

General Chiropractic Council Meeting Agenda

17 June 2026 at 9:30 (Remote)

	Item	Action	Presenter	Time
1.	Welcome, Apologies and Declarations of Interest		Chair	9.30
2.	A. Council Minutes of 18 March 2026 B. Matters Arising	To approve	Chair	9.35
3.	Chair's Report	To note	Chair	9.45
4.	Chief Executive & Registrar's Report	To note	CER	10.00
5.	Performance Updates			
	A. Fitness to Practise Performance Update	To approve and note	D, FTP	10.20
	B. Finance Update – Management Accounts to May 2026	To note	D, CS	10.30
	C. Business Plan 2026 Update	To note	D, DEV	10.40
6.	GCC Guidance on Sanctions Review	To approve	D, FTP	10.50
	Break (15 Minutes)			11.05
7.	Strategic Risk Register	To approve	CER	11.20
8.	Update Report from the Chairs of Committees			
	A. Audit and Risk Committee	To note	Chair, ARC	11.40
	B. Education Committee	To note	Chair, EC	11.50
	C. Remuneration and HR Committee	To note	Chair	12.00
9.	Council Work Programme and 2027 Proposed Meeting Dates	To approve	Chair	12.10
10.	Any Other Business		Chair	12.15
Close of meeting: 12.20				
Date of next meeting: 30 September 2026 10.00 – 4.00pm In-person meeting				



**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council
Held in-person at London South Bank University, Clarence Centre,
6 St George's Circus, London SE1 6FE**

18 March 2026 at 9:30 am

Members present	Jonathan McShane (Chair of Council) Aaron Porter Annie Newsam Catherine Kelly Elisabeth Angier Fiona Hutchinson	Fergus Devitt Jennie Adams Keith Walker Paul Allison Samuel Guillemard
Apologies	Apologies were received from Alistair Brown.	
In attendance	Nick Jones, Chief Executive and Registrar Hannah Fellows, Director of Fitness to Practise Derek McFaull, Overall Chair of Professional Conduct Committee (Remotely) Sumaya Ahmed, Council Associate Rachana Karekar, Governance Coordinator, GCC (minutes)	Joe Omorodion, Director of Corporate Services Penny Bance, Director of Development Andrew Macnamara, Overall Chair of Investigating Committee (Remotely – item 9b) Daniel Sullivan, Council Associate Aaron Grell, Registrations Manager Mary Nguyen, Business and Project Officer
Observers	Kate Steele, Partner, Capsticks Solicitors Claire Bond, Fitness to Practise Operations Manager Jess Hambly, United Chiropractic Association	Siobhan Carson, Scrutiny Officer, Professional Standards Authority Amber Cosham, United Chiropractic Association

1.	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting by welcoming all Council members, Council Associates and observers.</p> <p>No apologies were received.</p>
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	<p>It was noted that members' interests were captured in the register, published on the GCC website and were accurate. The Chair asked that additional interests be notified and none were.</p>
2.	<p>Draft minutes of the Council meeting of 3 December 2025 and matters arising</p> <p>A. Minutes Council agreed the minutes were an accurate record of the meeting.</p> <p>B. Matters arising The Chair confirmed the matters arising from the previous meeting, as set out in the report, were satisfactorily completed.</p>
3.	<p>Chair's report</p> <p>The Chair presented the report, noting a successful development day held the previous day. The Chair highlighted Teesside University's decision to close its chiropractic programme and drew attention to ongoing challenges relating to regulatory reform, including delays in progressing Section 60 Orders, and noted that this remained a shared concern across regulators.</p> <p>Council noted the report.</p>
4.	<p>Chief Executive and Registrar's report</p> <p>The Chief Executive & Registrar (CER) presented his report, highlighting recent recruitment and its contribution to strengthening organisational capacity, alongside positive staff engagement activity and ongoing work to ensure appropriate people and policies are in place to support statutory functions. Council noted and appreciated the focus of the report on people and culture and felt it was timely in light of the increased attention on organisational culture across many sectors – including healthcare.</p> <p>Members queried Jersey regulatory arrangements. The CER confirmed continued engagement with Jersey stakeholders due to the requirements introduced by the Jersey government on chiropractors to hold GCC registration.</p> <p>Members sought an update on guidance requested by the coroner. The CER reported that a letter written to registrants, with all the professional bodies as signatories, as to identifying stroke risk and that guidance on clinical risk was being developed by the RCC. He added that all the recommendations by the expert group were complete or underway.</p> <p>Council asked about progress on the NCCR. The CER confirmed that, further to correspondence with Members, that activity is underway to finalise , notably the contractual arrangements ahead of a planned launch in mid to late April 2026.</p>

	<p>Members queried the use of AI in education and healthcare. The CER confirmed the GCC was a signatory to a joint statement on AI in education. The CER noted the wider use of AI in clinical settings remained under review and the risks of issuing premature, and therefore unhelpful, guidance was a significant factor.</p> <p>Members appreciated the correspondence with the Scottish Parliament regarding the Non-Surgical Bill, welcoming the collaborative approach. The CER noted there was not a substantive update following the Scottish Parliament’s most recent report.</p> <p>Council noted the report.</p>
5.	<p>Fitness to Practise matters:</p> <p>A. Regulatory Committee Appointments</p> <p>The Director of Fitness to Practise presented the paper, highlighting proposed reappointments to the Investigating Committee expressing appreciation to the overall IC Chair for completing appraisals enabling the recommendation. The Director recommended the reappointment of seven Investigating Committee (IC) members whose terms expire in August 2026, for new terms from 1 September 2026 to 31 August 2029.</p> <p>Council approved the reappointment of following Investigating Committee members:</p> <ul style="list-style-type: none"> • Lay Chair - Peter Wrench – 3 years • Lay - Emma Moir – 3 years • Lay - Fahmina Begum – 3 years • Lay - Gillian Seager – 3 years • Registrant - Fay Waiting – 3 years • Registrant - Laura Beaumont-Perry – 3 years • Registrant - Suzanne Le Voi – 3 years <p>B. Fitness to Practise Update</p> <p>The Director of Fitness to Practise provided an operational update, noting recent staffing changes, including her appointment in December 2025 and the appointment of the Fitness to Practise Operations Manager in January 2026. She highlighted the expected increase in case volumes during the year, confirmed that the CMS system is operating effectively and reported the number of enquiries awaiting consideration remains low.</p> <p>The Director noted that work will commence to review and update the sanctions guidance, last revised in 2018, and proposed establishing a small Council subgroup to support development of an initial draft. She highlighted performance data, including a 23% increase in referrals received and a 40%</p>

	<p>increase in decisions, with a record high number of cases concluded by the Investigating Committee in Quarter 4.</p> <p>Members asked about the anticipated increase in hearings, capacity and costs. The Director confirmed that the budget provides for the higher than usual volume of cases carried forward into 2026 and assumptions relating to further expected activity, consistent with previous years. That capacity and any financial implications are kept under review, and in any event would be reported as part of the financial forecast in June 2026. The Director noted that there may be a need to increase the number of panel members – although the % increase in PCC referrals was around a quarter the % increase in complaints (as many do not make it through to this stage of the process).</p> <p>A member queried the relationship between enquiries promoted and S.20 cases opened. The BPO explained that timing differences can occur, and that this reflected historical backlog issues. The last quarter indicated that these were taking place within the same month as opposed to previous quarters. Members requested that future reports clearly flag any methodological or presentation changes to support interpretation.</p> <p>Members discussed the increase in referrals. The Director confirmed that similar trends were evident across other regulators and may reflect improved access to complaints processes and wider societal factors. The CER highlighted the positive impact of the CMS on productivity and case progression, noting that increased complaint volumes were likely to continue.</p> <p>Members sought assurance on future workload. The Director confirmed that most complaints related to service provision rather than fitness to practise and that the GCC is exploring alternative approaches, including mediation, to support early resolution where appropriate.</p> <p>Members commended the team's performance, noting the low number of open cases despite increased demand.</p> <p>Council noted the report.</p>
6.	<p>Finance update – Management Accounts to February 2026</p> <p>The Director of Corporate Services (DCS) presented the management accounts for the first two months of the financial year, covering the period to February 2026. He reported a strong start to the year, with a surplus of £144k against a budgeted surplus of £132k.</p> <p>The DCS confirmed that the budget includes sufficient provision for increased Fitness to Practise activity, including a significant allowance to address the backlog of deferred hearings from last year. He noted that the risk to achieving the annual surplus retention target of £47k (1% surplus margin) depends on delivering the budget as planned. He emphasised that both under-spend and over-spend present risks. The Executive continues to monitor performance against budget on a monthly basis.</p>

	<p>On the balance sheet, the DCS highlighted the recognition of the office lease in line with updated UK accounting standards. This resulted in the recognition of a £323k right-of-use asset and a corresponding liability, effective 1 January 2026. So, the balance sheet position remains compliant with the current regulatory environment.</p> <p>Investment values increased by approximately 5% (£248k) at the latest reporting point, and performance prior to the recent Middle East conflict was considered strong.</p> <p>The DCS reported attending an investment webinar in the prior week, arranged by the GCC's investment advisers (Cazenove Capital), which considered the impact of the conflict on UK non-profit investment portfolios. The consistent advice to boards and trustees was to maintain a long-term perspective and "sit tight", with market recovery typically expected within six to nine months following the end of such conflicts, albeit with inherent uncertainty over timing.</p> <p>He noted that Investment managers were actively reviewing clients' strategic asset allocation mandates. This included a planned rebalancing of the portfolio away from equities towards more defensive assets, including gold and real estate. Allocations would be kept under review and rebalanced further as market conditions stabilised.</p> <p>The DCS confirmed that the cash position remained strong, with sufficient cash to meet liabilities due within the next 12 months, and that total reserves as at 28 February were £4.282m.</p> <p>Members welcomed the positive financial position.</p> <p>Council noted the report.</p>
7.	<p>2026 Business Plan Performance update</p> <p>The Business and Projects Officer (BPO) presented the first performance update report under the new five-year strategy, covering delivery to the end of February 2026.</p> <p>The BPO noted that two projects (timeliness during the investigation stage and business efficiencies) had been reclassified as business-as-usual activities and that the IT Strategy and AI Strategy projects had been merged into a single Digital Strategy Development project.</p> <p>The BPO reported no significant delivery risks confirming that resource capacity pressures had been mitigated through revised scheduling.</p> <p>Council noted communications, including continued promotion of the Code and development of a communications plan for the CPD framework review.</p>

	<p>Council emphasised the importance of transparent reporting and encouraged the escalation of emerging delivery risks promptly, including movement to amber or red where appropriate. Council welcomed the revised reporting template.</p> <p>A member sought clarification on the approach to staff use of AI tools, particularly noting that Microsoft CoPilot used the same underlying technology as ChatGPT. The CER clarified the distinction related to data protection and security; staff were encouraged to use Microsoft CoPilot as it operated within the GCC's Microsoft 365 tenancy and governance controls.</p> <p>Members discussed the “<i>I’m Registered</i>” activity noting that some registrants do not display ‘I’m registered’ materials and suggested further consideration of how impact and engagement could be improved. The CER confirmed that promotional activity was ongoing, that it was not a requirement that could be mandated, and it remained under review.</p> <p>Council noted the report.</p>
8.	<p>Annual Reports on Key Operational Areas:</p> <p>A. Fitness to Practise Report 2025</p> <p>The Director of Fitness to Practise introduced the Fitness to Practise annual report for 2025, noting a busy year, including successful implementation of the case management system, an increase in the volume of referrals, and more decisions made. The Director drew attention to a minor error in the report, clarifying that nine cases were concluded in total, of which eight were considered by the PCC and one by the Health Committee. The Director also explained a change in reporting terminology relating to case discontinuances, noting that three cases in 2025 were recorded as offering no evidence, and that historical data may require updating for consistency.</p> <p>Council discussed trends in complaints, noting no clear underlying cause for the increase and that an increase in referral patterns were consistent with the experiences of other regulators. Members considered how data about complaints and learning could better inform guidance, the GCC approach to CPD aimed towards registrants. Furthermore, that public-facing materials, including development of clearer information to help the public understand the process may support complainants and registrants.</p> <p>Council noted the report.</p> <p>B. Registration Report 2025 & Registration Review Update</p> <p>The Registration Manager (RM) introduced the Registration Annual Report for 2025 and reported continued, steady growth of the register. A 4.3% increase in the number of registrants compared to the previous year was noted alongside an increase in those practising and a reduction in the removal of registrants</p>

	<p>from the Register. The RM outlined an evolution of the report to include information on process improvements implemented by the GCC – in systems and enhancing the experience of registrants. The RM outlined priorities for 2026, that included standardising processes, more steps to assure quality including a ‘Q&A’ function, more key performance indicators, and further improvements to systems, the GCC website and the portal accessed by registrants.</p> <p>Members welcomed this fresh look at the registration processes and systems and the action plan outlined to them. A query regarding feedback from the Pulse survey of registrants suggesting the GCC was difficult to contact was raised. The RM confirmed that the plans for improvement already referenced and recruitment to the team were expected to enhance the experience of registrants. Members queried data relating to the conversion of graduates to registration noting a fall off between the two. The RM advised that this was a known issue with multiple factors influencing decisions as to whether to register and when; more information on those decisions would be gathered in time.</p> <p>Council noted the report.</p>
9.	<p>A. Annual Report from the Professional Conduct Committee (PCC)</p> <p>The Chair invited Derek McFaull, the overall Chair of the Professional Conduct Committee (PCC Chair), to present the PCC Annual Report.</p> <p>The PCC Chair reported on hearing activity in 2025, with no significant emerging trends identified. He emphasised the importance of the independence of the PCC while noting effective joint working with the Executive and constructive professional challenge. He drew attention to improved communications and interactions with the wider GCC FtP team over the last 12 months. He further highlighted ongoing challenges relating to the disengagement of witnesses and the desirability of their being appropriately prepared for the hearing process. He noted that the overall standard of case presentation remained good and that no material concerns had arose.</p> <p>Members queried the level of support provided to witnesses and whether the use of remote hearings contributed to disengagement. The PCC Chair explained that panels apply flexibility on a case-by-case basis and that participants are informed by the Chair of the committee as to the hearing process and including cross-examination. The Director of FtP confirmed that witness vulnerability and engagement are assessed through listing questionnaires and inform decisions on whether hearings are held virtually or in person. She added that the GCC adjudication process was under review, and that would be a factor within the review. The Director confirmed that independent support services were available for both witnesses and registrants.</p>

	<p>Council noted the report.</p> <p>B. Annual Report from the Investigating Committee (IC)</p> <p>The Chair invited Andrew Macnamara, the overall Chair of the Investigating Committee (IC), to present the IC Annual Report.</p> <p>The Chair of IC reported that 2025 had been busier but effective, with increases in cases considered and improved timeliness, reducing median case duration of closed cases from 57 to 50 weeks. He noted an increase in referrals to the PCC and confirmed ongoing work with the Executive to identify further efficiency improvements, including work on anonymous complaints and bundle structure.</p> <p>The Chair of IC confirmed that committee membership remained stable and well-balanced, with all members whose terms were ending seeking reappointment. He highlighted the value of in-person training held during the year.</p> <p>Council noted the report.</p>
10.	<p>A. Annual Report from the Audit and Risk Committee</p> <p>The Chair of the Audit and Risk Committee (ARC) presented the Committee's annual report to Council, summarising the work undertaken during the last financial year.</p> <p>The Chair of ARC thanked Committee members and the Independent Member for their contributions and highlighted the ongoing collaboration with the Executive in supporting effective governance and risk oversight.</p> <p>A query on whether the Strategic Risk Register (SRR) had been reviewed in light of the new strategy was raised. The Chair of ARC confirmed that the SRR is reviewed at each Committee meeting, with formal reporting to Council twice a year. He noted that recent consideration had focused on cyber security, and that further work would be undertaken to reflect any emerging strategic risks arising from the new strategy.</p> <p>Council noted the report.</p> <p>B. Report from the Chair of the Audit and Risk Committee (ARC)</p> <p>The Chair of the Audit and Risk Committee (ARC) provided an update from the Committee meeting held on 4 March 2026. He noted that the main areas of focus were the 2025 Annual Report and Accounts, a development session, forward planning for the appointment of external auditors, and the review and agreement of corporate and finance policies, which would be brought to Council for approval in June 2026.</p> <p>The Chair of ARC also reported that the Committee had reviewed the Strategic Risk Register (SRR) and would recommend to Council in June 2026 that the</p>

	<p>cyber security risk (SR5) be increased from green (minor) to red (severe), reflecting the heightened external threat environment. It was emphasised that the proposed change did not reflect any weakness in existing controls, which remained robust and well developed, but rather an increase in the external risk landscape.</p> <p>Council noted the report.</p>
11.	<p>Any other Business</p> <p>The Chair confirmed there were no items of other business.</p> <p>The Chair thanked all members of the Council for their contribution.</p> <p>The Chair invited questions from observers, none were asked.</p>
	<p>Date of next meeting 17 June 2026.</p>



For noting

Agenda Item: 02b

Subject: Matters Arising from Prior Meetings

Presenter: Jonathan McShane, Chair GCC

Date: 17 June 2026

Summary: All actions have been completed

Item	Actions	Update
Matters Arising from 18 March 2026 Meeting		
CO251203-09	<p>Strategic Risk Register November 2025</p> <p>Action 2: The ARC would review the cybersecurity risk rating at its March 2026 development session and report recommendations to Council in June 2026.</p>	<p>Completed (see agenda item 7 - SRR)</p>



For noting

Chair's report

Introduction

1. Members are welcomed to this meeting of Council, our first 'virtual' meeting of the year. This meeting in the business cycle has a focus on our performance to date as well as prospects, including our financial resilience, for the rest of the year.
2. We are asked to consider revisions to the GCC Guidance on Sanctions in advance of our intention to consult on that later in the month. I am grateful for Members' involvement in the development of the draft, which I know was welcomed by the team. I also welcome the proposal for a pilot exercise to explore whether mediation could help resolve concerns raised by complainants about the care they received from chiropractors at an early stage.

Department of Health and Social Care – programme of reform

3. Since the last meeting, proposals have been published in the form of a consultation to conclude the powers granted to the GMC (further to powers already granted in relation to the registration of physician associates and anaesthesia associates). Responses to the consultation are due by 23 June 2026.
4. The proposals have been reviewed by the team and, considering our own outdated legislation and accompanying rules, we will repeat the welcome we have given previously. If implemented, they would represent a significant modernisation of legislation granted to the GCC. Whilst our response will be supportive to the proposals, we will wish to make some additional observations. We will consider our response in the private session of Council subsequent to this meeting.
5. By way of reminder, following the review of the GMC powers, the Department is prioritising the NMC and HCPC for the next tranche of reform; that is, in the same way as with the GMC commencing and concluding statutory consultation. There are no plans to consider the extension of powers to any of the other professional health and care regulators, including the GCC, during this Parliament.

Succession arrangements

6. The terms of appointment of Members of Council are reviewed to ensure continuity of membership. No first or second terms of Members of Council end in

2026. That said, 2027 sees several retirements (Annie Newsam and Keith Walker - both registrant members of Council, in August 2027, serving on Remuneration and HR and Education Committee respectively, and with Annie as Member for Wales) and the end of several members' first term. This includes Catherine Kelly (February 2027), Sam Guillemard (May 2027), and Aaron Porter (July 2027) all members of Education Committee.

7. I remind members that reappointment to Council is recognised by the Professional Standards Authority as a legitimate means of supporting continuity and effectiveness on the Council, but it should not be treated as automatic. Decisions to recommend a second term should be based on a clear and evidence-based assessment that the individual continues to meet the Council's needs and can contribute effectively. In line with the PSA's expectations, the process must be transparent, defensible and grounded in merit, with a clear rationale for reappointment rather than proceeding to open competition. This approach supports both continuity and renewal, while maintaining public confidence that appointments are fair, open and made in the best interests of effective governance.
8. A (re)appointments committee would be established and an appropriate process followed. The views of affected members would also be sought on whether they wish to be considered for a second term. I expect the committee to be identified and convened towards the end of 2026. At this stage, I invite views, at the meeting or otherwise, for consideration by the GCC Remuneration and HR Committee in July 2026, on whether one or more roles should be opened to external competition or proceed to a process of reappointment (with factors considered as to any recommendation for appointment).
9. For retirements, we must begin an appointments process to recruit two registrant members, with one being a Member for Wales. This will require an appointments committee, supported by our independent member. To meet PSA and Privy Council requirements, and to allow successful applicants to attend the June 2027 Council meeting as observers, my preference is to begin recruitment in November or early December 2026, with interviews in February or March 2027. I also invite views (for consideration by the Remuneration and HR Committee in July), taking into account the vacancies and the overall skills mix of Council, on the type of registrant we should seek - for example, someone with an academic, research or clinic background.
10. Finally, I have asked the Executive to seek views from Sumaya and Dan as to their experiences of being Associate Members of Council. By all accounts it has been a good one and, as a Council, we have benefited from their involvement and contributions. The July Remuneration and HR Committee will receive the feedback from both, with a view to commencing recruitment, taking into account any feedback, for two new Associate Members of Council in the Autumn, with appointments taking effect from 1 January 2027.

Engagements

11. Since the last meeting of Council, I have attended meetings of the GCC Remuneration and HR Committee, and the Audit and Risk Committee.
12. In April I attended the UK chiropractic forum and was pleased to see the extent of cooperation and broad agreement between the professional bodies, and which was reassuring. The GCC provided a detailed and comprehensive update on a range of issues which was welcomed.
13. I was pleased to join senior colleagues at the BCA for a lunch welcoming Stuart Smellie as the new President of the RCC. In May, I attended the roundtable of Chairs of health regulators hosted by the PSA where there was a focus on the impact of AI on professional regulation.
14. My own appraisal, as reported at the last meeting, and conducted by an independent person, has now been completed and I have shared with Committee Chairs. I am grateful to Members for their cooperation and feedback to enable a full and rounded assessment.

Jonathan McShane

Chair

Chief Executive & Registrar Report

Purpose

This regular report summarises key developments in the period since the Council last met, on 18 March 2026, not covered elsewhere on the agenda.

Recommendations

Council is asked to note this report with questions invited.

General update

1. Overall, the organisation is in a more stable and assured position than at this point last year. The Executive has focused on embedding a relatively new senior team and maintaining operational grip, particularly in Fitness to Practise (FtP). Assurance continues to strengthen, although capacity pressures linked to delivery priorities remain under active management. Work is also underway to introduce a clearer, more integrated performance dashboard and narrative for Council.
2. Operationally, FtP is now functioning more consistently, with stable caseloads, improved systems and strengthened leadership, resulting in reduced (though still live) strategic risks relating to public protection and capacity. Education provision remains broadly stable, although at its last meeting Education Committee noted a programme closure. We monitor provider risks and CPD engagement.
3. Alongside, our policy developments are progressing, including a full review of the CPD framework, early resolution in FtP, and protection of title. I formally record the launch of the National Centre for Chiropractic Research (with financial support of (£50k per year) to support overhead costs, as a significant development in strengthening the profession's evidence base and supporting collaboration.
4. From a governance and assurance perspective, the strategic risk position remains stable, with a continued low appetite in core areas such as public

protection, finance and cyber security. The PSA performance review of our activities in 2025/26 is soon to report with draft findings expected shortly. Preparatory work is beginning on Council succession and future membership arrangements.

5. Financial performance remains broadly in line with budget, although emerging cost pressures mean the forthcoming reforecast will require careful management. At the same time, there is a continued organisational focus on leadership capacity, succession and resilience, supported by external coaching and a deliberate shift towards greater collective ownership within SMT. Staff engagement highlights ongoing themes around workload, prioritisation and change management, and while actions are in train, workforce capability and capacity remain the principal medium-term risk.

Responding to national developments

6. This item provides an overview of the Council's recent engagement with national policy and regulatory developments. This reflects the Council's third strategic objective on collaboration.
7. Our intention is to engage earlier, more consistently and with greater influence, working collaboratively with other regulators, government bodies and parliamentary committees to ensure that emerging policy and legislative frameworks appropriately reflect public protection, proportional regulation and the realities of chiropractic practice.

In this period, we have contributed to the following – a summary of our response and developments to each is annexed.

1. **Draft General Medical Council Order 2026:** The government's consultation on reform to how the General Medical Council (GMC) regulates doctors, physician associates (physician assistants) and anaesthesia associates (physician assistants in anaesthesia).
2. **National Commission into the Regulation of AI in Healthcare:** Following our response (noted at the previous meeting of Council) to a national Call for Evidence issued by the National Commission into the Regulation of AI in Healthcare to inform future regulatory frameworks, we engaged in one of a series of workshops exploring 'professional liability.'
3. **MOU on Investigating healthcare incidents where suspected criminal activity may have contributed to death or serious life-changing harm:** As a signatory, we responded to a review of the existing MOU following the Thirlwall Enquiry.
4. **Recent work undertaken to tackle anti-Muslim hostility:** In response to a PQ on actions that regulators are taking to address this, the GCC and GOSC submitted a joint response to DHSC.

5. **The government's consultation on reform of veterinary legislation:** We responded to the government's formal consultation on the proposals, relevant to our work on animal chiropractic and 'title'.

