevant procedures in your workplace, where the performance or conduct of colleagues puts others at risk of harm. You must act quickly and appropriately where such concerns are raised to you. You must encourage and support colleagues to raise their concerns.

During training, our Education Standards require students to be able to apply equality, diversity, and inclusion (EDI) principles and for providers to embed EDI throughout their programmes:

- **Standard 1.2:** Apply the principles of equality, diversity and inclusion to the care of patients, recognising the impact of discrimination on patient outcomes and the need to reduce health inequalities
- **Standard 19:** Embed a culture of equality, diversity and inclusion (EDI) throughout the design, delivery and quality assurance of the programme

Our accompanying [best practice guidance for education providers](#) highlights examples of best practice from across (and outside of) chiropractic education on embedding EDI throughout the curriculum.

Supporting Compliance through guidance, enforcement and support

We support compliance with the standards through guidance, information, and, where necessary, enforcement.

Our revised [Professional Boundaries Guidance](#) defines respect and dignity as professional boundaries and addresses the risks of sharing personal beliefs inappropriately.

- **59:** You should be alert to the risks of crossing a professional boundary by sharing your personal beliefs or personal information. You must take care when sharing beliefs that are political, ethical, religious or otherwise controversial in nature, or when they may foreseeably conflict with the beliefs of the other person. Your conduct should remain appropriate to your role as a healthcare professional by respecting the person's choices, diversity and culture
- **62 (extract):** Examples of behaviours by a patient, chiropractor or colleague that could cross a professional boundary by not treating a person with dignity and respect, include:
 - Expressing views which discriminate, harass, or incite violence or hatred against other persons or groups including those relating to any protected characteristic (age, disability, race, religion or belief, sex, gender reassignment, sexual orientation, pregnancy or maternity, marriage or civil partnership).
 - Refusing to provide or receive care due to an individual's protected characteristics
- **64:** You should not impose your beliefs and values on others, or cause distress by the inappropriate or insensitive expression of your views or beliefs.

We have published resources and blogs (e.g., [Navigating Professional Boundaries in Fractious Times](#)) to support the new Code and Guidance, emphasising that hate crime and hate speech are unacceptable and undermine public confidence.

“What other actions could your organisation consider in support of this objective?”

Further support for raising concerns

Our survey into attitudes to EDI within the profession shows that of those responding that they had experienced discrimination (across all protected characteristics), only 14% felt able to report their experiences formally. ([Registrant Attitudes to EDI Infographic](#)). We understand the reticence to reporting and want to provide encouragement and support for registrants in this situation.

As many chiropractors work outside of the formal structures and support of the NHS (often working in small private clinics), we believe that there is a need for further guidance and support for registrants raising concerns – and this will be addressed during our 2026 business plan.

We also acknowledge that we are not always best placed or trusted to support chiropractors that raise concerns – particularly when the concern may be about an employer or senior colleague – and we wish to work with the Chiropractic professional associations and Royal College of Chiropractors to establish better support and mechanisms for raising concerns across the entire profession.

“What are the blockers, challenges, and risks that might be preventing your organisation from taking forward further action, including legislation?”

We are committed to promoting equality, diversity and inclusion within our own work, and across the profession as part of our statutory duty to promote the development of the chiropractic profession.

We do not see any legislative blockers to prevent us taking forward further action and will continue to encourage and promote the importance of this work, with others, across the profession.

“What are the actions that you think all UK health regulators could, or should, be taking forward jointly in this space?”

We work very closely with our fellow regulators to share and understand best practice in this area. We are a member of the inter-regulator EDI working group (which recently had a presentation from CQC on their approach to anti-racism), and I chair the Chief Executives of Regulators Board (CEORB) which regularly brings together all the Chief Executives of all the health professional regulators.

We have discussed (and will continue to discuss) how we can respond to the rise in racist and antisemitic behaviour across healthcare – most recently in response to a [letter \(25 September\) to healthcare regulators](#) from the Professional Standards Authority.

“How could your regulatory Code of Conduct and/or standards be strengthened to clarify expectations around antisemitism and racism?”

Our new Code of Professional Practice will come into effect on 1 January 2026, and there was a substantial amount of work involved in preparing this document to make it fit for modern expectations around preventing discrimination (and by extension racist and antisemitic behaviours). As such it is too early to identify or evidence further strengthening that may be required, but we will monitor the impact of the new Code closely.

“What are you doing to ensure transparency in your fitness to practice processes and reporting around antisemitic and racist concerns? And what further measures could you put in place to help debias your fitness to practise proceedings?”

Where we receive an allegation of racism or antisemitism (or any other form of discriminatory activity), our [Investigating Committee Decision Making Guidance](#) specifically identifies allegations of conduct that could amount to discrimination, harassment, or victimisation on the basis of any protected characteristic (including race, religion or belief) as being considered particularly serious and likely to lead to a conduct hearing.

The equivalent guidance for the second stage of our process (Professional Conduct Committee), and the guidance on sanctions, are scheduled to be updated (following the introduction of the new code) in 2026 and this will also include strengthening of the language around the seriousness with which we view discrimination, harassment or victimisation based on protected characteristics.

We categorise all complaints we receive as to the allegations within them. Since January 2024 we have included “racism/discrimination” as an allegation category, and data was published in the [2024 Fitness to Practice annual report](#).

In recent years we have commissioned a thematic review of recent Investigating Committee findings (2023), and recent Professional Conduct Committee cases (2024) to look for biases or concerns in the process. Due to the small number of complaints we receive, it was not always able to draw statistical conclusions, but the reviews made some recommendations (which have been adopted) regarding the make-up of the committees.

More widely, all our staff and partners (including those who make Fitness to Practice decisions) are required to complete Equality and Diversity training, and we have scheduled further training around how diversity impacts our own regulatory work.

“What timeframe is reasonable for your organisation to develop and implement further changes to strengthen measures for tackling antisemitism and racism?”

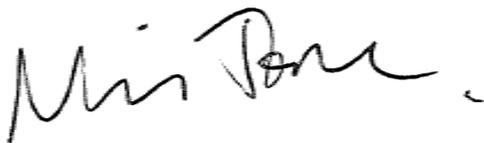
and

“Are there examples of (Completed) tribunals and investigations into racism concerns that you could share with the review team to help inform what “good” should look like with respect to regulator processes, and/or will help to evidence where there are challenges and processes that need to be considered with the aim of tackling how racism is dealt with?”

As a small regulator of a small profession, we can be agile and responsive when we identify that action is required, but we also have fewer examples of unacceptable behaviour to directly learn from and respond to. We look to our colleagues in larger regulators for examples of best practice and emerging concerns, and where appropriate, implement similar changes in our own work.

I trust this provides a comprehensive overview of our current position and ongoing work. We are committed to continuous improvement and welcome further dialogue on these important issues. Please do not hesitate to contact me if you require any additional information or clarification.

Yours sincerely,



Nick Jones
Chief Executive and Registrar
General Chiropractic Council