The following (which the GCC has previously contributed to) have now been published:

6. **Lord Mann review of antisemitism and other forms of racism across the NHS and healthcare regulatory system** (04 June 2026): We submitted a response to the review which has now been published, with wide-ranging recommendations, some for us as a member of the professional regulatory community.
7. **House of Lords Industry and Regulators Committee – Regulation and growth:** At the previous meeting of Council, we outlined our submission to the inquiry; the Committee's report has now been published.
8. **Royal College of Chiropractors - Outcomes for Chiropractic Graduates:** The document was published in early June and will be formally launched at the RCC conference in June.
9. **PSA new Standards:** These are now introduced with effect 1 July 2026. The GCC will be one of the first regulators measured against these standards as our performance review year commences then.

Meetings and engagements

March 2026

- 20 March - Introductory meeting with Kathie Cashell, newly appointed CER at General Pharmaceutical Council
- 21 March – Catch-up with CEO and President, Royal College of Chiropractors
- 24 March – Institute of Regulation, pre-conference dinner with CEOs
- 25 March – Attended the IOR annual conference
- 26 March – Chaired meeting of the Chief Executive's Steering Group

April 2026

- 2 April – Attended final year poster presentation by students at LSBU
- 8 April - Meeting of the Forum of Chiropractic Deans
- 9 April - Meeting of the GCC Remuneration and HR Committee
- 17 April – With the DCS, interviews for GCC Information Governance lead
- 22 April – Attended meeting of UK Chiropractic Forum
- 24 April – Chaired meeting of CEORB
- 28 April – GCC Performance Management Board, and meeting of Risk Register Group
- 29 April – GCC Education Committee in-person meeting

May 2026

- 8 May - attended dinner of the Association of Disciplinary and Regulatory Lawyers as a guest of FieldFisher
- 18 May – GCC Performance Management Board, and Risk Register Review group
- 20 May – GCC Audit and Risk Committee meeting

June 2026

- 2 June - attended GMC Clare Marx memorial lecture
- 3 June - Chaired meeting of CEORB
- 3 June – PSA workshop on standards review

Nick Jones

Chief Executive & Registrar

Annex to CER report

Responding to national developments

- 1. Draft General Medical Council Order 2026:** The government's consultation on reform to how the General Medical Council (GMC) regulates doctors, physician associates (physician assistants) and anaesthesia associates (physician assistants in anaesthesia). The legislation will act as a blueprint for reform of the legislative frameworks for all health regulators, beginning (in this UK Parliamentary term) with NMC and HCPC. In our response (further discussed in the private session) we intend to highlight:
 - The importance of swifter, fairer and less adversarial Fitness to Practice proceedings that continue to ensure protection of the public.
 - The need for legislative consistency across health regulators in approach to "protection of title" offences.
 - Consideration of how regulation of healthcare professions applies within the private sector (and clearer boundaries between "consumer concerns" and "clinical and professional concerns").
- 2. National Commission into the Regulation of AI in Healthcare: The next steps** following a national Call for Evidence issued by the National Commission into the Regulation of AI in Healthcare to inform future regulatory frameworks, to which we responded.

The workshops are part of the MHRA National Commission on regulating AI in healthcare, with the PSA convening regulators to shape a coordinated system-wide approach. Their primary purpose is to test emerging legal advice (on AI and professional liability) with regulators, rather than to consult on a finished policy. The core focus is clarifying where responsibility sits when AI is used - including the roles of professionals, employers, and technology providers - and what that means for regulatory frameworks such as Fitness to Practice. The intended output is a set of shared, high-level principles ("level zero") for AI use across health and care, providing a common foundation for regulators before more detailed, profession-specific guidance is developed.

- 3. MOU on Investigating healthcare incidents where suspected criminal activity may have contributed to death or serious life-changing harm (AWAITING PUBLICATION):** We are a signatory of a Memorandum of Understanding between regulatory, investigatory and prosecutorial bodies. During the Thirlwall Enquiry into the actions of Lucy Letby at Countess of Chester Hospital, DHSC committed to review the existing MOU to ensure safeguarding (in particular safeguarding of children) was given sufficient prominence. We had no concerns with the updated MOU, and note the links

to our own planned work to highlight chiropractors' safeguarding responsibilities later in 2026.

- 4. Recent work undertaken to tackle anti-Muslim hostility:** In response to a Parliamentary Question on actions that regulators are taking to address this, the GCC and GOSC submitted a joint response to DHSC, taking into account the government's [definition of anti-Muslim hostility](#)

Although most osteopaths and chiropractors work outside of the NHS in independent practice, anti-Muslim hostility is a serious concern for patient protection and for the safety and wellbeing of the two professions. Our regulatory standards - the GOsC Osteopathic Practice Standards and the GCC Code of Professional Practice - set clear expectations that osteopaths and chiropractors must treat patients and colleagues with dignity and respect, and report and escalate concerns related to bullying and harassment (within which we would include anti-Muslim hostility) in the workplace. Further to this, our standards ensure the personal beliefs and values of our registrants do not prejudice their patients' care, that they uphold equality and diversity, always maintain the reputation of the profession [including in an online environment] and ensure that their behaviour does not discriminate against individuals or groups. Through our fitness to practise processes, we take forward any concerns where discriminatory behaviour may pose a risk to patients. We also continue to promote inclusive, respectful practice through our guidance, communications, and engagement with the profession.

- 5. [The government's consultation on reform of veterinary legislation](#):** As reported to the previous meeting of Council, we responded to this, relevant to our work on animal chiropractic and 'title.'

We responded to DEFRA's consultation on reform of the Veterinary Surgeons Act (VSA - 1966), welcoming proposals to modernise regulation of the veterinary sector and introduce statutory oversight for Allied Veterinary Professionals (AVPs), including those practising "animal chiropractic". Our submission highlights that animal musculoskeletal care is a growing field and that current arrangements, where many animal practitioners operate outside statutory regulation, create ambiguity and potential risks to the public.

Our response set out four areas requiring consideration in the primary legislation to ensure the new veterinary regulator can operate effectively: the possibility of dual registration for those practising both human and animal chiropractic; clarifying the GCC's remit given our statutory focus on human patients; in the light of reform to the VSA, the need to adjust section 32 of the Chiropractors Act to protect titles such as "animal chiropractor"; and the importance of defining the scope of AVP practice to prevent regulatory circumvention. We express strong support for the overall approach to reform.

The following (which the GCC has previously contributed to) have now been published:

6. [Lord Mann review of antisemitism and other forms of racism across the NHS and healthcare regulatory system](#) (04 June 2026): We submitted a response to the review which has now been published, with wide-ranging recommendations, some for us as a member of the professional regulatory community.

The publication of the Mann review places a clear expectation on health and care professional regulators to play a more active and coordinated role in addressing racism across the system. For the GCC, the key implications are:

- A need to align with other regulators on common definitions of racism and religious hatred, and ensure these are reflected consistently in our standards, guidance and fitness to practise processes.
- An expectation to strengthen fitness to practise handling of discrimination cases, including consistency of approach, use of appropriate expertise, and greater transparency in decision-making.
- A requirement to work more closely with other regulators, the Professional Standards Authority and government bodies to share information, identify emerging risks and develop joint responses.
- Likely development of national guidance (with DHSC and other regulators) clarifying the respective roles of employers and regulators in responding to incidents of racism, including when referral to a regulator is appropriate.
- A commitment to demonstrate how we will embed the NHS Race and Health Observatory principles within our regulatory approach, with progress expected to be reported within six months.
- Increased external scrutiny from the PSA, including on how regulators handle cases involving discrimination and how learning is shared across the system.
- Particular relevance to the GCC, given the predominantly independent practice of the profession, in relation to access to appropriate training and development on anti-racism for registrants outside the NHS.

the direction of travel is towards a more consistent, transparent and collaborative regulatory approach, with a stronger emphasis on prevention, system leadership and public confidence.

7. [House of Lords Industry and Regulators Committee – Regulation and growth](#): We responded to the Committee's request seeking regulatory perspectives on economic growth within the Committee's inquiry. It reported in May 2026.

The report (Time is money: How regulators can support growth, May 2026) concludes that, while there is a growing expectation that regulators should support economic growth and innovation, there is insufficient clarity from Government about how this should be balanced with regulators' core statutory duties. It notes regulators are often required to reconcile potentially competing objectives -such as consumer protection, safety and environmental standards - with growth ambitions, but lack clear direction on acceptable trade-offs or levels of risk.

For regulators, including us, the report emphasises the importance of improving pace, certainty and engagement, noting that slow or unclear decision-making can deter investment. It encourages regulators to streamline processes, engage proactively with stakeholders, and use tools such as sandboxes to support innovation, while maintaining public confidence. Regulation can support growth if done well, but this depends on both clearer political direction and more responsive regulatory practice, recognising the need to balance efficiency with fairness, transparency and trust.

7. Royal College of Chiropractors - [Outcomes for Chiropractic Graduates:](#)

The document defines the knowledge, skills and behaviours that are expected of newly qualified chiropractors in the UK. The document was published in early June and will be formally launched at the RCC conference in June.

The GCC highlighted areas where the document could better reflect the wording and expectations of the Code of Professional Practice, and changes were made to the final version as a result.

8. PSA new Standards launch: [Updated and combined Standards](#)

The Professional Standards Authority's updated Standards set out a revised, consolidated framework for assessing the performance of both statutory regulators and Accredited Registers. They reflect an extended period of consultation and are designed to strengthen the focus on patient safety, public protection and effective risk-based regulation, consistent with the PSA's updated Right-touch Regulation principles.

The revised Standards introduce a single, consistent framework, with clearer expectations on transparency, accountability, governance and organisational culture, alongside a stronger emphasis on evidence-informed and proportionate decision-making. They also emphasise collaboration, information sharing and earlier resolution of concerns, reflecting a more system-wide approach to regulation. The PSA intends that the Standards remain adaptable to emerging risks, with implementation in performance reviews from July 2026, and further engagement planned to support transition.



For approval and
noting

Fitness to Practise update

Purpose

This Fitness to Practise report provides Council with an update on the following:

- Part A Fitness to Practise Update
 - Operational update
 - Fitness to Practise performance report

Recommendations

Part A Council is asked to note this update

A Fitness to Practise Operational Update

Staffing issues / internal resources

1. Since the previous Council meeting, the FtP team has continued to operate with greater stability. However, Q1 saw some instability with the FtP Manager leaving and the FtP Operations Manager starting in March. We also lost a temporary Investigator which had impact given the size of the team.
2. We will not feel the benefit of the new structure for FtP (conversion of a caseworker role into an investigator post) and an additional post IC scheduler and s.32 investigator until Q3. However, through Q1 despite the depleted staff members, working without an FtP Manager and some case handovers the team has managed to progress investigations placing some of our older investigations to the IC for consideration.
3. Since March 2026 we have continued to focus on strengthening operational oversight across the service. This has included reviewing team capacity, progressing permanent recruitment, identifying opportunities to streamline processes, supporting both investigations and adjudications while we embed

revised leadership arrangements, and maximising the benefits of the CMS. I have also continued to engage with internal and external stakeholders to build a broader understanding of the profession and the wider operating environment. Our first defence representatives meeting of the year held in mid-April was attended well and was a success.

4. The Investigation team is using CMS as the core case management tool for pre-IC work. This has supported more efficient handling of new complaints and continues to help the team manage workflow more effectively, with no current backlog of new enquiries awaiting a section 20 decision. The team have begun exploring additional functionality such as case plans and reviews direct to CMS.
5. In Q1 CMS was implemented through to the Investigating Committee decision point. Training and some teething issues contributed to slower productivity but ultimately, we conclude that it will improve the speed and consistency of data collection, reduced reliance on manual processes and provide a more secure approach to bundle preparation and sharing. In Q1 we identified some areas of improvement to CMS to assist with more accurate data collection.
6. We have completed a lesson learned review of the first phase of CMS implementation to inform development of the adjudication phase. Initial scoping has begun on how CMS might support post-IC case management, although further work is needed to clarify the future operating model and process requirements before system development progresses.
7. Our FtP Operations Manager has settled well into the team and has begun strengthening end-to-end operational oversight, including taking over responsibility for adjudications. This remains a key leadership role in supporting performance, consistency and grip across the service. Listing cases post IC referral remains a key focus for the FtP Operations Manager who has been building important relationships with both GCC case presenters and defence organisations.
8. Following internal promotions and external recruitment (starting in Q3) all roles within FtP have been filled on a permanent basis. The restructure of the FtP team is now complete.

Guidance on Sanction and Mediation project

9. We have worked on updating the Guidance on Sanction involving a small sub-group of Council members and other key stakeholders to develop guidance which better reflects a modern approach to decision making at the PCC/HC stage. Council will note the papers on the agenda for approval to consult.
10. In line with the strategy and the business plan for 2026 we committed to exploring the use of mediation at the front end of the FtP journey. We took the strategic

decision to bring this forward and began exploration in Q2. The reason for bringing this forward is in response to continued pressure on the FtP process, including the handling of complaints that are unlikely to require formal regulatory investigation but still consume time and resource. The proposed pilot is intended to improve the experience of complainants and registrants, reduce unnecessary escalation, and allow GCC to focus more effectively on serious cases.

11. Work to date has focussed on clarifying the purpose of a pilot, the proposed operating model, the criteria for identifying suitable cases and how access to the service will be granted.
12. Work has been undertaken on the safeguards needed to ensure that any pilot supports public protection and remains appropriate to the regulatory context. We envisage being in a position to begin the mediation pilot in Q3 with expected benefits reported to Council in Q3&4.. To make the pilot a success we will need to invest upfront in some startup costs. The reforecast budget for 2026 has taken this pilot into account. A more detailed summary of the proposed pilot can be found at Annex 1A.

Performance summary

13. Council will note the quarterly performance report set out below, which shows a reduced number of cases proceeded to the IC in Q1. This is primarily due to two factors. Firstly, staff movement and departure and secondly the clearing of cases in the previous quarter.
14. 16 new section 20 complaints were opened in Q1 2026, compared with 11 in Q4 2025, and that the number of open IC complaints increased from 65 at the end of Q4 2025 to 72 at the end of Q1 2026. The data also shows that two cases were referred from the IC to the PCC in Q1 2026. While the median age of open IC complaints reduced from 33 weeks to 29 weeks, the increase in open cases indicates continued pressure on investigative capacity and reinforces the importance of active end-to-end case flow management.
15. CMS continues to support the team in managing pre-IC work more efficiently. However, the increase in open complaints in Q1 2026, together with the continuing need to progress post-IC cases in a timely way, means that capacity across investigations and adjudications will need to remain under close review. Greater scrutiny under the management of the FtP Operations Manager will be vital for the rest of the year in ensuring a smooth flow of cases progressing to the IC.
16. Although only two cases were referred to the PCC in Q1 2026 (lower than the assumed referral rate), the existing adjudication caseload, hearing capacity and listing strategy will remain an important operational focus through the remainder

of 2026. We have effectively doubled our resource available to support that in Q3 and beyond. As such much of the increased listing is planned for Q3&4 with preparatory listing work being undertaken in Q2.

Performance report

17. This section provides Council with an update on the operational performance of the FtP team in the latest completed quarter, Q1 2026, covering the period January to March 2026.

Summary

Detail on the five key areas of performance summarised below is at Annex 1, with glossary of terms at Annex 2.

- i. **New enquiries:** There was 1 enquiry open at the end of Q4. The streamlined system for consideration of new enquiries using CMS has assisted the team to either close or promote cases for s.20 investigation within the month in which they were received.
- ii. **New complaints:** In Q1 2026, 16 new s.20 complaints were opened. This is an increase on Q4 2025, when 11 complaints were opened, but remains below the quarterly levels seen in Q1 and Q2 2025. The continuing inflow of complaints, together with existing caseload, contributed to the increase in open IC complaints at quarter end.
- iii. **PCC Referrals:** There were two referrals to the PCC in Q1 2026, compared with six in Q4 2025. While this quarter saw a lower number of new referrals, pressure remains in the adjudication stage because of the existing stock of post-IC matters and the need to progress listed and older cases in a timely way.
- iv. **Interim suspension hearing (ISH):** One ISH hearing was held in this period at the PCC stage due to a change in circumstances, with a suspension imposed. This remains a key focus for the team and we continue to deal with high-risk cases promptly, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
- v. **PCC and HC hearings:** The latest available PCC timeliness data shows that, in Q4 2025/26, the median time from IC decision to final PCC decision was 38 weeks, with an end-to-end median of 123 weeks. This indicates that adjudication timeliness remains relatively stable quarter to quarter, but end-to-end duration continues to be affected by the time taken earlier in the process.
- vi. Our performance in managing s.32 (protection of title) complaints in Q1 has remained positive due to support from temporary staff. However, we continue to

see a consistent number of complaints raised in this area. Permanent staff support to investigate these matters will begin in Q3.

The Q1 2026 data shows that open IC complaints increased to 72, compared with 65 at the end of Q4 2025. At the same time, the median age of open IC cases reduced from 33 weeks to 29 weeks, suggesting some improvement in the profile of the caseload even though overall volume has risen. The number of cases open for more than 52 weeks remained high at 15, with one case open for more than 104 weeks and two cases open for more than 153 weeks.

This underlines the importance of maintaining investigative throughput while continuing to focus on timely progression of the oldest and most complex matters. The team are working their way through cases handed over by departing Investigators with the support of the FtP Operations Manager and some external legal support where required. This will help to progress these cases to the IC in a timely manner. However, for two of the oldest cases third party involvement has meant progression has been stalled.

06A: Annex 1: Performance report

A. Enquiries

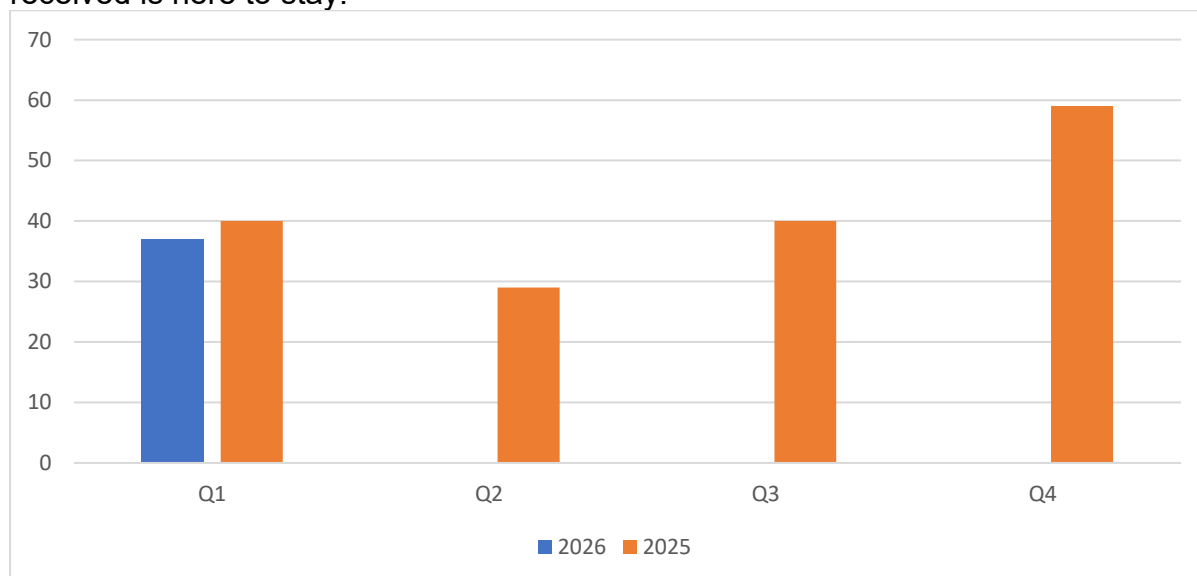
Open enquiries in last 12 months

Across 2025, there was a steady reduction in open enquiries, with near-zero by the end of Q4 2025, and one enquiry open carried over into 2026. In 2026, all new enquires have been reviewed within the month in which they were received. No backlog exists.

Total enquiries received in 2026 compared to 2025

Previously, reports to Council have focussed on the number of enquiries which were opened as s.20 matters, i.e. those where an allegation of misconduct, incompetence, health or conviction is made.

The below table focusses on all complaints made to GCC in 2026. Data from 2025 is provided for context and to indicate any increase or decrease across the year. As can be seen from the data there has been no dip in the number of complaints being received by the GCC which suggests the trend towards an increase in concerns received is here to stay.



Total number of enquiries closed/promoted in 2026

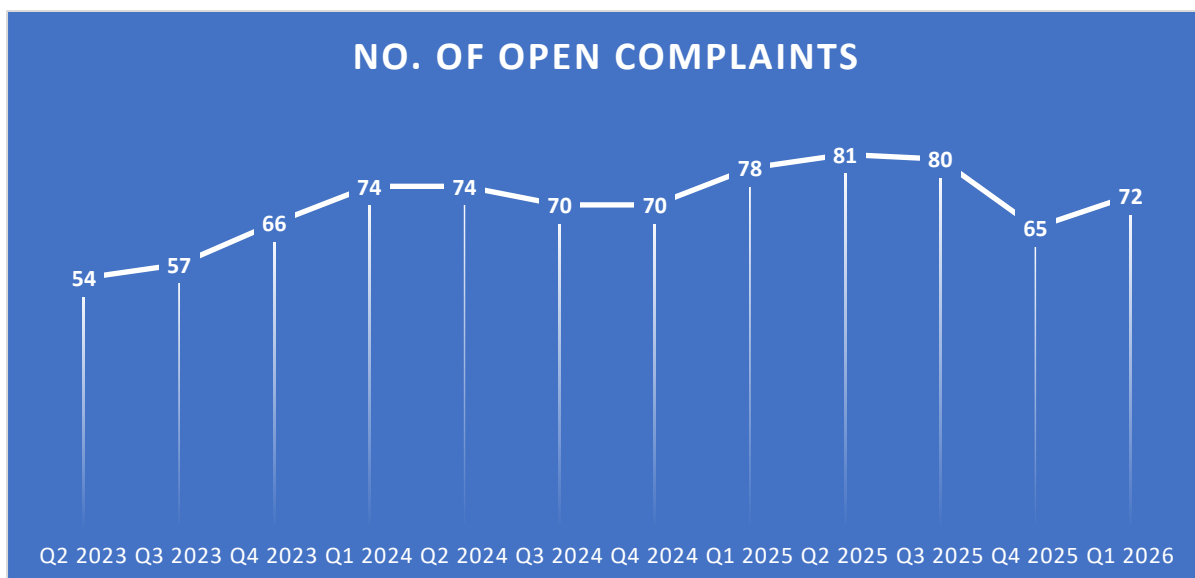
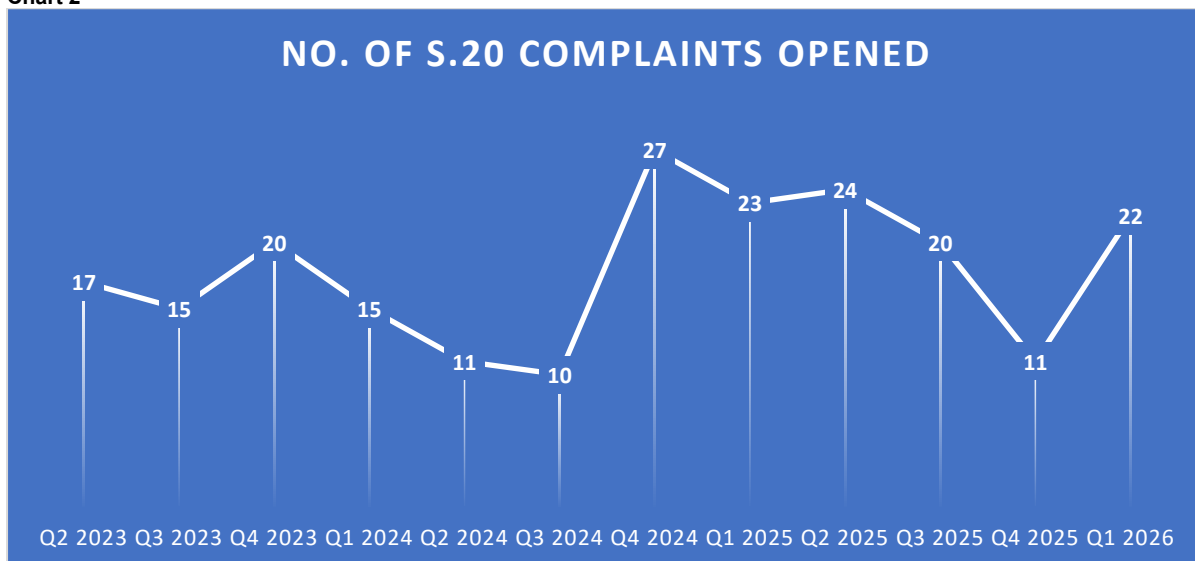
Table 1

	2026			
	Q1	Q2	Q3	Q4
Closed with no further action	10			
Promoted to s.20	22			
Total closed	32			

S.20 (IC) Complaints: latest position to Q1 2026

Total number of complaints carried forward and activity in the last 12 months

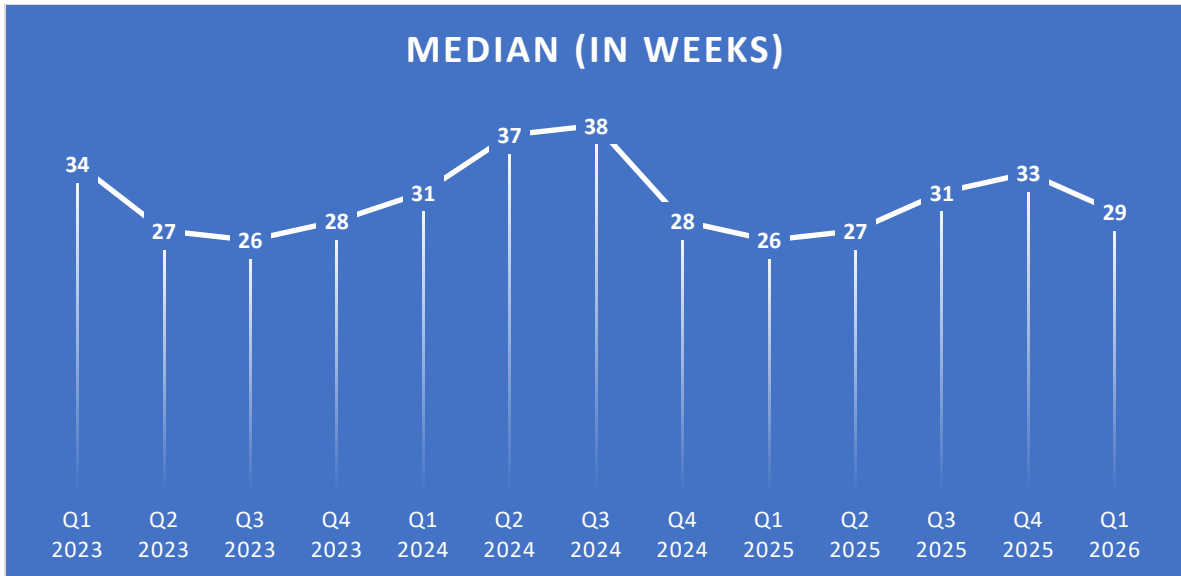
Chart 2



In 2025, an average of 6.5 s.20 complaints were opened per month. The Q1 2026 data show 22 complaints opened in the quarter, which is approximately 7.3 per month. This is higher than Q4 2025, when 11 complaints were opened, but slightly lower than the peak quarterly inflow seen earlier in 2025. Some of the complaints opened in the quarter were delayed from Q4 but it also represents the trend we see in increased complaints after a bank holiday period.

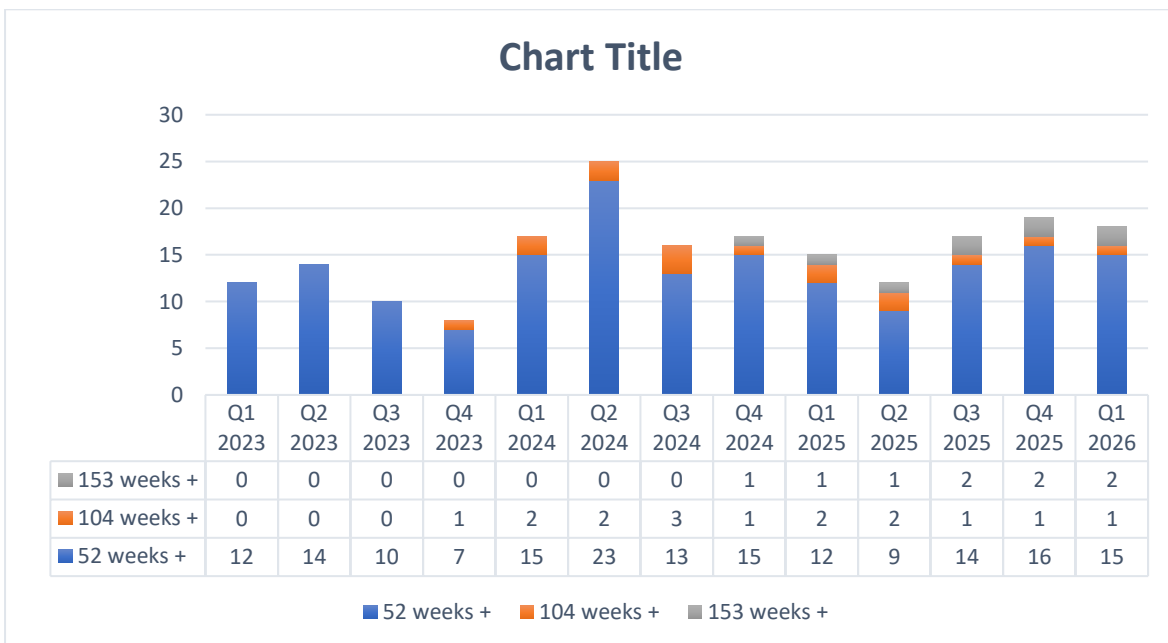
Time complaints have been open: median weeks

Chart 6



Of the total number of open complaints, the median reduced by 4 weeks from the previous quarter, falling from 33 weeks in Q4 2025 to 29 weeks in Q1 2026.

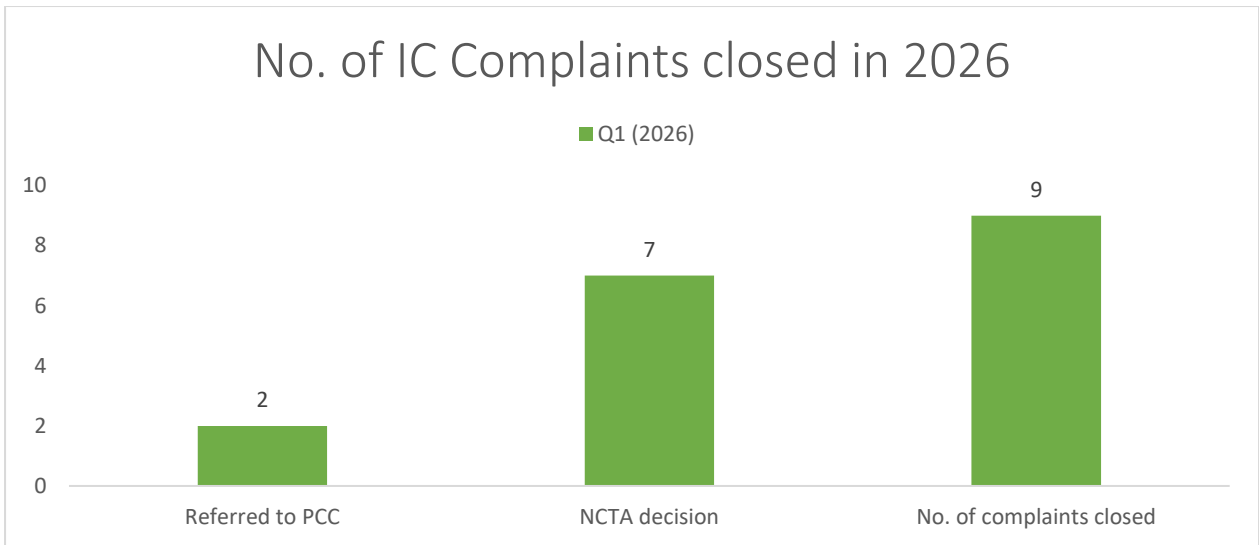
Breakdown of open current complaints



At the end of Q1 2026, 15 open complaints had been open for over 52 weeks, compared with 16 at the end of Q4 2025. The number of cases open for over 104 weeks remained at 1, and those open for over 153 weeks remained at 2. This suggests some stability in the oldest part of the caseload, although the number of long-running cases remains material and a key focus for the team in Q2 and beyond.

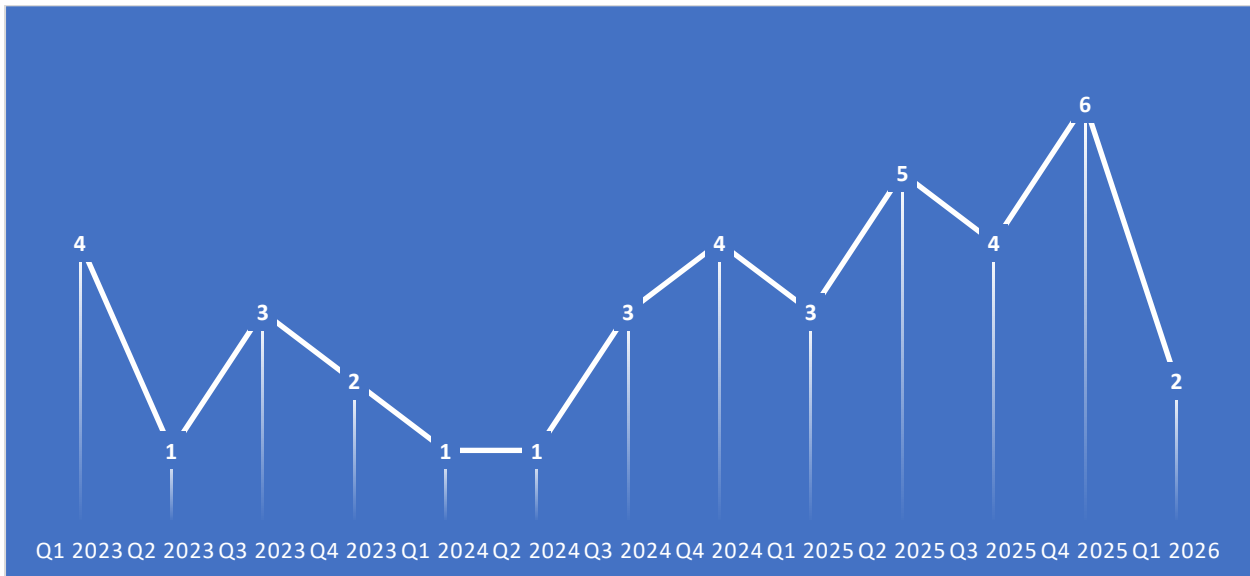
Number of complaints closed by the Investigating Committee in 2026

Chart 7



Of the 9 complaints closed in Q1, 7 were closed as ‘no case to answer’ and 2 were referred to the PCC. In terms of referral to PCC, we estimate and budget based on one referral a month from the IC.

Number of cases referred from IC to PCC

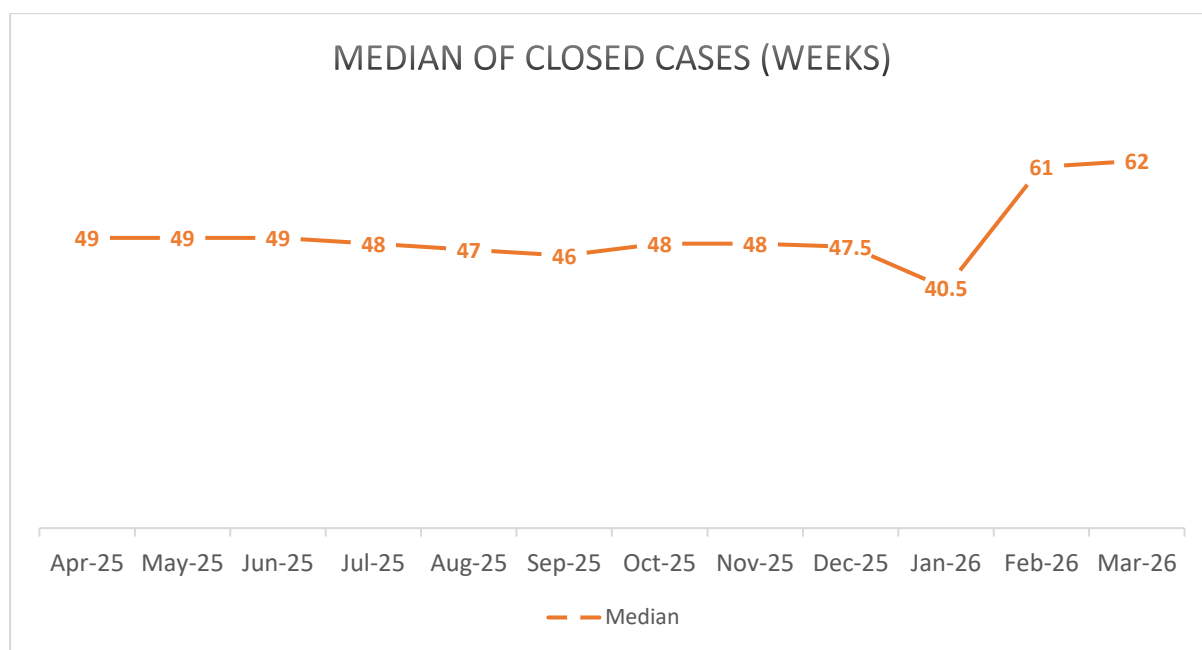


The latest quarter shows that referrals from IC to PCC fell to 2 in Q1 2026, compared with 6 in Q4 2025. Although this is closer to historic quarterly levels, the wider pattern over 2025 and into 2026 continues to demonstrate a steady flow of cases into adjudication, which needs to be managed alongside the existing post-IC caseload.

Median time taken to close cases

(Time taken from the opening of a complaint to completion by the Investigating Committee)

Chart 8



Throughout February and March fewer cases were considered by the IC. The team focussed on putting some of the older investigations forward for consideration, particularly those previously held by Investigators that had left. The median therefore increased in February and March due to the small number of cases considered and the age profile of the matters being considered. As we work through the older cases, we anticipate seeing the median fluctuate more compared to 2025.

B. Interim Suspension Hearings

Table 5

	2026											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ISH hearings	0	1	0	0	0	0	0	0	0	0	0	0
Suspension imposed	0	1	0	0	0	0	0	0	0	0	0	0
Suspension not imposed	0	0	0	0	0	0	0	0	0	0	0	0

Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FtP team and the IC. There was one PCC ISH held in February and an order was imposed.

The median time from the date information was obtained which suggested a need for an ISH to one being imposed was 6 weeks.

C. Professional Conduct Committee

Number of cases referred from the IC; and heard by PCC to Q1 2026

Table 6

	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
No. of cases brought forward	18	17	18	18								
No. of Referrals from the IC	0	2	0									
PCC hearings held	2	1	0									
Part heard	1	0	0									
PCC Cases Closed	1	1	0									

Final decisions of PCC cases concluded to Q1 2026

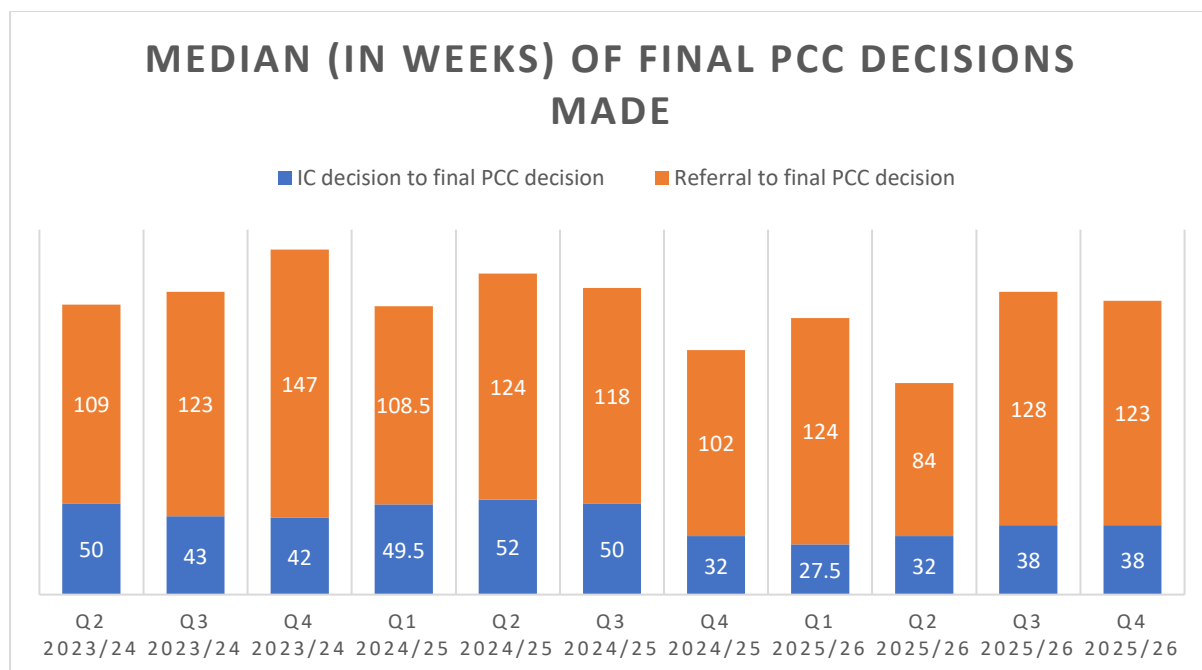
Table 7

Decision	Number
Removal from Register	0
Suspended	0
Conditions of Practice Order	0
Admonishment	1
No UPC	1
Discontinuance	0

The decisions of the PCC in Q1 of 2026 are in line with decisions made in previous years however there were several delays which meant fewer cases were heard or concluded than we had planned. We held more preliminary hearings than usual to facilitate more listings later in the year.

Median (in weeks) of PCC cases concluded

Chart 9



The timeliness of PCC cases concluded is reported to the PSA every quarter. The latest available data shows that, in Q4 2025/26, the median duration from IC decision to final PCC decision was 38 weeks. The end-to-end median from referral of complaint to final PCC decision was 123 weeks in the same quarter. This indicates that PCC timeliness remains broadly within a stable range, while overall end-to-end duration continues to be influenced by the time taken during earlier investigative stages.

Open PCC cases: Listing progress

There were 18 open PCC cases open at the end of the latest reported quarter. Our KPI is that, once referred by the IC, a case should be listed before the PCC within 35 weeks. The table below uses a RAG (Red-Amber-Green) rating to show how well each case meets this target, where:

Colour	Description
Green	not yet listed / listed within 35 weeks
Amber	approaching 35 weeks
Red	exceeds the 35-week target

Table 8

RAG rating (listed within (≤35 weeks) at end of quarter)	No. of open PCC cases
Red	2
Amber	4
Green	12
Total	18

Our ability to meet targets of cases shown above is affected by:

- availability of the parties and or witnesses
- parties not ready / requiring further time to prepare case for hearing
- adjournments outside of the control of the GCC

D. Section 32 cases to Q1 2026

Our target is to continue to close a section 32 complaint within 16 Weeks of opening.

Two historic cases will proceed to hearing in Q3. One additional older case is being actively progressed. Of the remaining 6 cases the median time of the open section 32 cases is 12 weeks.

We continue to actively monitor s.32 matters and progress them as necessary. There has been a delay in the investigation of these matters in Q1 due to an increased focus of resource on post IC adjudication listings.

Table 11

	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Number of cases (at beginning of the month)	6	8	6	9								
Number of new cases in a month	2	0	3									
Number of cases closed in period	0	2	0									

06A: Annex 1A: Mediation service pilot

Summary of business case

1. A full business case has been produced to support a mediation service pilot. The below information outlines the proposal to test an independent mediation service for suitable lower-level complaints about chiropractors.
2. The purpose of the pilot is to provide a more proportionate alternative to the formal Fitness to Practise (FtP) process where concerns are primarily about communication, expectations, or breakdown in the practitioner-patient relationship, rather than issues that raise clear public protection concerns.
3. The business case has been developed in response to continued pressure on the FtP process, including the handling of complaints that are unlikely to require formal regulatory investigation but still consume time and resource. The proposed pilot is intended to improve the experience of complainants and registrants, reduce unnecessary escalation, and allow GCC to focus more effectively on serious cases.
4. The preferred option is a **time-limited direct access pilot** delivered by an independent provider. Under this model, complainants would be able to access the service directly, with GCC also able to signpost or refer suitable matters. This option is recommended because it would provide the strongest test of demand, whether earlier diversion from FtP is achievable, and whether mediation offers a more effective and constructive route for resolving appropriate complaints. Other options considered were:
 - A. maintaining the current approach;
 - B. a GCC referral-only pilot; and
 - C. a more limited fee-per-mediation model.
5. The expected benefits are improved complainant and registrant experience, earlier and less adversarial resolution of suitable concerns, reduced avoidable escalation into FtP, and better use of GCC resource. The pilot would also provide learning about recurring themes in complaints that could inform guidance, standards and other preventative work. Evidence from comparable regulated sectors suggests that complaint resolution services of this type can achieve strong resolution rates, although GCC would use the pilot to test whether similar outcomes can be achieved in the chiropractic context.
6. We conclude that a mediation service could fall within GCC's incidental powers, provided it is carefully designed and used only for suitable matters. Public protection would remain paramount. The proposal would therefore require clear

eligibility criteria, explicit exclusions, safeguarding and escalation arrangements, and careful communication so that the service is understood as an optional route for appropriate matters rather than an alternative to regulatory action where this is required.

7. The estimated cost of the preferred seven-month pilot has been budgeted for in the reforecast for 2026. A conventional cash return on investment cannot yet be quantified, so the pilot would instead be assessed through a benefits realisation framework including referral volumes, resolution rates, participant satisfaction, timeliness impact and learning captured.

8. Subject to final legal, financial and operational design, implementation could begin in summer 2026, with evaluation reported in early 2027. Council is invited to note the proposal as part of GCC's wider work to ensure that its approach to complaints handling is proportionate, effective and focused on public protection.

Annex 2

Glossary

CA 1994	The Chiropractors 1994
Complaint / S.20 (IC) Complaint	<p>An allegation (complaint) under Section 20 of the CA 1994, made against a chiropractor, to the effect that:</p> <ul style="list-style-type: none"> a) he has been guilty of unacceptable professional conduct; b) he has been guilty of professional incompetence; c) he has been convicted of a criminal offence; or d) his ability to practise is seriously impaired due to a physical or mental condition. <p>S.20 complaints are formal complaints. The GCC's target to refer a matter to the IC is 30 weeks.</p>
CTA	Case to answer decision by the IC (which are referred for hearings before the PCC). The GCC's target to list the matter for a hearing once referred by the IC is 35 weeks.
Enquiries	<p>Under section 20 of the CA 1994, the GCC can only deal with an allegation (complaint) against a registered chiropractor where the complaint relates to fitness to practise matters.</p> <p>The GCC uses the term 'Enquiry' to describe any professional conduct communication containing information which <u>may</u> amount to an 'allegation' or 'complaint' under the Act however there is insufficient information to open as a s.20 complaint. As such, these are pre formal complaint communications.</p>
IC	Investigating Committee
ISH	Interim Suspension Hearing
ISO	Interim Suspension Order
NCTA	No case to answer decision by the IC
PCC	Professional Conduct Committee
Promoted enquiries	The GCC will assess the information received initially as an enquiry to determine whether sufficient information has now been received to open as a s.20 complaint. Where it is opened as a s.20 complaint, the date promoted relates to the date this changed from an enquiry to a s.20 complaint

Quarter 1	Jan – March
Quarter 2	April – June
Quarter 3	July – Sept
Quarter 4	October – December
Risk Rating	<p>A risk assessment is carried out on receipt of a complaint by the by the GCC and given a risk rating to capture the seriousness of the case.</p> <ul style="list-style-type: none"> □ Risk Rating 1: <u>Low risk:</u> (No unwarranted risk of harm and or issues have been addressed) □ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed) □ Risk Rating 3: <u>High risk:</u> (Unwarranted risk of serious harm including inappropriate clinical care, inappropriate conduct, incompetence or abuse of trust including sexual misconduct or power imbalance concerning vulnerable patients (including those with mental health issues). Issues complained of remain in place, there is an ongoing risk to patients / public from the chiropractor's clinical practice / behaviour, conduct is persistent and / or deliberate) □ Risk Rating 4: <u>Severe risk:</u> (Sexual misconduct. Life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity) <p>The risk rating above of complaints might lead to a referral for a hearing to consider interim suspension of a registrant's registration.</p>
S.32 Complaint	<p>Section 32 of the CA 1994 creates a criminal offence for a person who is not registered with the GCC describing themselves as a Chiropractor (also known in other regulatory bodies as protection of title or illegal practise cases). Our target for timeliness from receipt to closure or next steps decision point (16 weeks).</p>



For noting

Finance Update – GCC Management Accounts to 31 May 2026

Purpose

This paper summarises financial performance as at 31 May 2026, including key variances against business-as-usual (BAU) budget, balance sheet resilience and the 2026 forecast.

Performance in the period remains broadly in line with BAU budget. Strong liquidity and reserve levels have been maintained despite emerging operational cost pressures, reducing the forecast year-end surplus.

The Council is asked to review and note the financial position, highlights of the 2026 forecast presented in this paper and the accompanying annexes.

Detailed information is provided in:

1. Annex 1: Income & Expenditure
2. Annex 2: Balance Sheet
3. Financial Forecast 2026
4. Alignment to Strategy, Risks and Budget

Recommendation

The Council is asked to:

- Review and note the financial position as of 31 May 2026.

1. Year-to-Date Summary of Income, Expenditure and Surplus Position

At the end of May 2026, total BAU income was £1k higher than the BAU budget for the period. Total BAU expenditure was £2k lower than budget.

As a result, the BAU surplus for the period was £181k, which is £3k higher than the budgeted BAU surplus of £178k.

This favourable variance reflects several small underspends across budget lines, most of which are temporary in nature. The exception is the HR budget line (see variance commentary and **Annex 1**).

2. Balance Sheet as at 31 May 2026

Investments and Cash

The investment portfolio increased by £366k (7.2%) during the period and the unrealised gains (that is, the market value of the investments less their book value) during the same period were £379k.

Cash balances remain strong at £1.627m, consistent with expected post-renewal cycle levels following peak retention fee receipts between October and December 2025.

Liquidity and Resilience

- **Liquidity:** The adjusted liquidity ratio is £1.90, indicating that for every £1 of short-term liabilities, the GCC has £1.90 of liquid assets available. This remains a stable position for operational requirements.
- **Reserves:** Total reserves stand at £4.443m. The total reserves include the General Reserve which provides coverage equivalent to approximately six months of BAU operating costs. This supports operational continuity in the event of a significant reduction in registrant fee income.

Overall, the balance sheet remains robust and continues to support the GCC's operational and resilience objectives. Further detail is provided in **Annex 2**.

3. Forecast Income Statement 2026

The draft BAU forecast shows that the budgeted BAU surplus for the financial year has reduced from £47k (a surplus margin of 1.3%) to £31k (a surplus margin of 0.84%). This reflects additional operational cost pressures identified during the budget review process.

While the BAU forecast remains positive, the reduced surplus highlights the relatively narrow margin between income and expenditure and reinforces the need for continued monitoring of expenditure throughout the remainder of the year.

After accounting for the £50k non-BAU grant to the National Centre for Chiropractic Research (NCCR) project, the GCC is forecast to report a non-BAU operating deficit of £19k. The NCCR grant will be funded from the Designated Reserve.

The detailed forecast will be presented to Council later today.

4. Alignment to Strategy, Risks and Budget

The 2026-30 Financial Strategy, approved by Council in December 2025, sets a target annual BAU surplus margin of up to 1%.

The forecast BAU surplus of £31k, representing a surplus margin of 0.84%, remains within the target range set out in the financial strategy. However, the forecast margin is lower than the original BAU budgeted surplus margin of 1.3%.

Ongoing oversight by the Executive Team and the Audit and Risk Committee supports effective monitoring of financial performance, forecast risks and budgetary control across all operational areas.

These arrangements enable the timely management of financial variances, support the efficient allocation of resources and help ensure continued alignment between financial planning, operational delivery and regulatory priorities.

Although forecast cost pressures have reduced the expected year-end surplus, the GCC continues to maintain a strong balance sheet, robust liquidity and appropriate reserve coverage.

No equality, diversity or inclusion risks have been identified.

If you have any questions about this report, please contact me at j.omorodion@gcc-uk.org before the meeting.

Joe Omorodion
Director of Corporate Services

Commentary

The following commentary is provided on material variances of more than £10k. This is in line with the Audit and Risk Committee's variance analysis policy (January 2021, reaffirmed in November 2024).

Income

Income earned during the period is in line with the expected profile. Therefore, no further commentary is provided.

Expenditure

Total BAU expenditure for the period shows a favourable underspend of £2k.

However, the following cost centre (as reported in the Income and Cost Centre section of the management accounts) exceeded the £10k materiality threshold:

- HR Cost Centre – overspend of £23k:
This relates to two recruitment agency placement fees for fixed-term maternity cover and the Information Governance Lead role, together with costs associated with the staff development away day.

No other individual cost centres exceeded the £10k materiality threshold during the period. Therefore, no further detailed commentary is required at this point.

General Chiropractic Council
 May 2026 Management Accounts
 Report by Income & Cost Centre

Annex 1

MONTH					YEAR-TO-DATE (YTD)				Full Year FIXED FORECAST 2026	Full Year FIXED BUDGET 2026	
INCOME / COST CENTRES					May 2026						
Dept		Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance	£	£
	INCOME	£	£	£	%	£	£	£	%	£	£
72	Initial Regn Fees - Practising	5,250	7,500	-2,250	-30%	65,250	68,428	-3,178	-5%	237,140	240,890
72	Initial Regn Fees - Non-practising	300	0	300	100%	500	100	400	400%	500	100
72	Retention Fee- Practising	253,750	253,750	0	0%	1,270,350	1,270,350	0	0%	3,046,600	2,986,661
72	Retention Fee- Non Practising	1,525	1,000	525	53%	8,525	7,500	1,025	14%	21,912	14,375
72	Non- Practising to Practising	3,200	2,044	1,156	57%	5,600	4,976	624	13%	12,933	11,200
72	Restorations	3,750	2,855	895	31%	16,800	17,420	-620	-4%	26,832	25,693
	Total Registrant Fees	267,775	267,149	626		1,367,025	1,368,774	-1,749		3,345,917	3,278,919
74	ToC Income	0	0	0	0%	9,000	9,000	0	0%	58,500	78,250
33	Investments	25,000	25,000	0	0%	125,000	125,000	0	0%	300,000	300,000
33	Other	3,927	3,190	737	23%	23,306	20,217	3,089	15%	34,115	32,739
	Total Investments & Other	28,927	28,190	737	3%	157,306	154,217	3,089		392,615	410,989
	TOTAL BUSINESS-AS-USUAL (BAU) INCOME	296,702	295,339	1,363	0%	1,524,331	1,522,991	1,340	0%	3,738,531	3,689,908
	GOVERNANCE										
10	Council	11,394	11,394	0	0%	73,381	66,770	-6,611	-10%	170,087	160,626
11	Audit & Risk Committee	350	350	0	0%	1,629	1,500	-129	-9%	1,979	1,850
12	Remuneration Committee	0	0	0	0%	350	350	0	0%	1,730	1,730
	Total Governance	11,744	11,744	0		75,360	68,620	-6,740		173,796	164,206
	CER OFFICE / SHARED COSTS										
30	CER's Office	16,166	16,102	-64	0%	82,864	80,960	-1,904	-2%	206,926	195,030
31	Technology	23,535	20,389	-3,146	-15%	127,229	123,745	-3,484	-3%	322,103	284,161
32	Human Resources	12,463	3,052	-9,411	-308%	74,973	52,273	-22,700	-43%	117,909	70,723
33	Corporate Services	43,688	44,305	617	1%	215,224	222,525	7,301	3%	564,456	566,997
34	Property	13,252	12,821	-431	-3%	62,517	61,685	-832	-1%	154,280	151,425
72	Registration	1,574	1,583	9	1%	6,876	7,915	1,039	13%	47,928	57,200
74	Test of Competence	710	350	-360	-103%	7,617	7,475	-142	-2%	50,592	59,754
	Total Shared Central Costs	111,389	98,602	-12,787		577,300	556,578	-20,722		1,464,195	1,385,290
	FITNESS TO PRACTISE										
50	FIP Team	31,770	36,959	5,189	14%	177,699	184,795	7,096	4%	506,877	463,514
51	Investigating Committee	2,001	4,485	2,484	55%	44,241	46,485	2,244	5%	180,518	193,801
52	Professional Conduct Committee	57,133	54,024	-3,109	-6%	272,900	273,196	296	0%	733,930	724,287
53	Interim Suspension Hearing	0	1,262	1,262	-100%	1,820	10,190	8,370	82%	20,280	33,784
54	Protection of Title	0	1,665	1,665	-100%	3,940	8,325	4,385	53%	15,595	19,980
	Total FIP	90,904	98,395	7,491		500,599	522,991	22,392		1,457,200	1,435,366
	DEVELOPMENT										
70	Development Team	29,557	33,518	3,961	12%	154,359	156,590	2,231	1%	447,488	492,811
73	Quality Assurance	868	350	-518	-148%	10,879	10,950	71	1%	50,405	56,325
75	Policy and Development	1,507	1,614	107	7%	19,370	19,730	360	2%	105,289	94,888
13	Education Committee	-1,225	0	1,225	100%	5,437	10,060	4,623	46%	8,937	14,210
	Total Development	30,706	35,482	4,776		190,044	197,330	7,286		612,120	658,234
	TOTAL BUSINESS-AS-USUAL (BAU) OPERATING COSTS	244,743	244,223	-520		1,343,303	1,345,519	2,216		3,707,311	3,643,096
	BAU SURPLUS-/DEFICIT	51,959	51,116	843		181,028	177,472	3,556		31,221	46,812
	NON-BAU COSTS (NCCR RESEARCH GRANT)			0				-		- 50,000	
	SURPLUS-/DEFICIT (AFTER NON-BAU COSTS)	51,959	51,116	843		181,028	177,472	3,556		-18,779	46,812
	GAINS-/LOSSES ON INVESTMENTS	378,839				378,839					
	SURPLUS-/DEFICIT BEFORE TAX	430,798				559,867	177,472	3,556		-18,779	46,812
	UNDERLYING SURPLUS-/DEFICIT)	51,959				181,028	177,472	3,556		-18,779	46,812
	SURPLUS-/DEFICIT MARGIN					12%				0.84%	1.3%

Annex 2 – Balance Sheet as at 31 May 2026

As at 31 May 2026, our net assets total £4.443m. The reserves position remains robust, providing a secure foundation for our continued operational resilience:

- **General reserve:** £1.8m
- **Designated reserve:** £1.3m
- **Restricted reserve:** £23k
- **Revaluation reserve:** £777k
- **Investment gains/surplus for period:** £560k

Commentary

Item	Commentary
Fixed Assets	Increased by £656k, mainly driven by the treatment (capitalisation) of the office lease as an asset (£287k) and the increase in portfolio value (£366k)
Current Assets	Down by £717k due to the net effect of the use of cash and increase in debtors in the period.
Current Liabilities	Decreased by £920k as we released 2026 pre-paid registration fees into the income statement for the month.
Net Assets	Increased by £560k, reaching £4.443m due to the monthly surplus and unrealised investment gains.
Liquidity	The current ratio is 66 pence per £1 owed. However, our adjusted ratio is £1.90, confirming a strong cash position and liquidity levels that align with our seasonal trends.

Reserves remain strong and will ensure our continued operational resilience.

GCC Balance Sheet
As at 31 May 2026

Annex 2

	31 December 2025		31 May 2026		Movement
	£	£	£	£	
Fixed Assets					
Intangible Assets - Lease	0		296,473		↑ £296,473
Intangible Assets - CMS	55,426		47,728		↓ -£7,698
Intangible Assets - CRM	11,444		9,855		↓ -£1,589
Tangible Assets - Computers	21,724		23,743		↑ £2,019
Investments	5,105,296		5,471,647		↑ £366,351
		5,193,891		5,849,446	
Current Assets					
Debtors	61,737		113,694		↑ £51,957
Bank	2,396,039		1,626,638		
Total Current Assets		2,457,776		1,740,332	↓ -£717,444
Current Liabilities					
HMRC and pensions	57,751		44,967		
Payments in advance	3,067,800		1,789,025		
Trade creditors	32,369		70,908		
Corporation tax payable	85,872		85,872		
Other creditors	320,764		654,021		
Total Current Liabilities		3,564,556		2,644,793	↓ -£919,763
Current Assets less Current Liabilities		-1,106,780		-904,461	
Total Assets less Current Liabilities:		4,087,111		4,944,985	↑ £857,875
Long Term Liabilities		203,698		501,706	↑ £298,008
Total Assets less Total Liabilities (Net Assets)		3,883,413		4,443,280	↑ £559,867
Funds of The Council					
General Reserve	1,821,548		1,821,548		
Designated Reserve	1,262,412		1,262,411		
Restricted Reserve	22,573		22,573		
Revaluation Reserve	776,881		776,881		
Gains/(Losses) on Investments	-1		378,839		
Surplus/(Deficit) on Operating Activities	0		181,028		
Total Funds/Reserves		3,883,413		4,443,280	↑ £559,867
Current Ratio		-		(0.46)	



For noting

Business Plan 2026 Update

Purpose

To update Council on progress against the 2026 Business Plan, enabling scrutiny of delivery against strategic objectives, identification of risks, and consideration of prospects. It supports Council's role in ensuring our activities align with strategic priorities and our resources are used effectively. It is for scrutiny.

Summary

Nine projects are included in the 2026 Business Plan. Seven have commenced and are progressing as planned, with the remaining two scheduled to begin later in the year.

No significant delivery risks have been identified at this stage.

Alignment to strategy, risks and budget

- This is the first business plan linked to the Corporate Strategy 2026-2030.
- Its overarching theme is to form the foundation towards achieving the Strategy's aims.
- Risk of resource capacity has been identified at this stage. To mitigate this, project timelines have been carefully reviewed and start date of one project have been pushed back later in the year.

Recommendations

Council is asked to note the report.

Penny Bance

Director of Development

Business Plan Performance Summary – May 2026

1. This is the second performance report on the 2026 Business Plan to Council, covering the period up to end of May 2026.
2. Additionally, in consideration of the resource capacity and competing priorities within the Fitness to Practise (FtP) directorate, it was agreed that project 2D (review of the FtP early resolution process) would be re-scheduled to Q3 2026.
3. Following Council's feedback on strengthening the link between each project and Strategic Aim 3 (collaboration), the reporting template (annex B) is revised to show how our intention to collaborate is incorporated into each project.
4. There are two annexes to this report:
 - **Annex A** displays summary information on progress made in delivering the projects in the 2026 business plan.
 - **Annex B** provides a more detailed commentary on the status or progress of each of the projects. The status of each project is assessed against the agreed measures (e.g. Key Performance Indicators, KPIs, Project Schedule Variance, PSV, and Milestones) in the business plan.

Business Plan 2026 Dashboard – As of May 2026

This dashboard presents BP 2026 projects' progress, priority level, external impact and risk of not delivering them in the current financial year. The order in which the projects are listed is according to their project number.

Annex A: Business Plan Dashboard				
No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1A	Review of CPD framework	Started		High
	Key milestones: Q4 2026	40%		
1B	Development of toolkits	Started		High
	Key milestones: Q1, Q2, Q3, Q4 2026	50%		
2A	Explore resourcing model for Fitness to Practise (FtP) hearings	Started		Medium
	Key milestones: Q1 and Q2 2026	95%		
2B	Incorporate adjudication process into FtP case management system (CMS)	Started		Medium
	Key milestones: Q3 and Q4 2026	15%		
2C	Review FtP early resolution process	Started		High
	Key milestones: Q3 and Q4 2026	50%		
2D	Review Enforcement Policy on S.32 Protection of Title	Started		High
	Key milestones: Q2, Q3 and Q4 2026	10%		
2E	Understanding non-practising chiropractors and those paying the reduced fee (research)	Started		High
	Key milestones: Q1, Q2 and Q4 2026	40%		
2F	Review of fee structure (post-research)	Starting in Q4		High
	Key milestones: Q4 2026	0%		
4A	Use of AI and Digital Strategy Development	Starting in Q2		Medium
	Key milestones: Q2, Q3 and Q4 2026	10%		

Business Plan 2026 Projects

Strategic Aim One: We will uphold professional standards throughout the education and career of every chiropractor

What benefits are we expecting to achieve? These projects will ensure the standards we set, and expectations placed on registrants are up-to-date, clear and supported by practical tools. There will be clearer guidance for the profession and improved consistency in registrants' understanding of their responsibilities. This work will help safeguard the public by making sure registrants understand what good practice looks like and how to meet it.

No.	Project	Timeline	Multi-year / Stage	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
1A.	Review of CPD framework <i>(Project Lead: EA)</i>	Q1 2026 – Q4 2026	Y / Stage 1	<p><i>A longitudinal reporting mechanism will be implemented to inform EC as project progresses Q1-4.</i></p> <ol style="list-style-type: none"> 1. Stage 1: Research findings - Draft research and review findings presented to Education Committee (EC) Q4 2026 2. Stage 2: Working model ideas for consultation - Draft plans presented to EC Q4 2026 3. Stage 3: Process improvements - Draft plans presented to EC Q4 2026 4. Stage 4: Patient and Public Involvement and Engagement strategy – Partner identified and supported by project team Q4 2026 and Q1 2027 	<ul style="list-style-type: none"> • The steering group met on 27 March. Discussions focused on analysis of the GCC Chiropractors Act (1994), the GCC CPD Rules (2004), and associated CPD guidance, as well as comparisons with other UK healthcare regulatory approaches and consideration of international models to inform the future development of a CPD framework. • A report on the progress of the project was presented to EC on 29 April. • project leads met with Executive on 1 and 22 May. • Communication and engagement activities to raise awareness of the

		<p>project underway. A dedicated 'CPD Conversation' page has been launched on the GCC website as a hub for updates on the CPD review. It includes a blog, a video explaining the rationale for the review and an FAQ section.</p> <ul style="list-style-type: none"> • A feature on the CPD review was also included in the May newsletter to registrants. • The Professional Associations and RCC have been updated on progress to date and invited to a joint meeting in July to gather insights to inform the next phase of the review.
	<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Initial engagement and feedback from registrants gathered via attendees at the RCC winter conference. • Invites were sent to Education Committee/Council members to join a CPD steering group. • Meeting with Professional Associations planned for early July. 	
<p>1B. Development of toolkits:</p> <ul style="list-style-type: none"> • Professional Boundaries • Safeguarding and wellbeing <p><i>(Project Lead: AF)</i></p>	<p>Q1 2026 – N Q4 2026</p> <ol style="list-style-type: none"> 1. Research into requirements and best practice for Professional Boundaries Toolkit Q1 2026 2. Publication of Professional Boundaries Toolkit Q2 2026 	<ul style="list-style-type: none"> • Draft boundaries toolkit drafted and in design stage. • Meeting held with safeguarding expert to begin developing Safeguarding and Wellbeing toolkit.

3. Research into requirements and best practice for Safeguarding and Wellbeing Toolkit **Q3 2026**
4. Publication of Safeguarding and Wellbeing Toolkit **Q4 2026**

Strategic Aim Two: We will deliver our core regulatory and registration activities to a high standard

What benefits are we expecting to achieve? These projects will strengthen the reliability, speed and quality of our regulatory work. We expect to see faster handling of cases, better use of people and systems, and a more sustainable and fair approach to fees. The work will aim to reduce avoidable delays and enhance the robustness of our regulatory decisions.

No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
2A.	Explore resourcing model for Fitness to Practise (FtP) hearings <i>(Project Lead: HF)</i>	Q1 2026 – Q2 2026	N	<ol style="list-style-type: none"> 1. Review FtP hearing process Q1 2026 2. Produce a recommendation report (if any) Q2 2026 3. Implement recommendations Q2 2026 	<ul style="list-style-type: none"> • Review of current hearing process – Complete • Design of new hearing process – 75% complete • Resourcing model work - Complete
2B.	Incorporate adjudication process into FtP case management system (CMS) <i>(Project Lead: HF)</i>	Q3 2026 – Q1 2027	Y	<ol style="list-style-type: none"> 1. Discovery stage Q3 2026 2. Develop and implement the adjudication module Q4 2026 3. User testing of CMS Q4 2026 4. Go live Q1 2027 	<ul style="list-style-type: none"> • Met with the CMS supplier to receive a demo of the adjudication product. • Designing new hearing model before considering design integration with existing CMS
2C.	Review FtP early resolution process <i>(Project Lead: HF)</i>	Q3 2026 – Q4 2026	N	<ol style="list-style-type: none"> 1. Explore whether mediation is within the remit of the GCC FtP Q3 2026 2. Collaborate with association bodies to improve complaint resolution at the point of complaint Q3 2026 	<ul style="list-style-type: none"> • “Concerns about a Chiropractor” webpage developed and tested with patients to ensure guidance is clear and offer ability to self triage. Improved structure and navigation and wording to

				<ol style="list-style-type: none"> 3. Review and amend the GCC investigation/FtP webpage to provide better clarity Q3 2026 1. Recommendations and findings reported to Council Q3 2026 	<p>make clear that concerns are welcomed and considered.</p> <ul style="list-style-type: none"> • Self triage model of “how to raise a concern” is now live. • Pilot of Mediation Scheme in development.
2D.	Review Enforcement Policy on S.32 Protection of Title <i>(Project Lead: AF)</i>	Q1 2026 – Q4 2026	Y - Stage 1 (Scoping)	<ol style="list-style-type: none"> 1. Pre-engagement and research Q1 2026 2. Present report to Council for discussion Q3 2026 3. Seek Council approval for consultation Q4 2026 4. Launch consultation Q4 2026 	<ul style="list-style-type: none"> • Project scope and research areas identified. • Preliminary conversations held with some stakeholders.
<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Approached Animal representative organisations for initial meetings • Met with Community Research to discuss public/patient research 					
2E.	Understanding non-practising chiropractors and those paying the reduced fee – research project <i>(Project Lead: AF)</i>	Q1 2026 – Q3 2026	N	<ol style="list-style-type: none"> 1. Develop research brief Q1 2026 ✓ 2. Conduct data and qualitative analysis (using iMIS, pulse survey and other systems) Q1 2026 ✓ 3. Develop and test survey Q2 2026 ✓ 4. Launch survey Q3 2026 5. Research published Q4 2026 	<ul style="list-style-type: none"> • Advisory group members identified and preliminary interviews held. • Survey tested with advisory group and due to be sent out start of June.
<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Meetings with Community Research to discuss the research. Weekly status reports received. 					
2F.	Review of fee structure <i>(Project Lead: AG)</i>	Q4 2026 – Q1 2027	N	<ol style="list-style-type: none"> 1. Review the findings report from the research report on understanding non-practising chiropractors and those paying the reduced fee Q4 2026 	<ul style="list-style-type: none"> • Not due to be started until Q4 after project 2E concludes

2. Seek legal advice on recommendations **Q4 2026**
3. Following on the findings and recommendations found, a fee structure proposal will be developed for consultation **Q1 2027**

Strategic Aim Three: We will collaborate

What benefits are we expecting to achieve? These activities will show how we listened and responded to the people we regulate and the patients we protect. We can expect stronger insight knowledge and more informed policymaking through the value of contribution by stakeholders. It will build confidence in our decisions and ensuring our policies are based off real-world experience.

Collaboration

Q2 2026

- Met UKCF on 22 April.
- Work to support the research on workforce strategy

Supporting the strategic aims

What benefits are we expecting to achieve? These projects will improve the organisation's underlying capability to deliver the Strategy. There will be optimised use of technology, more efficient internal processes, stronger focus on financial sustainability, and effective governance. This will reduce operational risk and building long-term organisational resilience.

No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
4A.	Digital Strategy Development (i.e. Use of AI and IT Strategy) (Project Lead: HO)	Q1 2026 – Q4 2026	N	<p>Use of AI</p> <p>1a. Rollout use of the Microsoft 365 Business Copilot to all staff for work purposes. Staff will be discouraged from using other AI tools, such as ChatGPT, from then onwards. Q1 2026 ✓</p> <p>1b. Commission IT company to train staff on the use of Microsoft 365 Business Co-pilot Q2 2026</p> <p>Digital Strategy:</p> <p>2a. Commission specialist IT company to review current infrastructure Q2 2026</p> <p>2b. IT company to produce gap analysis Q2 2026</p> <p>2c. IT company to draft Digital Strategy Q3 2026</p> <p>2c. Present Digital Strategy to ARC for approval Q4 2026</p> <p>2d. Implement strategy Q4 2026</p>	<ul style="list-style-type: none"> • 365 Copilot was rolled out to all staff in February – encouraging all staff to only use that as their AI tool to support their work. • To allow new staff time to settle into their role, this item is now expected to be completed by Q4 2026. • Similarly, this item is now expected to be completed by: • Q3 2026 • Q3 2026 • Q4 2026 • Q4 2026 • Q4 2026

Business Plan 2026 Dashboard – As of May 2026

This dashboard presents BP 2026 projects' progress, priority level, external impact and risk of not delivering them in the current financial year. The order in which the projects are listed is according to their project number.

Annex A: Business Plan Dashboard				
No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1A	Review of CPD framework	Started		High
	Key milestones: Q4 2026	40%		
1B	Development of toolkits	Started		High
	Key milestones: Q1, Q2, Q3, Q4 2026	50%		
2A	Explore resourcing model for Fitness to Practise (FtP) hearings	Started		Medium
	Key milestones: Q1 and Q2 2026	95%		
2B	Incorporate adjudication process into FtP case management system (CMS)	Started		Medium
	Key milestones: Q3 and Q4 2026	15%		
2C	Review FtP early resolution process	Started		High
	Key milestones: Q3 and Q4 2026	50%		
2D	Review Enforcement Policy on S.32 Protection of Title	Started		High
	Key milestones: Q2, Q3 and Q4 2026	10%		
2E	Understanding non-practising chiropractors and those paying the reduced fee (research)	Started		High
	Key milestones: Q1, Q2 and Q4 2026	40%		
2F	Review of fee structure (post-research)	Starting in Q4		High
	Key milestones: Q4 2026	0%		
4A	Use of AI and Digital Strategy Development	Starting in Q2		Medium
	Key milestones: Q2, Q3 and Q4 2026	10%		

Business Plan 2026 Projects

Strategic Aim One: We will uphold professional standards throughout the education and career of every chiropractor

What benefits are we expecting to achieve? These projects will ensure the standards we set, and expectations placed on registrants are up-to-date, clear and supported by practical tools. There will be clearer guidance for the profession and improved consistency in registrants' understanding of their responsibilities. This work will help safeguard the public by making sure registrants understand what good practice looks like and how to meet it.

No.	Project	Timeline	Multi-year / Stage	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
1A.	Review of CPD framework (Project Lead: EA)	Q1 2026 – Q4 2026	Y / Stage 1	A longitudinal reporting mechanism will be implemented to inform EC as project progresses Q1-4. 1. Stage 1: Research findings - Draft research and review findings presented to Education Committee (EC) Q4 2026 2. Stage 2: Working model ideas for consultation - Draft plans presented to EC Q4 2026 3. Stage 3: Process improvements - Draft plans presented to EC Q4 2026 4. Stage 4: Patient and Public Involvement and Engagement strategy – Partner identified and supported by project team Q4 2026 and Q1 2027	<ul style="list-style-type: none"> The steering group met on 27 March. Discussions focused on analysis of the GCC Chiropractors Act (1994), the GCC CPD Rules (2004), and associated CPD guidance, as well as comparisons with other UK healthcare regulatory approaches and consideration of international models to inform the future development of a CPD framework. A report on the progress of the project was presented to EC on 29 April. project leads met with Executive on 1 and 22 May. Communication and engagement activities to raise awareness of the

		<p>project underway. A dedicated 'CPD Conversation' page has been launched on the GCC website as a hub for updates on the CPD review. It includes a blog, a video explaining the rationale for the review and an FAQ section.</p> <ul style="list-style-type: none"> • A feature on the CPD review was also included in the May newsletter to registrants. • The Professional Associations and RCC have been updated on progress to date and invited to a joint meeting in July to gather insights to inform the next phase of the review.
	<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Initial engagement and feedback from registrants gathered via attendees at the RCC winter conference. • Invites were sent to Education Committee/Council members to join a CPD steering group. • Meeting with Professional Associations planned for early July. 	
<p>1B. Development of toolkits:</p> <ul style="list-style-type: none"> • Professional Boundaries • Safeguarding and wellbeing <p><i>(Project Lead: AF)</i></p>	<p>Q1 2026 – N Q4 2026</p> <ol style="list-style-type: none"> 1. Research into requirements and best practice for Professional Boundaries Toolkit Q1 2026 2. Publication of Professional Boundaries Toolkit Q2 2026 	<ul style="list-style-type: none"> • Draft boundaries toolkit drafted and in design stage. • Meeting held with safeguarding expert to begin developing Safeguarding and Wellbeing toolkit.

3. Research into requirements and best practice for Safeguarding and Wellbeing Toolkit **Q3 2026**
4. Publication of Safeguarding and Wellbeing Toolkit **Q4 2026**

Strategic Aim Two: We will deliver our core regulatory and registration activities to a high standard

What benefits are we expecting to achieve? These projects will strengthen the reliability, speed and quality of our regulatory work. We expect to see faster handling of cases, better use of people and systems, and a more sustainable and fair approach to fees. The work will aim to reduce avoidable delays and enhance the robustness of our regulatory decisions.

No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
2A.	Explore resourcing model for Fitness to Practise (FtP) hearings <i>(Project Lead: HF)</i>	Q1 2026 – Q2 2026	N	<ol style="list-style-type: none"> 1. Review FtP hearing process Q1 2026 2. Produce a recommendation report (if any) Q2 2026 3. Implement recommendations Q2 2026 	<ul style="list-style-type: none"> • Review of current hearing process – Complete • Design of new hearing process – 75% complete • Resourcing model work - Complete
2B.	Incorporate adjudication process into FtP case management system (CMS) <i>(Project Lead: HF)</i>	Q3 2026 – Q1 2027	Y	<ol style="list-style-type: none"> 1. Discovery stage Q3 2026 2. Develop and implement the adjudication module Q4 2026 3. User testing of CMS Q4 2026 4. Go live Q1 2027 	<ul style="list-style-type: none"> • Met with the CMS supplier to receive a demo of the adjudication product. • Designing new hearing model before considering design integration with existing CMS
2C.	Review FtP early resolution process <i>(Project Lead: HF)</i>	Q3 2026 – Q4 2026	N	<ol style="list-style-type: none"> 1. Explore whether mediation is within the remit of the GCC FtP Q3 2026 2. Collaborate with association bodies to improve complaint resolution at the point of complaint Q3 2026 	<ul style="list-style-type: none"> • “Concerns about a Chiropractor” webpage developed and tested with patients to ensure guidance is clear and offer ability to self triage. Improved structure and navigation and wording to

				<ol style="list-style-type: none"> 3. Review and amend the GCC investigation/FtP webpage to provide better clarity Q3 2026 1. Recommendations and findings reported to Council Q3 2026 	<p>make clear that concerns are welcomed and considered.</p> <ul style="list-style-type: none"> • Self triage model of “how to raise a concern” is now live. • Pilot of Mediation Scheme in development.
2D.	Review Enforcement Policy on S.32 Protection of Title <i>(Project Lead: AF)</i>	Q1 2026 – Q4 2026	Y - Stage 1 (Scoping)	<ol style="list-style-type: none"> 1. Pre-engagement and research Q1 2026 2. Present report to Council for discussion Q3 2026 3. Seek Council approval for consultation Q4 2026 4. Launch consultation Q4 2026 	<ul style="list-style-type: none"> • Project scope and research areas identified. • Preliminary conversations held with some stakeholders.
<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Approached Animal representative organisations for initial meetings • Met with Community Research to discuss public/patient research 					
2E.	Understanding non-practising chiropractors and those paying the reduced fee – research project <i>(Project Lead: AF)</i>	Q1 2026 – Q3 2026	N	<ol style="list-style-type: none"> 1. Develop research brief Q1 2026 ✓ 2. Conduct data and qualitative analysis (using iMIS, pulse survey and other systems) Q1 2026 ✓ 3. Develop and test survey Q2 2026 ✓ 4. Launch survey Q3 2026 5. Research published Q4 2026 	<ul style="list-style-type: none"> • Advisory group members identified and preliminary interviews held. • Survey tested with advisory group and due to be sent out start of June.
<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Meetings with Community Research to discuss the research. Weekly status reports received. 					
2F.	Review of fee structure <i>(Project Lead: AG)</i>	Q4 2026 – Q1 2027	N	<ol style="list-style-type: none"> 1. Review the findings report from the research report on understanding non-practising chiropractors and those paying the reduced fee Q4 2026 	<ul style="list-style-type: none"> • Not due to be started until Q4 after project 2E concludes

2. Seek legal advice on recommendations **Q4 2026**
3. Following on the findings and recommendations found, a fee structure proposal will be developed for consultation **Q1 2027**

Strategic Aim Three: We will collaborate

What benefits are we expecting to achieve? These activities will show how we listened and responded to the people we regulate and the patients we protect. We can expect stronger insight knowledge and more informed policymaking through the value of contribution by stakeholders. It will build confidence in our decisions and ensuring our policies are based off real-world experience.

Collaboration

Q2 2026

- Met UKCF on 22 April.
- Work to support the research on workforce strategy

Supporting the strategic aims

What benefits are we expecting to achieve? These projects will improve the organisation's underlying capability to deliver the Strategy. There will be optimised use of technology, more efficient internal processes, stronger focus on financial sustainability, and effective governance. This will reduce operational risk and building long-term organisational resilience.

No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (May 2026)
4A.	Digital Strategy Development (i.e. Use of AI and IT Strategy) (Project Lead: HO)	Q1 2026 – Q4 2026	N	<p>Use of AI</p> <p>1a. Rollout use of the Microsoft 365 Business Copilot to all staff for work purposes. Staff will be discouraged from using other AI tools, such as ChatGPT, from then onwards. Q1 2026 ✓</p> <p>1b. Commission IT company to train staff on the use of Microsoft 365 Business Co-pilot Q2 2026</p> <p>Digital Strategy:</p> <p>2a. Commission specialist IT company to review current infrastructure Q2 2026</p> <p>2b. IT company to produce gap analysis Q2 2026</p> <p>2c. IT company to draft Digital Strategy Q3 2026</p> <p>2c. Present Digital Strategy to ARC for approval Q4 2026</p> <p>2d. Implement strategy Q4 2026</p>	<ul style="list-style-type: none"> • 365 Copilot was rolled out to all staff in February – encouraging all staff to only use that as their AI tool to support their work. • To allow new staff time to settle into their role, this item is now expected to be completed by Q4 2026. • Similarly, this item is now expected to be completed by: • Q3 2026 • Q3 2026 • Q4 2026 • Q4 2026 • Q4 2026

Guidance on Sanctions

Purpose

Council is asked to consider the proposed GCC Guidance on Sanctions; the proposed consultation documents and draft Equality and Welsh language impact assessment. Approval to consult is sought.

Summary

1. The current [Guidance on Sanctions](#) dates from 2018 and has provided an important framework for the Professional Conduct Committee and Health Committee when determining proportionate sanctions. Since then, the regulatory context, learning from casework, EDI matters and wider expectations of professional regulation have continued to develop. A review has therefore been undertaken to ensure the guidance remains clear, up to date and supports fair, consistent and transparent decision-making focused on public protection.
2. The draft guidance has been developed through a structured review of the existing document, relevant case experience, and the approach taken by other professional regulators to sanctions guidance. The revised draft is intended to give committees clearer support on the purpose of sanction, proportionality, aggravating and mitigating factors, insight, remediation, and the circumstances in which particular sanctions may be appropriate. This will help ensure decisions continue to protect the public, maintain confidence in the profession and uphold proper professional standards.

Key changes

3. The revised guidance represents a substantive modernisation rather than incremental update, with key benefits:
 - More structured and consistent decision-making
 - Greater transparency and defensibility of outcomes
 - Improved usability for committees
 - Stronger alignment with current regulatory standards and EDI expectations
4. A summary overview of changes is annexed.

5. The 2026 draft introduces a clearer and more structured framework for sanctions decision-making. It places stronger emphasis on public protection, maintaining public confidence and upholding professional standards, and aligns the guidance more closely with the 2026 Code of Professional Practice and wider right-touch, risk-based regulatory principles.
6. The draft has been substantially reorganised to improve flow and usability. Content is now arranged into clearer sections dealing with the decision-making framework, sanctions, evidence and factors, aggravating and mitigating features, specific case categories, and review hearings and interim orders. This reordering is intended to better reflect committee workflow and reduce duplication.
7. A significant substantive development is the move to a three-stage decision-making framework, separating findings of fact, determination of the allegation, and sanction. This is intended to improve the clarity and internal logic of decisions, support consistency, and align the GCC's approach more closely with that used by other regulators.
8. The revised draft also provides stronger guidance on proportionality, reasoning and the justification of sanctions. It places greater emphasis on transparent and structured written decisions, including clearer explanation of departures from indicative outcomes and more explicit recognition of risks such as double-counting factors or conflating evidential findings with sanction considerations.
9. The treatment of key factors has been expanded and refined. In particular, the draft provides clearer separation of aggravating and mitigating factors, stronger guidance on registrant insight, remediation and supporting evidence, and improved direction on how these matters should be weighed in sanction decisions.
10. The draft further updates the treatment of individual sanctions, including conditions of practice orders, suspension, removal from the register and admonishments. It also gives more structured guidance on review hearings and interim orders, with a clearer focus on consistency between initial and review panels and on the evidence required at review stage.
11. In addition, the guidance contains more explicit treatment of particular case categories, including dishonesty, sexual misconduct and clinical failings, updated to reflect current legal tests and case law while moving away from lengthy quotation toward principle-based guidance.

12. Equality, diversity and inclusion considerations are also more fully integrated, including explicit reference to protected characteristics, fairness and accessibility, supported by the relevant impact assessment process.

Alignment to strategy, risks and budget

13. This work supports the GCC's overarching objective of protecting the public by strengthening the framework used when sanctions are considered and applied. Clearer and updated guidance will support greater consistency and transparency in decision-making, reduce the risk of avoidable variation, and help ensure the GCC's fitness to practise processes remain aligned with current regulatory expectations and good practice.

14. The work can be met within existing budgets. The Equality and Welsh language impact assessment is included, and will support the Council's commitment to accessible, fair and inclusive regulation.

15. The communication and engagement plan is being developed. As part of the consultation process we intend to reach out to key stakeholders.

Recommendations

Council is asked to consider the proposed GCC Guidance on Sanction, the proposed consultation documents, the Equality and Welsh Language Impact assessment and to approve the proposal to consult on these documents.

Hannah Fellows

Director of Fitness to Practise

Guidance on Sanctions

[DATE]

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Section A: Introduction

A1. The role and status of the sanctions guidance

1. The General Chiropractic Council ('the GCC') is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Chiropractors Act 1994 ('the Act').
2. This guidance has been developed by the GCC for use by the Professional Conduct Committee ('the PCC') and Health Committee ('the HC') when considering what sanction to impose upon a chiropractor. It outlines the decision-making process and the factors to be considered.
3. The sanctions guidance aims to promote consistency and openness in decision-making. It ensures that all parties are aware from the outset of the approach to be taken to sanctions by committees.
4. The guidance may also be useful for chiropractors and members of the public who wish to understand more about the regulation of chiropractors.
5. This guidance provides the framework for sanction decisions and committees are expected to apply it. The guidance is there to assist the committee in making decisions that are transparent, fair and consistent and, whilst it is guidance, the committee should provide clear written reasons for any deviation from it.
6. The sanctions guidance is an important link between two of the GCC's regulatory roles: setting standards of conduct and practice for the profession and dealing with complaints against chiropractors. The Council of the GCC is responsible for all decisions taken by the PCC and the HC, although Council members do not sit on either committee. The chiropractic and lay members appointed by the Council to sit on the PCC and HC must use their own judgement in deciding whether allegations against chiropractors are well-founded. These independent decisions must take account of the requirements of [The Code of Professional Practice](#), effective 1 January 2026 ('the Code') and any other guidance the GCC issues to the profession.
7. This guidance comes into effect and will be applied from [DATE]. In any case where a committee, had, prior to [DATE], determined that an allegation was well-founded and had heard any submissions about sanction by the parties but had then adjourned the hearing before determining sanction, that committee shall continue to apply the indicative sanctions guidance that was in force at the date it adjourned the hearing. In all other cases, this guidance shall be applied.

Section B: Approach to sanctions and reasons

B1. Introduction

1. One of the purposes of this guidance is to promote consistency in decision-making, though each case will be considered on its own facts. Decisions should be clear about why a particular sanction has been imposed in each case.
2. Any list of factors referenced in this guidance should be considered as a non-exhaustive list. Committees should use their discretion when imposing sanctions and can consider any other factors they consider necessary and proportionate.

B2. Why are sanctions imposed?

3. The main reason for imposing sanctions is to protect the public, which is the GCC's statutory over-arching objective.¹
4. The pursuit of protection of the public involves acting:
 - a) to protect, promote and maintain the health, safety and well-being of the public;
 - b) to promote and maintain public confidence in the profession of chiropractic; and
 - c) to promote and maintain proper professional standards and conduct for members of the chiropractic profession.²
5. The purpose of a sanction is not to punish, though a sanction may have punitive or negative impacts upon a chiropractor. However, this will not usually affect the committee's assessment of what is the minimum sanction necessary to protect the public.

B3. Nature of allegations

6. Section 20(1) of the Act sets out four types of allegation:
 - a) the chiropractor has been guilty of conduct which falls short of the standard required of a registered chiropractor (defined in section 20(2) as "unacceptable professional conduct", referred to in this guidance as 'UPC');
 - b) the chiropractor has been guilty of professional incompetence;
 - c) the chiropractor has been convicted (at any time) in the United Kingdom of a criminal offence;
 - d) the chiropractor's ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.
7. Where such an allegation is made the GCC will refer it for consideration by the Investigating Committee ('the IC'). If the IC considers there is a case to answer, allegations concerning a chiropractor's physical or mental health will be referred to the HC and allegations of any other kind will be referred to the PCC.³

B4. The staged approach

8. Committees must follow a sequential approach before moving to consider sanction. The approach to be followed depends on the type of allegation.

¹ Section 1(4A) Chiropractors Act 1994

² Section 1(4B)(a) – (c) Chiropractors Act 1994

³ Section 20(12) Chiropractors Act 1994

9. In the case of an allegation concerning either UPC or professional incompetence, the PCC has to decide:
 - a) whether the facts as set out in the allegation have been proved by the GCC according to the “balance of probabilities”. This means the GCC must prove that it is more likely than not that whatever is alleged occurred. It is not for the chiropractor to disprove the allegation. If none of the facts have been proved, the allegation is not well-founded;
 - b) whether, if any of the facts have been found to be proved, some or all of these (whether taken individually or collectively) constitute UPC or professional incompetence, as alleged. If the PCC finds they do not, the allegation is not well-founded;
 - c) if the threshold for UPC or professional incompetence is met, which sanction is the minimum necessary to protect the public.
10. The PCC will approach its decision by making determinations on each of these three stages.
11. The standards required of a registered chiropractor are set out in the Code. Section 19(4) of the Act provides that, where a chiropractor is alleged and found to have breached any provision within the Code, this shall not be taken, of itself, to constitute UPC but will be taken into account. This is also the approach to be taken in cases of alleged incompetence.
12. In the case of an allegation concerning a conviction, the PCC has to decide in this order:
 - a) whether the fact of the conviction is proven. The process to be followed by the PCC in such cases is set out in more detail at section F2. If the fact of the conviction is not proven, the allegation is not well-founded. If the fact of the conviction is proven, the matter is well-founded;
 - b) if the allegation is well-founded, whether the criminal offence has any material relevance to the fitness of the chiropractor to practise chiropractic. If it has no material relevance, the PCC may take no further action;
 - c) if the criminal offence has material relevance, which of the sanctions available is the minimum necessary to protect the public.
13. The PCC will approach its decision by making determinations on each of these three stages.

B5. Submissions

14. Where an allegation is found to be well founded, both the GCC and the chiropractor may make submissions about the appropriate sanction to impose. The committee should take account of those submissions when deciding the appropriate sanction but is not bound by them.

B6. The approach to sanction

15. The committee will take the following approach to sanction:
 - a) remind itself of its factual findings and reasons for finding any allegation well-founded and ensure that its decision on sanction is not inconsistent with those earlier findings;
 - b) consider the available sanctions in ascending order, starting with the least restrictive option, moving upwards if that option is thought to be insufficient, and stopping when it reaches the least restrictive sanction necessary to achieve the statutory over-arching objective. The committee will need to explain why the next most restrictive sanction is not considered necessary;
 - c) consider any other evidence relevant to sanction (see section D of this guidance);
 - d) identify any aggravating and mitigating factors (see section E of this guidance);

- e) have regard to whether the conduct falls within the particular categories identified by section F of this guidance;
 - f) consider whether to order a Review Hearing (see section G of this guidance);
 - g) where Suspension Order or Removal Order is made, consider whether an Interim Suspension Order is necessary (see section H of this guidance).
19. The committee must keep the statutory over-arching objective to protect the public, and the three limbs set out in paragraph 4, in the forefront of its mind at all times.

B7. Reasons

20. The committee's written determination must provide clear and cogent reasons for imposing a particular sanction, including explaining the relevance of any mitigating and aggravating factors.
21. Committees will ensure reasoning on sanction is consistent with its findings on the allegations. By way of example, if a Committee finds conduct has been sustained and is likely to be repeated it is unlikely to then impose an admonishment which would not restrict the chiropractor's practice.
22. Reasons will address if the sanction imposed is lower, or higher, than that suggested by this guidance.
23. If the committee orders a sanction that will remain in place for a fixed period, the written decision will also include a clear explanation of why a particular period has been considered necessary. The written determination must set out whether the committee considered imposing a more restrictive sanction and provide reasons for any conclusion that a more restrictive sanction was unnecessary.
24. The reasons must summarise the committee's findings on the principal important issues in the case, in order to enable the chiropractor and the public to understand:
- a) why a particular sanction has been chosen;
 - b) how it protects the public;
 - c) why it is the minimum sanction that is necessary.

B8. Interim orders

25. The chiropractor may have been made subject to an interim order suspending their registration during the GCC's investigation. There is no principle that (as in criminal proceedings if an individual is remanded in custody) time spent suspended under an Interim Suspension Order must be deducted from the length of any suspension then imposed by the PCC or the HC at a hearing. However, the committee should take account of the interim order and its effect on the registrant when deciding whether a sanction is proportionate.⁴ Having considered that issue, the committee is entitled to conclude that the interim order does not affect the substantive order needing to be imposed.

⁴ *Akhtar v General Dental Council* [2017] EWHC 1986 (Admin)

Section C: The sanctions

C1. Overview

1. There are four sanctions available to the PCC:
 - a) Admonishment;
 - b) Conditions of Practice Order;
 - c) Suspension Order;
 - d) Removal from the register.
2. There are two sanctions available to the HC:
 - a) Conditions of Practice Order;
 - b) Suspension Order.
3. Each of these sanctions is addressed individually in this section.
4. The chiropractor has the right to appeal to the courts within 28 days against any decision of the PCC. The sanction does not take effect during these 28 days nor, if an appeal is lodged, until that appeal has been disposed of. During this time, the chiropractor's registration remains fully effective unless the committee also orders an interim suspension (see section H).

C2. Admonishment

5. The least restrictive sanction that can be applied by the PCC⁵ is an admonishment, which does not directly restrict a chiropractor's ability to practise. An admonishment is only appropriate if the committee has decided there is no risk to the public requiring the chiropractor's practice to be restricted. An admonishment may be appropriate if:
 - a) the allegation of unacceptable professional conduct, professional incompetence or criminal conviction is at the lower end of the spectrum of seriousness; and
 - b) the PCC wants to mark that the behaviour of the chiropractor was unacceptable and must not happen again.
6. Admonishments may be considered when most of the following factors are present:
 - a) the behaviour did not and could not have caused direct or indirect patient harm;
 - b) the chiropractor has sufficient insight into the matters found proved;
 - c) the behaviour was an isolated incident, which was not deliberate;
 - d) a genuine expression of regret or apology;
 - e) an absence of previous regulatory findings;
 - f) no repetition of the behaviour since the incident;
 - g) evidence that effective rehabilitative or corrective steps have been taken.
7. PCCs will explain why an admonishment is considered proportionate, and a more serious sanction not considered necessary, having regard to any of the factors listed above that are relevant.

⁵ Section 22(4)(a) Chiropractors Act 1994

8. An admonishment will be based upon the findings made by the PCC, explaining why the conduct should not be repeated by reference to the Code.
9. An admonishment will be published against the registrant's entry in the register for the period of time specified in the GCC's Publication and Disclosure Policy.
10. If the PCC considers that imposing an admonishment will not be sufficient in the circumstances of the case, having regard to the over-arching objective, it must go on to consider imposing a Conditions of Practice Order on the chiropractor's registration (see the next section).

C3. Conditions of Practice Orders

11. A Conditions of Practice Order requires the chiropractor to comply with certain conditions before they are permitted to resume unrestricted registration. Such an order can be imposed by the PCC for a period of up to three years in the first instance, and may be extended or further extended for periods of up to three years subsequently at review hearings.
12. The main aim of specific conditions is to protect patients from harm, while allowing the chiropractor to put right any shortcomings in their practice which led to a finding of UPC or professional incompetence or to deal with any health issues (depending on the nature of the allegation).
13. Where imposed by the PCC, a Conditions of Practice Order must specify one or both of the following:
 - a) the period for which the order is to have effect;
 - b) a test of competence which must be taken by the chiropractor.⁶
15. Where imposed by the PCC, a Conditions of Practice Order will end:
 - a) if a period is specified in the Order, when that period ends;
 - b) if no period is specified but a test of competence is specified, when the chiropractor passes the test; or
 - c) if both a period and a test are specified, whichever is the later of the period ending or the chiropractor passing the test.⁷
16. The objectives of any conditions within a Conditions of Practice Order must be made clear enough for:
 - a) the chiropractor to know what is expected of them; and
 - b) the committee at any future review hearing to be able to understand the chiropractor's original shortcomings and the specific actions needed to correct them.
18. Only when the objectives are set out clearly will it be possible to evaluate whether they have been achieved. Any conditions must be:
 - a) specific;
 - b) relevant appropriate;
 - c) proportionate;
 - d) workable;
 - e) measurable.

⁶ Section 22(5) Chiropractors Act 1994

⁷ Section 22(6) Chiropractors Act 1994

19. Committees should refer to the GCC's Bank of Conditions when deciding which conditions to impose in any particular case.
20. Before the committee decides on any conditions to be imposed, it will consider inviting any submissions from the GCC and the chiropractor about whether or not the proposed conditions will be workable. This is likely to be particularly important if the committee intends to impose conditions requiring workplace supervision. Seeking such submissions may mean the committee needs to adjourn for a brief period of time in order to allow the GCC and chiropractor an opportunity for consideration.
21. Committees must take care to ensure that the conditions imposed are not so restrictive as to be tantamount to a Suspension Order. In circumstances where a committee is unable to formulate workable conditions that sufficiently protect the public, it is likely to be appropriate instead to consider a Suspension Order.
22. A Conditions of Practice Order may be appropriate when most or all of the following are present:
 - a) there is no evidence of harmful deep-seated personality or attitudinal problems;
 - b) there are identifiable areas of a chiropractor's practice in need of review, retraining or assessment;
 - c) there is evidence of a willingness to undertake, and the potential to respond positively to, further training and assessment (where the allegation does not relate solely to ill-health);
 - d) the chiropractor has insight into any health problems seriously impairing their ability to practise and is prepared to agree to abide by conditions relating to medical condition, treatment and supervision;
 - e) patients will not be put at risk either directly or indirectly as a result of continued registration with conditions;
 - f) the conditions will protect patients during the period they are in force;
 - g) it is possible to formulate appropriate, practicable and assessable conditions to impose on registration.
25. If the committee concludes that it is not sufficient to conclude the case with a Conditions of Practice Order it will need to move on to consider imposing a Suspension Order (see the next section).

Reviews

26. Given the nature and purpose of a Conditions of Practice Order, it is likely that any committee will wish for it to be reviewed prior to its expiry. This is because the committee will want an assessment of whether the chiropractor is fit to resume practice without restriction before the Order expires. In these circumstances, it is necessary for the committee to order a review hearing to be held, so that the committee can assess, as relevant, whether:
 - a) the chiropractor fully appreciates the gravity of the conduct;
 - b) the chiropractor has not repeated the conduct;
 - c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
 - d) the chiropractor's ability to practice is no longer seriously impaired by a has a mental or physical health condition;
 - e) patients will not be placed at risk by the chiropractor's resumption of unrestricted practice or practice with less stringent conditions.

27. When ordering a review, the conditions imposed by the committee imposing the Conditions of Practice Order will need to be clear as to what evidence a registrant is expected to provide to demonstrate compliance with the conditions. This will assist the committee dealing with the review to understand why the particular conditions were imposed.
28. If the committee does not consider that a review hearing is necessary, it should clearly explain its reasons in its determination.
29. Where a committee does not order a review hearing, if a change in circumstances leads the GCC or the chiropractor to consider that it is necessary for the sanction to be reviewed, they can request that the committee holds a review hearing at any point before the expiry of the order. The committee's original reasons for not directing a review may be relevant to any decision that is then taken.
30. Where a review hearing has been ordered, but circumstances arise which mean the GCC or chiropractor consider it is necessary to hold a hearing earlier than scheduled, they can request that an early review is held.
31. There are more details about review hearings and the options available to the committee when reviewing a sanction at section G.

C4. Suspension

32. A Suspension Order directs the Registrar to suspend the chiropractor's registration for a period of up to three years. This means the chiropractor cannot practise as a registered chiropractor whilst the Suspension Order is in place.
33. Suspension is likely to be appropriate for UPC, professional incompetence or a conviction that is serious, but not so serious as to justify removal from the register. Suspension can be used to send out a signal to the chiropractor, the profession and the public about what is regarded as a serious departure from the standards expected of a registered chiropractor.
34. A PCC may impose a suspension for up to three years. The committee must impose the minimum required for protection of the public, taking into account the three limbs of the overarching objective, in the circumstances of the particular case.
35. Suspension may be appropriate in a case where the chiropractor poses a risk of harm to patients, but where there is evidence that they have gained insight into the deficiencies and there is potential and willingness for them to remedy their shortcomings. This will include cases where a Conditions of Practice Order is not sufficient either to protect patients directly or to meet the other elements of the over-arching objective that relate to maintaining public confidence in the profession and upholding professional standards. In such cases, the committee may wish to impose a period of suspension and to make recommendations as to the evidence which the chiropractor may wish to bring to any future review hearing; for example, evidence of further training.
36. Suspension Orders may be appropriate when some or all of the following are present:
 - a) there has been a serious breach of the Code and, while the UPC or conviction concerned is not fundamentally incompatible with continued registration, the breach is so serious that any sanction lower than a suspension would not be sufficient to meet the over-arching objective;
 - b) the case involves professional incompetence where there is a risk to patient safety if the chiropractor's registration is not suspended;
 - c) the chiropractor demonstrates potential and willingness to remediate their deficiencies and failings;
 - d) there is no evidence of harmful deep-seated personality or attitudinal problems;
 - e) there is no evidence of repetition of similar behaviour since the incident;

- f) the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour.
37. Suspension from the register will have a punitive effect, in that during the period of the order it prevents a chiropractor from practising as a registered chiropractor. However if the committee determines that a suspension is the proportionate sanction to fulfil the statutory over-arching objective, including maintaining public confidence in the profession, then it must impose that sanction.
38. If the PCC concludes that it is not sufficient to conclude the case with a suspension, it will need to consider removal of the chiropractor's name from the register (see next section).

Review hearing

39. In some cases – for example those where there is well-developed insight, remorse, proper remediation, no risk to the public and no risk of repetition – it may be self-evident that, following a period of suspension there would be no necessity to carry out a review of the order.
40. However, in most cases where a period of suspension is imposed the committee will need to be reassured that the chiropractor is fit to resume practice – either unrestricted or with conditions – upon the expiry of the Order. In these circumstances, it is necessary for the committee to order a review hearing to be held so that the committee can assess, as relevant, whether:
- a) the chiropractor fully appreciates the gravity of their conduct ;
 - b) the chiropractor has not repeated the conduct ;
 - c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
 - d) the chiropractor no longer has a mental or physical health condition that is seriously impairing their ability to practise;
 - e) patients will not be placed at risk by the resumption of unrestricted practice or by the imposition of conditional registration.
43. The committee imposing the Suspension Order may wish to give an indication to the registrant of the kind of evidence that the committee conducting the review may be assisted by, for example when assessing insight and remediation.
44. If the committee does not consider that a review hearing is necessary, it should clearly explain its reasons in its determination.
45. Where a committee does not order a review hearing, if a change of circumstances leads the GCC or the chiropractor to consider that it is necessary for the sanction to be reviewed, it can request that the committee holds a review hearing at any point before the expiry of the order. The committee's reasons for not directing a review may be helpful in informing any decision.
46. Where a review hearing has been ordered, but circumstances arise which mean the GCC or chiropractor consider it is necessary to hold a hearing earlier than scheduled, they can request that an early review is held.
47. There are more details about review hearings and the options available to the committee when reviewing a sanction at section G.

Interim Suspension Order

48. In cases when the PCC decides to impose a Suspension Order, the committee will consider whether it is necessary to impose an Interim Suspension Order to protect members of the

public during the period until the Suspension Order comes into effect.⁸ A Suspension Order does not take effect for 28 days and, if an appeal is lodged, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise, if an Interim Suspension Order has not also been imposed.

49. Further detail on Interim Suspension Orders is contained in section H.

C5. Removal from the register

50. This sanction requires the Registrar to remove the chiropractor's name from the register, thus prohibiting that individual from working as a chiropractor in the UK. Removal from the register may well be necessary when the conduct involves any of the following:

- a) a particularly serious departure from the principles set out in the Code where the conduct is considered to be fundamentally incompatible with being a chiropractor;
- b) a reckless disregard for the principles set out in the Code and for patient safety;
- c) doing serious harm to others (patients or otherwise), either deliberately or through incompetence; particularly where there is a continuing risk to patients (see further guidance at section F5 about failure to provide an acceptable level of treatment or care);
- d) abuse of position of trust;
- e) violation of a patient's rights or exploiting vulnerable people;
- f) sexual misconduct, including involvement in child pornography (see section F3);
- g) offences involving serious violence that have resulted in a custodial sentence;
- h) dishonesty, especially when it is denied, persistent or covered up (see section F4);
- i) acting without integrity;
- j) abusing professional standing;
- k) persistent lack of insight into the seriousness of their actions or the consequences;
- l) discrimination, harassment or victimisation based on a protected characteristic⁹.

Interim Suspension Order

51. In cases where the PCC decides to remove a chiropractor from the register, it will consider whether it is necessary to impose an Interim Suspension Order in order to protect members of the public during the period before the removal takes effect. A Removal Order does not take effect for 28 days and, if an appeal is made, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise.

52. Further detail on Interim Suspension Orders is contained in section H.

⁸ Section 24(2) Chiropractors Act 1994

⁹ Section 4 of the Equality Act 2010 defines protected characteristics as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Section D – Factors and evidence

D1. Introduction

1. Committees will need to consider a range of factors when making a decision about what sanction to impose. Crucial to that decision will be the findings made by the committee and it must ensure its decision on sanction is consistent with those. This section of the guidance outlines some of the factors and evidence which a committee will commonly need to consider.

D.2 Harm caused or risk of harm

2. One of the key considerations is the extent of risk caused to the public. That may be evidenced by the degree of risk caused by the chiropractor's conduct. However, the risk of harm caused by their conduct may be just as important as the degree of any actual harm caused. This is because acting in the same way again could result in actual harm.
3. Harm may take many forms, for example, it can be physical, psychological, emotional or financial.
4. In some cases, it may be relevant for a committee to consider the extent to which the chiropractor could, and should, have foreseen the degree of risk.

D.3 Repetition

5. Committees should consider the extent to which there is a risk of the conduct being repeated.
6. A risk of repetition is likely to increase the seriousness of the case as it will typically mean there is a greater risk of harm being caused.
7. Where the committee has found conduct representing a departure from the standards expected to have occurred on multiple occasions, rather than the conduct being an isolated incident, it may conclude there is an increased risk of future repetition.

D.4 Insight & remediation

8. Insight and remediation are closely linked to repetition. However, there will be some cases where the conduct has such a significant impact on public confidence in the profession that even if the chiropractor has demonstrated insight and sought to remediate, a serious sanction is nevertheless required.

Insight

9. Committees will consider evidence of insight and assess the degree of insight. This will involve considering what has happened since the conduct occurred and the chiropractor's response to the concerns.
10. Insight may be present when a chiropractor can demonstrate they understand why the conduct arose and the steps needed to prevent the same thing occurring again.
11. Evidence of insight may be provided by written reflections of the chiropractor or they may provide oral evidence. Providing oral evidence will allow the chiropractor to be asked questions and their degree of insight further tested by the committee.
12. In health cases, insight may be demonstrated by seeking appropriate support for a condition and voluntarily putting in place any necessary steps to protect patients.
13. Committee's will have regard to when insight developed. Where concerns are accepted at an early stage, or even where insight can be demonstrated prior to referral of the concerns to the

GCC, a committee may place more weight than where insight arises after adverse findings have been made.

14. Insight may also be a matter of degree. A chiropractor may have more insight, but it may not be complete.
15. A committee may conclude that a chiropractor lacks insight or insight is not genuinely held where:
 - a) conduct has been repeated;
 - b) the seriousness or significance of the conduct has been minimised or others are blamed for the conduct;
 - c) failing to cooperate with the GCC's investigation into the concerns.
16. Committees will consider any expressions of remorse by the chiropractor. However, they will be mindful that an expression of remorse or an apology does not necessarily demonstrate insight.
17. Committees should be aware that different practitioners may express insight or remorse in different ways. Cross-cultural communication studies show that there are significant differences in the way that people from different cultures and language groups use language and non-verbal signals both to understand what is being said and to express themselves. This is particularly the case when individuals are using a second language. Committees should also have regard to any independent expert evidence presented by a practitioner that establishes that they have a particular health condition that impacts on the way in which they express remorse. Awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Remediation

18. Remediation will not generally be possible unless a chiropractor has insight; unless they understand how the concerns arose it will be difficult for them to address the cause of the concerns.
19. Committees will consider whether the conduct is capable of remediation and, if so, whether it has been remedied. If the conduct has been remedied the committee may conclude there is a lower risk of repetition.
20. In cases of professional incompetence, remediation may be demonstrated by successful completion of learning or training which relates to the concerns.
21. Evidence of remediation which is independent is likely to carry more weight than personal statements. Independent evidence may include:
 - a) certificates from training courses;
 - b) reports from another chiropractor;
 - c) medical reports.

D5. Previous regulatory concerns

22. A committee may take account of previous regulatory concerns where it considers them to be relevant.
23. Previous regulatory concerns may take the form of:
 - a) adverse findings by a PCC or HC;
 - b) adverse findings by another regulator;

- c) a conviction by a court in the UK or elsewhere;
 - d) receipt of a caution.
24. Previous regulatory concerns are likely to be considered relevant where the chiropractor has engaged in similar conduct to that being considered by the committee. Such concerns may indicate an increased risk of repetition, lack of insight or inability to learn from previous failings
25. Where the conduct being considered by the committee has occurred when the chiropractor was subject to another sanction, for example being convicted of a criminal offence whilst subject to a Conditions of Practice Order following a finding of UPC, this is likely to be regarded as serious.

D6. References and testimonials

26. Positive testimonial evidence concerning the chiropractor's lack of propensity to commit the acts alleged may have been presented at the fact-finding stage of the hearing. At the stage when the committee considers sanction, personal mitigation testimonials may also be presented, for example concerning the chiropractor's standing in the community or the profession. The committee should consider the weight to attach to these.
27. The committee should consider:
- a) who the author of any reference or testimonial is and the nature of their relationship with the chiropractor (for example, if they are a current or former employer), the nature and extent of their experience of the chiropractor;
 - b) when the reference or testimonial was written;
 - c) how it was solicited;
 - d) whether the author was aware of the proceedings and the allegations;
 - e) whether the reference or testimonial appears to be authentic (for example, whether it is signed); and
 - f) whether the reference or testimonial is relevant to the specific findings made by the committee against the chiropractor.
28. A committee may wish to give more weight to a reference or testimonial if it confirms that the author is willing to attend the proceedings to answer questions. Little weight should be given to a testimonial where it not clear the author is aware of the GCC proceedings.
29. The quantity, quality and spread of references and testimonials will vary from case to case and this will not necessarily depend upon the standing of the chiropractor. Committees should keep in mind that there may be cultural or other reasons why a chiropractor does not want to seek testimonials. For example, sharing information about an investigation with family members or colleagues may impact on their private lives, for example in respect of their reputation with their family and community. A committee should not draw adverse conclusions if no references or testimonials are presented.

Section E – Mitigating and aggravating factors

E1. Mitigating factors

1. When deciding on a sanction, the committee will need to consider any evidence presented by way of mitigation by the chiropractor, or which it identifies as being relevant mitigation.
2. The weight, if any, to be placed on any particular mitigation is a matter for the committee's judgement. It must have the over-arching objective in the forefront of its mind when considering the relevance of any mitigation and the weight, if any, to attach to it.
3. There are some cases where, regardless of the mitigation presented, a chiropractor's failings are so serious or persistent that a particular sanction is needed in order to uphold standards and maintain public confidence.
4. Committees will be mindful that, because they are not concerned with matters of punishment, considerations which would normally weigh in mitigation of punishment in a criminal court are likely to have less relevance in regulatory proceedings.
5. The following are examples of mitigating factors:
 - a) evidence of the extent of the chiropractor's understanding of and insight into the problem and their attempts to address and remediate it;
 - b) evidence of remediation;
 - c) evidence of the chiropractor's overall compliance with important principles of good practice (for example, keeping up to date and working within their area of practice) and overall competence;
 - d) personal mitigation, including:
 - periods of illness;
 - personal and financial hardship;
 - an absence of previous regulatory findings.
 - e) where relevant to the concerns, contextual factors such as:
 - the chiropractor's level of experience at the time;
 - any evidence of wider systemic issues in the workplace.
6. In some cases, the stage of the chiropractor's career may be a mitigating factor; for example, because the chiropractor was very inexperienced at the time of relevant events but has subsequently been able to reflect on how they might have done things differently, with the benefit of experience. In other cases, for example those involving predatory behaviour or serious dishonesty, the stage of the chiropractor's career is unlikely to be regarded as mitigation.
7. Committees will be mindful that the absence of what would otherwise be an aggravating factor is not to be treated as a mitigating factor.¹⁰

E2. Aggravating factors

8. The committee should consider any aggravating factors presented to it, or which it identifies keeping the over-arching objective in the forefront of its mind.

¹⁰ *Professional Standards Authority v (1) Nursing and Midwifery Council; (2) Judge* [2017] EWHC 817 (Admin)

9. Aggravating factors may include:
- a) previous regulatory findings;
 - b) abuse of position of trust;
 - c) lack of insight;
 - d) direct or indirect patient harm (or conduct which could foreseeably cause harm); and
 - e) a pattern of UPC over time;
 - f) discrimination based on a protected characteristic.

Section F – Particular categories of case

F.1 Introduction

1. There are some categories of case in which particular considerations arise and which more serious action is likely to be required. This section of the guidance addresses those.

F2. Convictions

2. A 'conviction' means a finding of guilt of a criminal offence by a court in the United Kingdom. Unless a PCC considers a conviction has no relevance to a chiropractor's practise, it will be a basis for a committee to impose a sanction. This is the case regardless of whether the criminal offence occurred in the context of chiropractor's professional or private life.
3. Cautions and penalty notices administered by the police or other enforcement authorities do not constitute convictions. However, they may amount to UPC.
4. If the PCC receives in evidence a signed certificate of the conviction, then it must accept the certificate as conclusive evidence of the offence having been committed, unless it also receives evidence to the effect that the chiropractor is not the person referred to in the conviction.¹¹
5. In these cases the purpose and focus of the proceedings is to:
 - a) establish whether the conviction has material relevance to the fitness of the chiropractor to practise chiropractic;
 - b) consider the gravity of the offence; and
 - c) take due account of any mitigating and aggravating circumstances.
6. The PCC may decide to take no further action in respect of a conviction if it considers that the conviction has no material relevance to the fitness of the chiropractor to practise.¹² However, the committee may decide to impose a sanction even where the conviction occurred in the chiropractor's private life, rather than in the course of their professional practice, as such convictions may impact upon public confidence in the profession.
7. The committee cannot seek to 'go behind' the conviction or reach another conclusion about the matters that led to it being issued. In a hearing about a conviction, the GCC case presenter will be invited to put forward evidence about the circumstances leading up to the conviction and the character and previous history of the respondent chiropractor. The chiropractor will then have the opportunity to address the committee by way of mitigation and present any evidence.
8. PCCs should bear in mind different considerations will be relevant to the criminal court when imposing a sentence for the offence. For example, there may have been specific personal mitigation which led the court to its decision on sentence which, in the regulatory context, carries less weight due to the need to maintain public confidence in the profession. However, committees may take into account comments made in sentencing remarks where those comments are relevant to its decision on sanction.
9. When a chiropractor has been convicted of a serious criminal offence, it will generally not be consistent with the overarching objective for them to return to unrestricted practice until they have completed their criminal sentence. However, a PCC must always ensure the sanction it imposes is just, proportionate and only that which is necessary to fulfil the overarching objective, including the maintenance of public confidence.

F3. Sexual misconduct

10. Sexual misconduct covers a wide range of conduct, which may include:

¹¹ Rule 7(1) General Chiropractic Council (Professional Conduct Committee) Rules 2000.

¹² Section 22(3) Chiropractors Act 1994

- a) criminal convictions for sexual offences;
 - b) sexual harassment;
 - c) pursuing an inappropriate sexual relationship.
11. The PCC should take account of the principles set out in the Code. Principle E requires chiropractors to "establish and maintain clear professional boundaries". Standard E1 provides: *"As a chiropractor you must: recognise the power imbalances that come with being a healthcare professional ... not abuse the position of power and trust which you occupy as a professional ... not pursue or encourage improper financial, emotional or personal relationships ... not cross any professional boundary; this includes sexual boundaries."*
 12. Abuse of a professional position to pursue a sexual relationship is likely to be considered serious. It is the chiropractor's responsibility to prevent sexual boundaries being crossed, not the patient's.
 13. Conduct which leads to a chiropractor being placed onto the Sex Offenders Register is also likely to be regarded as particularly serious and may be incompatible with any form of practice.
 14. In cases of serious sexual misconduct it will be highly likely that the only proportionate sanction will be removal from the register. This is because such conduct is likely to gravely undermine trust and confidence in the profession. However, each case will be considered on its own facts. If a PCC decides to impose a sanction other than removal, it will need to fully explain that decision.

F4. Dishonesty

15. Dishonesty, even when it does not result in direct harm to patients, is particularly serious because it can significantly undermine the trust the public places in the profession. This includes dishonesty that occurs entirely outside the chiropractor-patient relationship; for example giving false statements or making fraudulent claims for money.
16. Principle C of the Code requires chiropractors to *"act with honesty and integrity and maintain the highest standards of professional and personal conduct."* Specifically, Standard C9 provides: *"As a chiropractor you must: be honest, fair and transparent in your business. Your clinical judgment must not be prejudiced by any personal, financial or commercial interest. You must not ask for, accept, or offer, any inducement that may prejudice the care of a patient."* Standard C11 requires a chiropractor to *"fulfil the duty of candour by being open and honest with the patient. Inform them if something goes wrong with their care which causes, or could cause, harm or distress. You must offer an apology, a suitable remedy or support and an explanation of resulting actions."* Standard A2 requires chiropractors to respond *"honestly and openly"* to questions from patients.
17. Examples of dishonesty in professional practice could include:
 - a) defrauding a partner in the practice;
 - b) falsifying or improperly amending patient records;
 - c) submitting or providing false references, or inaccurate or misleading information on a CV;
 - d) failing to take reasonable steps to ensure that statements made in formal documents are accurate;
 - e) providing inaccurate information to the GCC or any other regulator (for example, not disclosing a criminal conviction renewing registration);
 - f) dishonesty in the context of conducting research, as it has the potential to have far reaching consequences (this could take the form of presenting misleading information

in publications) which may undermine the trust and confidence which the public has in chiropractic as a science.

18. The most serious instances of dishonesty in professional practice are those which either directly harm patients or have the potential to put patients at risk of harm.
19. Dishonesty in the context of research is particularly serious as it has the potential to have far-reaching consequences. Research misconduct ranges from presenting misleading information in publications through to dishonesty in clinical trials. This behaviour undermines the trust that both the public and the profession have in chiropractic as a science, whether or not this leads to direct harm to individual patients.
20. Dishonesty in the context of a chiropractor's private life is still likely to have a significant impact on public confidence in the profession. An example could be a criminal conviction for fraud.
21. Factors which the PCC may wish to consider when assessing the dishonest conduct include:
 - a) the duration of any dishonesty;
 - b) whether the dishonesty was an isolated instance or forms part of a pattern of behaviour;
 - c) whether the dishonesty was admitted and, if so, whether that was at the first opportunity or whether the dishonesty was hidden for a time;
 - d) whether the dishonesty was for personal gain.
22. Dishonest conduct may be harder to remediate. Evidence of professional competence cannot mitigate serious or persistent dishonesty. Acting dishonestly is highly damaging to public confidence in the chiropractic profession. It is therefore likely to warrant a more serious sanction and a PCC will need to carefully consider whether a sanction other than removal is proportionate.

F5. Failing to provide an acceptable level of treatment or care

23. Principle A of the Code requires chiropractors to "*put the interests of patients first*". Principle D requires chiropractors to "*provide a good standard of clinical care and professional practice*". Committees are likely to find particularly serious any case where the chiropractor shows a reckless disregard for patient safety or where there is a breach of the fundamental duty of chiropractors to protect the patient from harm.
24. A particularly important consideration in such cases is whether or not a chiropractor has, or has the potential, to develop insight into these failures. If this is not evident, it is likely that A Conditions of Practice Order or Suspension Order may not be sufficient.

Section G: Review hearings

1. As set out in sections C3 and C4, when a committee decides that a period of registration with conditions or suspension is appropriate, it will normally order that a review hearing be held, because the committee will want to ensure that the chiropractor is fit to resume practice before the order lapses.
2. Where a review has been directed, it is important that no chiropractor should be allowed to resume unrestricted practice following a period of conditional registration or suspension unless the committee considers that they are safe to do so. The committee will need to be reassured that the chiropractor is fit to resume practice either unrestricted, or with conditions, or further conditions. The committee will also need to satisfy itself, as relevant, that:
 - a) the chiropractor has fully appreciated the gravity of the conduct;
 - b) the chiropractor has not repeated the conduct;
 - c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
 - d) the chiropractor's ability to practise is no longer seriously impaired by a mental or physical condition; and
 - e) patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.
3. The committee should consider whether the chiropractor has produced any evidence on these matters, and will carefully consider the quality of that evidence. In a health case, it is likely the committee will wish to see up to date medical evidence regarding how the chiropractor is managing their condition.
4. In cases where the chiropractor has been convicted of a criminal offence, the committee will consider whether any sentence has been served (having regard to paragraph 2 in section F2 of this guidance) and whether at the time of the review they appear in the Sex Offenders' Register.
5. The options available to a committee at a review hearing vary depending on whether the case is before the PCC or HC and the order being reviewed (see section I4 for further detail on orders being reviewed by the HC).
6. At any time when a Conditions of Practice Order is in force, the PCC may (whether or not of its own motion):
 - a) extend, or further extend, the period for which the order has effect;
 - b) revoke or vary any of the conditions;
 - c) require the chiropractor to pass a test of competence specified by the Committee;
 - d) reduce the period for which the order has effect; or
 - e) revoke the order.¹³
7. Where the PCC extends or reduces the Conditions of Practice Order, or specifies a test of competence, the order will have effect as if:
 - a) the period specified in the Conditions of Practice Order was the extended or reduced period; and
 - b) a test of competence was specified in that Order.

¹³ Section 22(7) Chiropractors Act 1994

8. Where the PCC has imposed a Suspension Order, at any time while that Order is in force, the PCC may (whether or not of its own motion):
 - a) extend, or further extend, the period of suspension; and
 - b) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.¹⁴
9. At review hearings, the committee will need to consider and make a finding as to whether the chiropractor has complied with any conditions imposed at the previous hearing and give reasons for its decision. The committee must do this before deciding whether or not to impose a further order.
10. If a review hearing cannot be finished before the end of the period of conditional registration or suspension, the committee may extend that period for a further short period. This is to allow for a review hearing to continue as soon as practicable, while keeping the conditions or suspension in force until the outcome. The committee should ask both parties to confirm when they will be ready to resume the hearing and take that into account when deciding on the period of extension.
11. Where a reviewing committee imposes a further sanction, it should consider whether or not to direct a further review hearing be held. In most cases a further review hearing will be necessary, because the committee will again want to check the chiropractor's compliance with the order before it expires. Where a committee decides not to direct a review hearing be held, it must give reasons explaining the basis of the decision not to direct that a review hearing be held.

¹⁴ Section 22(9) Chiropractors Act 1994

Section H: Interim suspension

1. The committee has the power to order the Registrar to suspend the registration of a chiropractor with immediate effect where it decides to suspend or remove the chiropractor from the register, if it is satisfied that this is necessary to protect members of the public.¹⁵ This prevents the chiropractor from practising during the 28 day period in which they can appeal the sanction and until any appeal has been decided. This is called an Interim Suspension Order ('ISO').
2. Chiropractors or their representatives sometimes argue that no ISO should be made, as the chiropractor needs time to make arrangements for the care of their patients before the substantive order for suspension or removal from the register takes effect. In considering such arguments, the committee will need to bear in mind its reasons for imposing a particular sanction, and that the purpose of ISOs is to protect the public and the wider public interest. The committee will also wish to take account of the fact that any chiropractor whose case is being considered by a committee will have been aware of the date of the hearing for some time so should have had sufficient time to plan for the possibility of a Suspension Order or Removal Order (and an ISO) being made.
3. If it is considered necessary to suspend or remove a chiropractor from the register, interim suspension should always be considered as a logical step to protect the public during the period in which the chiropractor may appeal the sanction. The decision about whether or not to impose an ISO is one that the committee will approach based on the individual facts of the case.

¹⁵ Section 24 Chiropractors Act 1994

Section I: Health Committees

I1: Introduction

1. As explained in section B3, allegations concerning a chiropractor's physical or mental health will be referred to the HC and allegations of any other kind will be referred to the PCC.
2. Where the HC is satisfied an allegation is well-founded, they must impose either a Conditions Order or a Suspension Order.¹⁶
3. The purpose of this section of the guidance is to:
 - a) Explain the decision-making process of the HC; and
 - b) Highlight some of the nuances around such orders where they are imposed and being considered on review by a HC, rather than a PCC.
4. HCs will still have regard to all sections of this guidance, so far as they are relevant; in particular section B ('Approach to sanctions and reasons').

I2: Approach of the HC

5. In the case of an allegation concerning impairment of an ability to practise due to a physical or mental condition, the HC should approach its decision-making in this order:
 - a) whether the GCC has proved, on the balance of probabilities, that the chiropractor suffers from the physical or mental condition as alleged. If the HC finds that is not proved, the allegation is not well-founded;
 - b) whether, if the GCC has proved that the chiropractor suffers from the physical or mental condition as alleged, the chiropractor's ability to practise as a chiropractor is seriously impaired as a result of the proven physical or mental condition. If the HC finds that it is not, the allegation is not well-founded;
 - c) if threshold for impairment based on a physical or mental condition is met, which of the sanctions is the minimum necessary to protect the public.
6. The HC will approach its decision by making determinations on each of these three stages.
7. Where a committee finds that an allegation is not well-founded, no action is taken and the chiropractor is informed of this outcome. The committee must give full reasons for the decision in its written determination.

I3: Conditions of Practice Orders

8. Where the HC imposes a Conditions of Practice Order, it has effect for the term specified in the Order¹⁷, and may be imposed for up to three years in the first instance. There is no provision in the Act for the HC to specify a test of competence.
9. If the HC has found a chiropractor's ability to practise to be impaired due to their physical or mental condition, the Conditions of Practice Order should include conditions that relate to medical supervision of the chiropractor, as well as some relating to practice if considered necessary to fulfil the over-arching objective.

¹⁶ Section 23(2) Chiropractors Act 1994

¹⁷ Section 23(3) Chiropractors Act 1994

10. Generally, it is not appropriate to impose conditions that include a requirement for medical supervision unless the chiropractor's ability to practise has been found impaired because of their physical or mental health. An exception may be a case where a chiropractor has refused to undergo a health assessment or has a conviction relating to drug or alcohol abuse.
11. In considering whether a Conditions of Practice Order is the proportionate sanction, HCs will consider section C3 of the guidance, as relevant, in assessing:
 - a) Whether conditions are appropriate;
 - b) How to formulate conditions (including using the Conditions Bank); and
 - c) Considering whether to order a Review.

I4: Suspension Order

12. A HC may impose a Suspension Order for up to three years.
13. Suspension Orders may be appropriate when the chiropractor's health is such that the committee is not satisfied that the chiropractor can practise safely even if conditions were to be imposed. In such cases, the HC is likely to wish to direct a review hearing in order to ensure that up to date information about the chiropractor's health is available to the reviewing committee to enable it decide whether the chiropractor is then fit to resume practice, either under conditions or unrestricted.
14. When considering whether a Suspension Order is the proportionate sanction, HCs will consider section C4 of the guidance.

I4: Interim Suspension

As with PCCs, a sanction imposed by the HC does not take effect during these 28 days nor, if an appeal is lodged, until that appeal has been disposed of. During this time, the chiropractor's registration remains fully effective unless the committee also orders an interim suspension.

15. Where the HC imposes a Suspension Order, it will consider whether an to impose an interim suspension (see section H).

I5: Review hearings by the HC

16. Where the HC has imposed a Conditions of Practice Order, at any time the Order is in force, it may (whether or not of its own motion):
 - a) extend, or further extend, the period for which the Order has effect; or
 - b) make a Suspension Order.¹⁸
17. On the application of the chiropractor with respect to whom a Conditions of Practice Order is in force the HC may:
 - a) revoke the Order;
 - b) vary the Order by reducing the period for which it has effect; or
 - c) vary the Order by removing or altering any of the conditions.¹⁹
18. Where a chiropractor makes an application to the HC, and the application is refused, the HC will not entertain a further such application unless it is made after the end of the period of twelve months beginning with the date on which the previous application was reviewed by the committee.

¹⁸ Section 23(4) Chiropractors Act 1994

¹⁹ Section 23(6) Chiropractors Act 1994

19. Where the HC has imposed a Suspension Order, at any time while that Order is in force, the HC may (whether or not of its own motion):
 - a) extend, or further extend, the period of suspension;
 - b) replace the order with a Conditions of Practice Order having effect for the remainder of the period of suspension; or
 - c) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.²⁰
20. On the application of the chiropractor with respect to whom the Suspension Order is in force, the HC may:
 - a) revoke the Order;
 - b) vary the Order by reducing the period for which it has effect.
21. Where a chiropractor makes an application which is refused, the HC shall not entertain a further such application unless it is made after the end of the period of twelve months beginning with the date on which the previous application was received by the HC.
22. On a review hearing, the HC will also consider section G of this guidance as relevant.

²⁰ Section 23(5) Chiropractors Act 1994

GCC Guidance on Sanctions: Equality Impact Assessment

and Welsh Language Impact Assessment

Published by General Chiropractic Council
to support the publication of the
GCC Guidance on Sanctions

June 2026



GCC Guidance on Sanctions

– Equality Impact Assessment

Step 1 – Scoping the EIA

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices – sometimes unwritten – that contribute to the way our policies are implemented and how our services are delivered.

Title of policy or activity
Review of GCC Guidance on Sanctions
Is a new or existing policy/activity?
Replacement of existing policy
What is the main purpose and what are the intended outcomes of the policy/activity?
<ul style="list-style-type: none"> • The work is intended to update the principles that practice committee panels (panels) should consider when deciding on the appropriate sanction, if any, in fitness to practise (FTP) cases. It is also intended to provide more clarity on the policy and to ensure the content is relevant and up to date. We are reviewing and updating our guidance to ensure it remains relevant, comprehensive, and aligned with the new Code of Professional Practice. • The existing GCC Guidance on Sanctions was published in April 2018 and requires updating to align with the new Code of Professional Practice (2026) and the revised expectations of the public and GCC of the profession. • Our preparatory work identified that the existing guidance did not reflect recent case law. • The existing guidance did not reflect as an aggravating factor: <ul style="list-style-type: none"> ○ the seriousness of conduct that could amount to discrimination, harassment, or victimisation on the basis of any protected characteristic—including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation ○ the seriousness of sexual misconduct (except in the specific case of conduct intended to “initiate or pursue a sexual relationship”).
Who is most likely to benefit or be affected by the policy/activity
<p>The guidance is intended to be used by members of the Health and Professional Conduct Committees when considering appropriate sanctions to impose.</p> <p>It will directly affect chiropractors who have</p> <ol style="list-style-type: none"> 1. been found guilty of conduct which falls short of the standard required of a registered chiropractor (defined as "unacceptable professional conduct" (“UPC”))

2. been found guilty of professional incompetence;
3. been convicted (at any time) in the United Kingdom of a criminal offence;
4. been found (by the health committee) that their ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.

Patients will also benefit through sanctions guidance that requires the committee to impose a sanction that is sufficient to protect patients.

Other users of the guidance may include:

- Legal Representatives
- Registrants and potential registrants
- Education and training providers

Who is doing the assessment?

Hannah Fellows, Fitness to Practise Director

Andrew Fielding, Policy and Insights Officer

Dates of the Assessment

• When did it start?	April 2026
• When was it completed?	June 2026
• When should the next review of the policy/activity take place?	Further review post consultation on draft guidance.

Useful Information

What information would be useful to assess the impact of the policy/activity on equality?

We need informed views about whether the proposed guidance unfairly disadvantages stakeholders with protected characteristics.

Currently, we do not have any data which suggests that people with particular protected characteristics will be negatively impacted because of this guidance.

Once finalised, the impact of the guidance will be monitored over time.

Is there data relating to people with any/each of the protected characteristics?¹

Registrants

The GCC registrant database has provided us with information regarding [the distribution of the protected characteristics of our registrant population](#).

We have considered (as appropriate) findings of the [Attitudes to EDI survey \(Summer 2023\)](#) and the GCC Registrant Survey 2020 ([main report](#) and [EDI report](#)).

We have considered two internal reports - the Investigating Committee thematic review of EDI carried out in 2022, and the EDI Thematic Review of the Professional Conduct Committee carried out in 2024.

The IC Thematic Review (2022) found that males, and registrants aged 45-64, were overrepresented in the number of concerns.

As the FTP process progresses, it becomes harder to robustly identify statistical patterns in FTP outcomes due to smaller datasets. However we acknowledge that chiropractors that are subject to a sanction from the Health Committee, by definition, are likely to have a long-term health condition or disability.

Patients

We do not have data on the protected characteristics of chiropractic patients, but have considered UK Census statistics².

We note that patient witnesses are likely to be vulnerable due to a variety of reasons but also by the nature of the process and previous patient/professional power imbalance

Where can we get this information and who can help?

Registrants

During the consultation process into the guidance we will specifically seek the views of chiropractors who are living with a long-term illness or disability.

We will continue to seek feedback from external stakeholders including professional bodies, the RCC, other regulators and the legal representatives through our standing meetings and on an ad-hoc basis where necessary.

¹ The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Section 14 of the act also identifies overlapping protected characteristics as protected. The Equality Act 2010 only applies to England, Wales and Scotland.

The same characteristics are protected by similar legislation in Northern Ireland ([Section 75 of the Northern Ireland Act 1998](#) covers public bodies, but other legislation covers provision of goods and services), the Isle of Man ([The Equality Act \(2017\)](#)) and Gibraltar ([The Equality Act \(2006\)](#)). The legislation in Northern Ireland additionally identifies Political Opinion and having (or not having) children as protected characteristics when dealing with public bodies.

² Office for National Statistics (England and Wales), National Records of Scotland and Northern Ireland Statistics and Research Agency.

Patients

We will look to identify appropriate methods to further consider the impact on patients – including through secondary research and encouraging patient and public responses to the consultation.

Step 2 – Evidence and Engagement

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

A communication plan has been developed to:

- create awareness and understanding of the sanctions guidance among stakeholders
- share and disseminate information in a timely fashion
- encourage stakeholders to provide meaningful input into the decision-making process
- generate new ideas to be considered and evaluated throughout the process.

The external stakeholder groups targeted will include:

- Professional bodies
- Registrants
- An advisory group of registrants with experience of living with a disability.
- Education providers
- Patients and patient interest groups
- GCC partners

Step 3 – Analysis by protected characteristic

The updated Guidance on Sanctions will help address discrimination and wider EDI issues by making it clearer that racist, discriminatory or otherwise prejudicial behaviour can amount to serious professional misconduct and must be considered explicitly when assessing seriousness, impairment and the appropriate sanction.

The guidance should support more consistent decision-making by helping panels recognise the harm caused by discriminatory conduct not only to individual patients, colleagues or the public, but also to improve confidence in the profession and the regulatory process.

The guidance will reinforce the need to take proper account of context and protected characteristics, so that decisions are fair, evidence-based and free from bias, while making clear that discriminatory behaviour itself may be an aggravating feature requiring a proportionate regulatory response.

Age (include children and adults)
<p>Registrants</p> <p>There is some evidence from the IC thematic review that older registrants are more likely to be subject to FTP concerns. It follows that they may be more likely to progress through the process and receive a sanction.</p> <p>Other health regulators have identified a pattern in their own FTP data of older registrants being more likely to receive a sanction.</p> <p>The guidance is clear when the “stage of a chiropractor’s career” may be considered as a mitigating factor (for instance when they were inexperienced but has subsequently been able to reflect on how they would do things differently) and when the stage of the career is unlikely to be regarded as mitigation (for example predatory behaviour).</p>
<p>Patients</p> <p>Patients are likely to be positively impacted by the proposals which are intended to ensure consistency in the sanctions process.</p>

Disability

(include people with visible and non-visible impairments and people with many different access needs, for example because of neurodivergence, sight or hearing loss or mobility needs).

Although not statistically robust due to small numbers, the PCC Thematic Review (2024) found that chiropractors with disabilities have a slightly higher proportion of UPC findings (5 out of 9 cases reviewed) compared with those without disabilities (19 out of 41 cases). In addition, chiropractors receiving a sanction from the health committee are likely, by definition, to have a disability or long-term health condition.

In the revised guidance, the staged approach to decision making for the Health Committee makes it clear that the GCC must prove that the chiropractor's ability to practise is seriously impaired as a result of their condition – not just that they have a condition.

When reviewing conditions of practice orders and suspensions imposed by the Health Committee, the focus is again on the chiropractor's ability to practise safely, not on whether they have, or does not have, a health condition.

The committee is also reminded of the impact of any established health condition on the chiropractors expression or demonstration of remorse. The guidance reminds the committee that awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Gender reassignment

(consider that individuals at different stages of transition may have different needs)

Research from the [TUC in 2019](#) suggests that people who are trans or non-binary are disproportionately targeted by inappropriate sexual behaviour in the workplace.

The guidance highlights that sexual misconduct (no matter the motivation) is inappropriate and unacceptable, and will be considered as an aggravating factor when considering sanctions.

The guidance may support trans and non-binary chiropractors and patients by imposing stronger sanctions in cases where sexual misconduct is a factor.

Marriage and civil partnerships

(include same-sex unions)

The revised guidance specifically highlights the scenario of a chiropractor under investigation choosing not to request testimonials or references from family members (including a spouse). The committee is advised not to draw adverse conclusions if a chiropractor has chosen not to present a reference or testimonial.

The guidance reminds the committee that awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Pregnancy and maternity

(include people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

The GCC does not collect data on pregnancy and maternity, and the temporary nature of the protected characteristic (along with the length of time for the FTP process to be completed) means that estimating the quantitative impact of pregnancy and maternity is complex.

When considering a conditions of practice order, the committee is expected to consider whether the proposed conditions will be workable. This will be particularly important if the committee intends to impose conditions based on workplace supervision, training or further learning. These may be harder to fulfil if the registrant is not working at that time due to maternity (or paternity or adoption) leave.

Race

(include nationality, citizenship, ethnic or national origins)

The EDI Thematic Review of PCC cases found that there was no significant disparity in outcomes based on ethnicity, although the robustness of this finding was limited by the small sample sizes.

We have identified that demonstrating insight, remorse and sincerity of apology can be impacted by the chiropractors cultural understanding.

The guidance highlights to committee that cross-cultural communication studies show that there are significant differences in the way that people from different cultures and language groups use language and non-verbal signals both to understand what is being said and to express themselves. This is particularly the case when individuals are using a second language.

The guidance reminds the committee that awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Religion or belief

(include religious and philosophical beliefs, including lack of belief)

The EDI Thematic Review of PCC cases found that there was no significant disparity in outcomes based on religion or belief, although the robustness of this finding was limited by the small sample sizes.

We have not identified any risks of differential impacts relating to sanctions based on religion or belief.

Sex

(Male and female)

While not statistically robust, the EDI Thematic Review of 55 PCC Cases found that male chiropractors had a slightly higher likelihood of having UPC found (49% vs. 38%) compared to female chiropractors. In total there were 6 cases of UPC against female chiropractors and 19 against male chiropractors.

Female chiropractors more likely to receive suspensions (13% vs. 5%) and conditions of practice (13% vs. 5%) when UPC is found. Admonishments and removals are relatively comparable between genders. Overall, while male chiropractors face a higher rate of UPC findings, female chiropractors tend to receive more severe sanctions (suspensions and conditions of practice) when UPC is found. The differences in outcomes based on gender suggest some variance, but the sample size for female chiropractors is too small for a statistically robust conclusion.

As previously identified (maternity and pregnancy), caring responsibilities may disproportionately impact female registrants' capacity to complete workplace supervision or training or learning as part of a conditions of practice order.

Both sexes can perpetrate, or be victim to, sexual misconduct. The guidance strengthens and widens the seriousness of sexual misconduct as an aggravating factor in FTP cases and guides that the sanction be of appropriate gravity.

Sexual orientation

(include heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

Research from [the TUC in 2019](#) suggests that lesbian, gay and bisexual people are disproportionately targeted by inappropriate sexual behaviour in the workplace.

The guidance strengthens and widens the seriousness of sexual misconduct as an aggravating factor in FTP cases and guides that the sanction be of appropriate gravity.

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?

We anticipate that the guidance will have not have any detrimental impact on people with protected characteristics, and that the safety and professionalism of the chiropractic profession will be positively impacted by the guidance.

Step 5 – Analysis of impact on Welsh Language and opportunities to use Welsh

Welsh Language speakers – understanding the impact

In line with the GCC's duties under standard 42 of [Welsh Language Standards](#) consider the effect that the policy would have on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Our policy proposals are to produce guidance to support our PCC Committee process and decision making. There are already policies in place to ensure that registrants and patients are able to engage with the Fitness to Practice process using the Welsh Language.

We do not believe that the guidance would prevent patients or chiropractors from using the Welsh language, nor lead to any less favourable treatment of the Welsh than English language.

Welsh Language speakers – creating positive impacts

In line with the GCC's duties under standard 43 of the [Welsh Language Standards](#) consider how the policy could be formulated so that the decision would have positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

We do not believe there are any further opportunities to formulate the guidance in such a way as to increase positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Welsh Language speakers – decreased adverse impacts

In line with the GCC's duties under standard 44 of the [Welsh Language Standards](#) consider how the policy could be formulated so that the decision would have decreased adverse impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

We do not believe there are any further opportunities to formulate the guidance in such a way as to decrease negative impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Step 6 – Other identified groups

Socio-economic group and income

Work by other health regulators has established that a key determinant in FTP outcomes, and subsequent sanctions, is whether a registrant is legally represented.

We acknowledge that affordability of representation may be exacerbated for registrants from a lower socio-economic background or those on a lower income – this means that they could be disproportionately impacted as a result of this lack of access. This effect may be further exacerbated by intersections with other factors.

We also acknowledge that there may be costs or financial losses incurred by chiropractors who are subject to any form of sanction. However, it is expected that the impact of these costs will always be outweighed by the wider public interest.

Four countries diversity

How does the policy interact with the legal and cultural frameworks of the countries in which the GCC has a legal framework?

We do not believe there are any issues where the expectations within the guidance are in conflict with the legal or cultural frameworks of the countries in which we operate.

The aspects of this guidance relating to protected characteristics are also subject to the legal framework of the Equality Act (2010) in England, Scotland and Wales, and Section 75 of the Northern Ireland Act (1998) and others.

Step 6 – Summary of analysis

We do not believe there are any negative impacts from the proposed guidance at this stage, but will seek to explore this during the consultation process.

We will review this once the consultation has been completed.

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Consultation Questionnaire: GCC Sanctions Guidance for Professional Conduct and Health Committees

1. Introduction

Who We Are

The General Chiropractic Council (GCC) is the regulator for chiropractors in the UK, Isle of Man and Gibraltar. We are there to ensure the safety of patients undergoing chiropractic treatment. We are an independent statutory body established by, and accountable to, Parliament to regulate the chiropractic profession.

This Consultation

This consultation seeks your insights on our proposed:

["Sanctions Guidance for Professional Conduct and Health Committees"](#).

The guidance is designed to assist Professional Conduct Committees and Health Committees to make appropriate and consistent decisions when imposing sanctions to a registered chiropractor.

Completing the Consultation

- Please read the document before responding to the consultation questionnaire.
- You can answer the questionnaire in either English or Welsh by toggling the language setting (top right).
- Although we've tried to keep the questionnaire short, you are able to save your progress at the end of each page and return to it later.
- You can also download your answers to the questionnaire (on the final page) if you are keen to retain a copy for your own records.
- Please ensure you have pressed the "Finish Survey" button at the end of the questionnaire to ensure that your views are considered.

Information Disclosure Statement

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the

General Data Protection Regulation, the Data Protection Act 2018, and the Environmental Information Regulations 2004).

The GCC is a data controller registered with the Information Commissioner's Office (ref Z7121966). We use personal data to support our work as the regulatory body for chiropractors. We may share data with third parties to meet our statutory aims and objectives, and when using our powers and meeting our responsibilities.

By completing this questionnaire, you are agreeing to the GCC using your responses, and comments you may provide, in the course of discussing and promoting the consultation findings and the guidance.

- If we quote an individual, we will attribute the quote based on their interest in chiropractic (e.g: *Quote from a patient, Quote from a chiropractor*).
- If we quote an organisation we will attribute the quote based on a description of the organisation (e.g: *Quote from a Professional Association, Quote from a health regulator, Quote from a charity*).

2. About you and your interest in chiropractic

We would like to know a little about you and your interest in the General Chiropractic Council.

1. Which of the following best describes your interest in chiropractic and reason for responding to the consultation? (Select up to three choices)

- I am a chiropractor currently registered with the General Chiropractic Council
- I am qualified as a chiropractor but not currently registered with the General Chiropractic Council
- I am a patient or member of the public
- I work or study at an academic institution that carries out chiropractic education or research
- I work for a chiropractic clinic
- I am responding on behalf of a membership body, company, organisation or charity
- I am a qualified healthcare professional (not a chiropractor)
- Other (please specify):

2. Do you have direct experience of a Fitness to Practise hearing (either held by the GCC or another health professional regulator)? (Please select the most appropriate option)

- Yes - I have been a witness in a Fitness to Practise hearing
- Yes - I have been a legal representative in a Fitness to Practise hearing
- Yes - I have been a panellist or committee member at a Fitness to Practise hearing
- Yes - I have been a defendant in a Fitness to Practise hearing
- No. I have not had direct experience of a Fitness to Practise hearing
- I'd prefer not to say.

3. Which country do you live in?

Areas where we regulate chiropractors

- England
- Northern Ireland
- Scotland
- Wales
- Gibraltar
- Isle of Man

Other

- Prefer not to say
- Other (please specify country):

3. About your registration with the General Chiropractic Council

4. Are you currently registered as practising or non-practising?

- Practising
- Non-practising

5. How long have you been registered with the GCC?

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- over 20 years

4. About your organisation

6. What is your name?

7. What is your email address?

(We will only use this if we need to clarify any details in your response).

8. What is the name of the organisation you are responding on behalf of?

9. If you would like to give us further information about your organisation, please do so here:

5. Your views on the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees.

10. How much do you agree or disagree with the following statements about the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The guidance supports fair decisions on sanctions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance supports consistent decisions across similar cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance supports proportionate decisions on sanctions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance clearly explains the factors relevant to deciding the appropriate sanction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance helps decision-makers balance public protection, proportionality and fairness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance sets out the sanctions decision-making process in a logical order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The guidance is easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Your views: should we remove or amend anything from the proposed guidance?

11. Are there any key areas that you think should be amended or removed in the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees?

- Yes (we will ask you to provide more information in the next question)
- No
- Not sure/no opinion

7. Your views: What should we remove or amend from the proposed guidance?

12. Please explain any areas that you consider should be amended or removed in the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees.



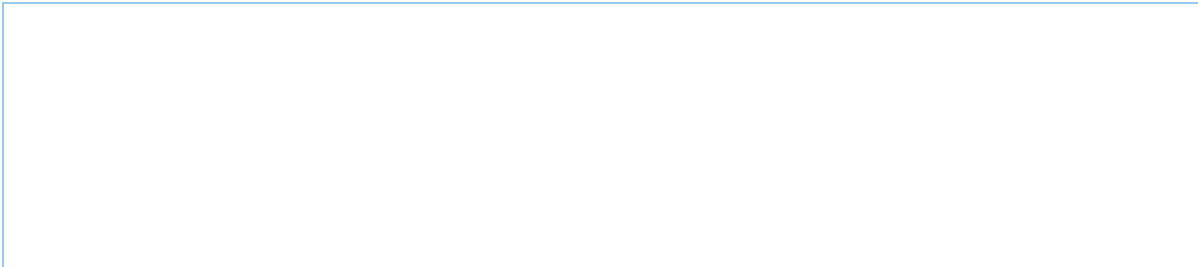
8. Your views: Is there anything missing from the proposed guidance?

13. Are there any key areas that you think are missing from the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees?

- Yes (we will ask you to provide more information in the next question)
- No
- Not sure/no opinion

9. Your views: What should we add to the proposed guidance?

14. Please explain any areas that you consider are missing from the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees.



10. Equality and Diversity Considerations

Equality, Diversity and Inclusion

As an independent statutory body accountable to Parliament, we are legally required (as part of the public sector equality duty) to consider how the proposed guidance may affect different groups of people, particularly those who are vulnerable, have lived experience of barriers to accessing care or services or have characteristics protected by equality legislation.

Assessing the impact of this guidance on the people with protected characteristics.

The Equality and Welsh Language Impact Assessment (E&WLIA) considers how the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees could impact those with protected characteristics (as set out in the Equality Act 2010, and Section 75 of the Northern Ireland Act 1998).

[Read the Equality and Welsh Language Impact Assessment !\[\]\(cc4676f7fb2a17fd25df7d1bb92c73ef_img.jpg\)](#).

15. Do you think that the Equality and Welsh Language Impact Assessment (E&WLIA) accurately describes how the proposed guidance could impact (positively or negatively) individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

- Yes
- No
- Don't know / not sure
- I have not read The Equality Impact Assessment

Please add any further comments or observations on how the proposed guidance could impact those with one or more protected characteristics.

11. Welsh Language Considerations

The Welsh Language Standards

The General Chiropractic Council also has a legal duty to comply with the Welsh Language Standards ((as set out in the Welsh Language Standards (No.8) Regulations 2022) and must consider the impact of the proposed guidance on opportunities to use the Welsh language.

Assessing the impact of this guidance on the Welsh Language

The Equality and Welsh Language Impact Assessment (E&WLIA) considers how the proposed **GCC Sanctions Guidance for Professional Conduct and Health Committees** could impact opportunities to use the Welsh language, and treating the Welsh language no less favourably than the English language.

[Read the Equality and Welsh Language Impact Assessment !\[\]\(4a66b71ffd1131c23676fb9092f6c3cf_img.jpg\)](#).

16. The following optional questions are about how the Equality and Welsh Language Impact Assessment (E&WLIA) considers the impact of the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees on the Welsh Language:

	Yes	No	Don't know / not sure	I have not read the E&WLIA
Does the Equality and Welsh Language Impact Assessment describe all the impacts of the guidance?				
Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC Guidance could have on opportunities to use the Welsh language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC Guidance could have on treating the Welsh Language no less favourably than the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could the guidance be revised to increase positive impacts?				
Could the GCC guidance be revised (beyond the changes already described in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes

No

Don't know /
not sure

I have not read
the E&WLIA

E&WLIA) so that it would have a positive impact, or increased positive effects, on **opportunities to use the Welsh Language?**

Could the GCC guidance be revised (beyond the changes already described in the E&WLIA) so that it would have a positive impact, or increased positive effects, on **treating the Welsh Language no less favourably than the English Language?**

Could the guidance be revised to decrease adverse impacts?

Could the GCC guidance be revised (beyond the changes already described in the E&WLIA) so that it would not have an adverse impact, or would have decreased adverse impacts, on **opportunities to use the Welsh Language?**

Could the GCC guidance be revised (beyond the changes already described in the E&WLIA) so that it would not have an adverse impact, or would have decreased adverse impacts, on **treating the Welsh Language no less favourably than the English Language?**

Please add any further comments or observations on how the GCC Guidance for Registrants: Professional Guidance could impact opportunities to use the Welsh Language, or treat the Welsh Language less favourably than the English language.

12. Equality, Diversity and Inclusion Monitoring

Our commitment to equality, diversity and inclusion.

The General Chiropractic Council is committed to creating an inclusive environment for all, and actively works to identify and remove barriers in our practices.

Why we ask for your details

We want our guidance to consider the needs, views and life experience of all aspects of society. Therefore, the insights you provide in this consultation questionnaire will be assessed on their relevant merits and we want to ensure that no-one is disadvantaged or receives less favourable treatment because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Completing this monitoring section will help us achieve this and help us meet our obligations under the Equality Act 2010. We will also use this data to compile statistics on the representation of respondents amongst the categories listed.

Providing your data is optional (in all cases you can answer "prefer not to say"). Any responses you give will assist us in our commitment to equality, diversity and inclusion. All responses are treated as strictly confidential.

Would you be prepared to answer seven further questions to help us monitor the diversity of respondents, and help us ensure that no-one is disadvantaged or receives less favourable treatment?

Yes No

13. About you (Equality and Diversity monitoring)

Thank you for agreeing to complete the EDI monitoring section - completing this section will help us help us monitor the diversity of respondents, and help us ensure that no-one is disadvantaged or receives less favourable treatment.

Providing your data is optional (in all cases you can answer "prefer not to say"). All responses are treated as strictly confidential.

17. Age:

- Under 20 20-24 25-29 30-34
 35-39 40-44 45-49 50-54
 55-59 60-64 65-69 70 or over
 Prefer not to say

18. Are you:

- Male
 Female
 Prefer not to say
 Other (please specify):

19. Is your gender identity the same as the sex you were assigned at birth?

- Yes
 No
 Prefer not to say

20. How do you describe your sexual orientation?

- Bi Gay man
 Gay woman/lesbian Heterosexual/straight
 Prefer not to say
 I prefer to self-describe (please specify):

21. How do you describe your religion or belief?

- | | | |
|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | |

Other and no religion

- No religion/belief Prefer not to say
- Other (please specify):

22. Do you have a disability as defined by the Equality Act 2010?

(This means you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- No
- Yes
- Prefer not to say

23. How do you describe your ethnic origin?

Arab or Arab British

- Arab Other Arab

Asian or Asian British

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Asian | |

Black or Black British

- African Caribbean Other Black

Mixed ethnic origin

- Asian and White Black African and White Black Caribbean and White
- Other Mixed

White or White British

- English Gypsy/Irish Traveller Irish
 Northern Irish Scottish Welsh
 Other White

Other

- Prefer not to say
 Other ethnic group (please specify):

14. Final comments

24. Please share any further comments on the proposed GCC Sanctions Guidance for Professional Conduct and Health Committees or any further comments about this consultation:



[GCC Sanctions Guidance 2026](#)

Summary

The current Guidance on Sanctions dates from 2018 and has provided an important framework for the Professional Conduct Committee and Health Committee when determining proportionate sanctions. Since then, the regulatory context, learning from casework, EDI matters and wider expectations of professional regulation have continued to develop.

A review has therefore been undertaken to ensure the guidance remains clear, up to date and supports fair, consistent and transparent decision-making focused on public protection.

A key aim review has been to make the guidance easier to apply by the Professional Conduct Committee ('PCC') and Health Committee ('HC'). This will also create greater transparency for registrants and members of the public regarding the approach committees take to determining sanctions.

Key changes

To deliver on these objectives, the main changes made to the guidance are:

1. Revised structure

We have sought to make the guidance easier to navigate and apply, by adopting a more clearly defined structure.

Content is now arranged into sections dealing with the decision-making framework, sanctions, evidence and factors, aggravating and mitigating features, specific case categories, and review hearings and interim orders.

This will make it easier for committees to identify all of the relevant factors before determining sanction, as well as making it clearer to registrants and the public what those factors are.

2. Decision making approach / reasons

We have added a stand-alone section ('B. Approach and reasons') addressing the structured approach committees should take to imposing a proportionate sanction to protect the public and emphasising the need for good reasons.

This will promote transparent, consistent and robust decision-making.

3. A separate Health Committee section

Concerns relating to a chiropractor's ability to practise safely based on a health condition will generally be considered by a HC. All other types of concern will usually be considered by a PCC.

Slightly different provisions apply to hearings before HCs. We have captured these differences in a stand-alone section, which further aids the flow and readability of the guidance. It also reflects the fact the vast majority of concerns are considered by PCCs.

4. A three stage-decision making process

PCCs and HCs will now adopt a three-stage decision-making framework, separating findings of fact, determination of the allegation, and sanction.

This is intended to improve the clarity and internal logic of decisions, support consistency, and align the GCC's approach more closely with that used by other regulators.

5. Emphasis on key factors

The treatment of key factors has been expanded and refined. In particular, the draft provides clearer separation of aggravating and mitigating factors, stronger guidance on registrant insight, remediation and supporting evidence, and improved direction on how these matters should be weighed in sanction decisions.

6. Interim suspension

Where a PCC or HC decides to suspend, or a PCC decides to remove a chiropractor, the committee will now be required to consider whether to impose an interim suspension to cover the 28-day period before the main sanction comes into effect.

This aligns with the GCC's over-arching objective to protect the public.

7. Simplified language

The current guidance cites case law extensively. We have removed those quotations and reduced the number of references to case law, whilst retaining the key legal principles which apply to sanctions.

Across the guidance, we have simplified the language which we hope aids readability.

Consultation

The GCC welcomes feedback on the revised guidance.

Once the consultation has closed on [DATE], we will carefully consider the responses and consider further changes to the guidance.

We expect to publish the final version of the guidance later this year.

General Chiropractic Council
[DATE] June 2026



To approve

Strategic Risk Register as of May 2026

Purpose

Effective risk management supports sound decision-making, protects the GCC's reputation and statutory functions, and ensures financial resilience.

The Strategic Risk Register (SRR) identifies current strategic exposures and assesses whether existing controls remain appropriate. This update reflects developments since Council last approved the SRR in December 2025.

Summary (Key Movements Since December 2025)

1. Of the six strategic risks:
 - four are rated 'minor' (**green**) (Dec 2025: five)
 - one (organisational capacity) is rated 'moderate' (**amber**) (Feb 2026: one)
 - one (cyber security) is rated severe (**red**) (Feb 2026: none).
2. The most significant movement is the escalation of cyber risk, following Audit and Risk Committee (ARC) review in March 2026, reflecting increased external threat intensity and evolving attack sophistication.
3. No other risk ratings have changed materially since December 2025, although control activity and assurance continue to develop across all risk areas.
4. Financial performance remains on track, with no new material strategic threats identified during the period.
5. Near-miss learning continues to strengthen control effectiveness across the organisation.
6. Equality, Diversity and Inclusion (EDI) considerations remain embedded across capacity, governance and public confidence risk areas.
7. The summary SRR is set out in **Annex 1**, with the detailed register in **Annex 2**.

Alignment to Strategy, Risk and Budget

- 8.** Overall risk profile remains broadly stable since December 2025, with cyber security representing the only material movement.
- 9.** Control frameworks continue to operate effectively across all risk areas, supported by strengthened cyber resilience and governance oversight.
- 10.** Financial sustainability and organisational capacity risks remain within expected tolerances, supported by targeted recruitment activity and stable financial performance.
- 11.** Assurance arrangements remain effective through ARC and Risk Management Group (RMG) oversight, with no material control weaknesses identified.
- 12.** Further detail on the current risk position and assurance framework is set out in the following section.

Recommendations

Council is asked to:

- Review and agree the appropriateness of the risks in the Strategic Risk Register as of May 2026.
- Consider and approve the recommendation from the Audit and Risk Committee that the Cyber Security (Strategic Risk 5) is reclassified from 'minor' to 'severe'.

Nick Jones

Chief Executive and Registrar

Risk Position and Assurance Framework

13. This section sets out the current strategic risk position, control environment and assurance activity.

Risk profile

14. The overall risk profile remains broadly consistent with December 2025, with the exception of cyber security, which has been reclassified to reflect increased external exposure.

15. Organisational capacity (SR 4) continues to represent the most material internal constraint risk, mitigated by recruitment activity undertaken in April and May 2026.

Cyber security

16. The escalation of cyber risk rating reflects an externally driven increase in threat frequency and complexity. The ARC has been clear that the escalation does not reflect inadequacy of current mitigations.

17. Despite this, control maturity has continued to be strengthened through:

- renewal of Cyber Essentials (CE) and CE+ certifications (valid to August and October 2026 respectively)
- deployment of Managed Detection and Response (MDR) and Identity Threat Detection and Response (ITDR) services
- enhanced phishing simulation and staff awareness activity
- updated cyber incident response arrangements, supported by external specialist capability

18. Overall, while control strength has improved, residual risk exposure has increased due to the external threat environment, resulting in the revised rating.

Financial sustainability

19. Financial performance remains stable and within expectations:

- year-to-date performance has achieved target levels
- reserves position remains strong
- the 2026 forecast indicates a marginal reduction in surplus, whilst remaining within the approved financial milestones

Governance and assurance

20. Governance and assurance arrangements remain stable and effective. The ARC and RMG continue to provide structured oversight of the SRR and Operational Risk Register, ensuring:

- regular review of risk exposure and control effectiveness
- escalation of emerging risks where appropriate
- multi-layer assurance across operational and strategic levels

Background

21. This section outlines the risk management framework, including risk appetite and governance responsibilities.

Risk agenda

22. Our risk management framework aims to:
- provide Council and stakeholders with assurance that risks are effectively managed
 - support consistent decision-making across Council, Committees, and Executive
 - ensure resources and delivery plans are aligned to risk and strategic priorities

Risk appetite

23. Risk appetite defines the level of risk GCC is willing to accept in pursuit of its objectives.

24. Council approved the current risk appetite statements in December 2025, with ARC noting the same position in March and May 2026.

SR No.	Risk Area	Appetite
1	Failure to protect the public	Low
2	Financial sustainability	Low
3	Future of the profession	Medium
4	Organisational capacity	Medium
5	Cyber security	Low
6	Governance	Medium

25. Three risks are rated low appetite and three are medium appetite.

Council and ARC responsibilities

26. Council is responsible for setting risk policy, defining strategic risk appetite, and overseeing the effectiveness of risk management arrangements. The SRR is presented to Council twice annually (June and December).

27. The ARC provides delegated oversight of risk management arrangements, including review of risk assessments, assurance activity, and incident reporting. ARC reports its conclusions to Council annually, confirming its assessment of the effectiveness of the risk management framework.

RMG responsibilities

28. The RMG provides first and second line oversight of both strategic and operational risk management.

- Includes Executive members and three co-opted operational risk champions (established June 2022)
- Meets monthly to review the SRR and Operational Risk Register
- Promotes shared ownership of risk and supports identification of emerging and systemic risks, including low-probability, high-impact scenarios.

29. **Third line** assurance is provided through ARC. Council oversight and external assurance providers (including auditors and the Professional Standards Authority) provide the **fourth and fifth** lines of assurance.

Conclusion

30. Council is invited to consider and approve the Strategic Risk Register as of May 2026.

31. Council is also invited to approve the proposed reclassification of cyber security risk to 'severe', reflecting the current external risk environment and the organisation's exposure profile.

Annex 1 – Summary of the GCC SRR – Residual Risk Rating as of May 2026

No	Risk event / category	Risk rating Dec-2025	Risk rating May-2026	Comment on risk rating
1	Failure to protect the public GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and reputational damage.	9	9	Unchanged. Controls up to date.
2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	9	9	Unchanged. Controls up to date.
3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	9	9	Unchanged. Controls up to date.
4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	16	16	Unchanged. Controls up to date. The current rating is under review by the RMG.
5	Cyber security The GCC is subject to a denial of service due to cyber-attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	9	30	Changed in Mar-26 ARC agreed to recommend to Council in Jun-26 a change this rating from Minor (green) to Severe (red) in March 2026
6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	9	9	Unchanged. Controls up to date.

GCC - STRATEGIC RISK REGISTER (SRR) MAY 2026															
ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Inherent Score	Controls (current state)	Key Gaps / Structural Exposure	Mitigation Response	Response Completion Date	Residual Score		Council and/or Committee Assurance	FURTHER ACTIONS	Risk Appetite	
										Value: Last Period	Trend	Value: Last Period			
										S=Lo+H		S=Lo+H			
SR1	Failure to protect the public GCC fails to meet core objective of public protection in FIP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	Mar-22	Reputational risk	D. DEV; D. FTP and DCS (Registration)	20	Regular reporting of performance through monthly executive and quarterly Council scrutiny.	Partial business continuity arrangements in some key functions, notably data management and registration.	A new case management system (CMS) was implemented in 2025. It will enhance the controls and visibility the GCC has over the investigation process.	The CMS was fully rolled out and everyone trained in Q4 2025.	9	=	9	COUNCIL / ARC	1) GCC's Performance Review for 2024/25 GCC met 17 out of 18 standards set by the PSA for regulators. Failed 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. This has been missed two years in a row and there are potential effects should the Council fail to meet Standard 15 for three years in a row. 2) New Code of Professional Practice was adopted on 1 January 2026. All guidance and toolkits have been updated to reflect new Code and new Code web pages launched with Code videos to assist registrants. Decision makers have been trained.	Low
						Formal contractual relationship with legal advisers – handling all PCC matters and general advice available on request.	Ensure staff are valued, trained and retained -- and that all teams have sufficient staff to deliver their work.								
						Close scrutiny of the performance by Education Committee on education programme and registration activities, including CPD. Committee draws on advice of appointed external experts and partners.	Following the new Education Standards in 2023 - all programmes have been aligned								
						The PSA review our performance and also scrutinise every PCC decision. They have yet to criticise any of our decisions and we receive positive performance reviews.									
SR2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	Mar-22	Financial / Liquidity	DCS	16	Produce a new 5-year (2026-30) financial strategy (FS) for Council approval.	Stress-test the key variables in the 5-year financial strategy and alert Council to potential risks and mitigation strategies.	Financial sustainability: To ensure financial sustainability, aim to achieve a minimum of 1% surplus margin between 2026 and 2030.	2026-30 Financial Strategy was approved by Council on 1 Oct-2025 -- effective 1 January 2026	9	=	9	COUNCIL / ARC	1) Financial Strategy 2026-2030 Council approved the strategy on 01/10/25 -- effective from 1 January 2026. Projections indicate GCC is expected to remain financially viable from 2026-2030. Budget and Forecast Income Statements 2026 The 2026 Budget was approved by Council in Dec-2025. 2) The 2026 Forecast (revised budget) will be presented to Council in June 2026. Designated and Free Reserves 1a) Mar-24: Council confirmed its previous decision in principle to drawdown on the designated reserve when required. 1b) Council further agreed to maintain the GCC's free reserve policy at a level which covers six months of its operations, should there be unexpected drop in its income. Achieved as of 31 Dec-25. 1c) Council approved the designated and free reserves in March 2026. Maximising investment returns 2) Council considered options for maximising the returns on the investment portfolio in Sep and Dec-24, and Mar-25. Agreed to increase the level of annual drawdowns (£120k to £300k) from the portfolio from Sep-25. Decision was informed by the advice from the investment managers/advisers. An investment portfolio tracker tool was approved and adopted by Council in March 2026.	Low
						Current FS (2023-25) ends 31/12/25.									
						Produce budget and forecast income statements for Council approval.	Stress-test the key variables in the budget and forecast statements and alert Council to potential risks and mitigation strategies.	Budgets: Prepare a 'balanced' budget for the next financial year effective 1 January, and have Council's sign-off by December of the prior year.	1) Draft Budget: December Council meeting 2) Forecast Income Statement: June Council meeting						
						Produce management accounts for the Executive, Audit and Risk Committee and Council, and take corrective actions as they arise.		Management accounts: 1) Circulate monthly management accounts report to Executive. 2) Circulate quarterly management accounts to ARC and Council for review and action.	1) Budget Holders: Within 5 working days of the end of calendar month 2) ARC and Council: Within 5 working days of end of quarter						
						Reserves policy		Reserves: Maintain reserves policy of holding six months' annual operating costs.	March each year						
						Financial emergency		Investment portfolio: In a financial emergency, Council to decide how much of the investment portfolio and general reserve is to be drawn down each year. A business case is to be made by the Executive. Maintain the value of investment portfolio at CPI + 3% - and monitor distributions do not erode the real capital of the portfolio.	When required						
						Protection of GCC funds invested/deposited with financial institutions - regular reviews.		Banking partners: 1) Monitor the retail banking sector for potential contagion effects resulting from potential bank failures (recent failures involved SVB and Credit Suisse in the USA and Switzerland). 2) Stay vigilant regarding news developments, and take prompt action if the GCC's banking partner confirms its exit from the UK market.	1) Completed Mar-2023 and Jan-2025 2) Ongoing monitoring						
SR3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	Mar-22	Business risk	CER	20	Regular and sustained involvement in reform developments notably the S 60 Order and review of regulators, including meeting with Director General.	The Executive capacity is limited. As soon as we get additional requirements as a result of reform (i.e. s60 becomes real), we will need to act swiftly to provide the needed additional capacity.	If the regulatory reform proposals by the DHSC are judged to be fully implementable:		9	=	9	COUNCIL	1) Mar-25: Risk rating reduced from amber to Minor (green) following ARC and Risk Group discussions, which concluded a low likelihood (at present) of transferring GCC functions to a single super-regulator. ARC also agreed the risk is retained in the SRR, but that risk rating is reduced from moderate to minor. 2) May-25: DHSC informed healthcare regulatory bodies of its plan to complete the legislative reform work (GMC, HCPC and NMC) within the current Parliamentary term (by May 2025). Hence, the rating is unchanged. 3) Nov-25: ARC met and recognised the risk needed to exist. Equally, the reform agenda (as far as it affects the GCC) is postponed until further developments indicate the GCC is on the key agenda.	Medium
						1) Develop a communication and engagement plan with stakeholders (i.e. registrants, professional bodies and GCC staff).									
						2) Present a business case to Council to release some funds from reserves to meet capacity needs - when required.									
						Surveillance of the professional and regulatory landscape – monitoring of social media; regular meetings with stakeholders (as SR1) and CERs group.									
SR4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan and wider governance matters of the GCC.	Mar-22	Operational risk	CER	20	Executive arrangements for performance scrutiny - monthly Performance Management Board (PMB) meetings to act as early warning.	Resource constraints (financial and staffing)	Review of Fitness to Practise team and the inherent vulnerabilities of a small team - reviewing ways of working and implementing a new CMS system.	FTP CMS rolled out in Q4 of 2025.	16	=	16	COUNCIL	1) Downgraded the rating from severe (red) to moderate (amber), in response to completion of all mitigation measures relating to the FTP and other teams. 2) Risk Management Group agreed in May 2026 to review this rating by Q3 2026 after recently recruited staff to Fitness To Practise (FTP) Directorate and Corporate Services Directorate (CSD) have settled into their roles. 3) Internal review and update of business continuity (cover) arrangements are ongoing in Development, FTP and CSD. To complete by December 2026. 4) Ongoing legal panel firm review work is planned to be completed by Q3 2026.	Medium
						Suite of employment policies including probation, performance appraisal and objective-setting and consistent application by Directors for their teams.		Appoint a registration manager and registration administrator to support the registration function.	Dec-25						
						Effective business continuity (absence cover) arrangements	Business continuity arrangements within Directorates not up-to-date	Update the business continuity (cover) arrangements for each Directorate	Dec-26						
						GCC operating model intended to ensure optimal working patterns in place.		A new internal efficiency review which will evaluate where the organisation can make efficiency savings in productivity.							
						Business continuity plans and ability to use temporary staff to cover for prolonged staff absences.		A small contingency is allowed for in the annual budget	Ongoing review by the teams and allowances made in the Budget						

B	C	D	E	F	I	J	K	L	M	N	O	R	S	T	U				
ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Inherent Score	Controls (current state)	Key Gaps / Structural Exposure	Mitigation Response	Response Completion Date	Residual Score		Council and/or Committee Assurance	FURTHER ACTIONS	Risk Appetite					
										Value: Last Period	Trend	Value: Last Period	(i.e. progress to-date on the achievement of the agreed mitigation response targets/milestones)						
2																			
3																			
24	SRS Cyber security The GCC is subject to a denial of service due to cyber attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	Mar-22	Operational risk	DCS	30	Cloud-based architecture with multi-factor authentication and no local data storage	Dependence on third-party IT provider for business continuity. Limited direct control over supplier resilience arrangements.	Strengthened third-party business continuity arrangements	Updated the policy with IT support company (Nt Gen) in 2024	9	=	20	EXECUTIVE / ARC / COUNCIL	Residual risk was escalated by the ARC in March from 9 (minor) to 20 (severe), reflecting third-party dependency and external threat environment rather than control weakness. Controls are well established and operating effectively, with ongoing assurance in place. RMG noted and adopted the ARC's recommendation in March 2026.	Low				
25						Formal cyber incident response capability (CIR, MDR, ITDR)		1. Defined recovery time targets (4 hours to 2 days depending on system with IT support company. -- Daily backup of data by IT support company	Completed Dec-2025 Completed-Jul-2023									Cyber incident response (CIR) walkthrough exercise completed on 10 Mar-2025. CIR simulation to be completed by Q2 2026.	
26						Regular backups with defined recovery time objectives		2. Continuous monitoring via external cyber security services. -- Appointed a cyber incident response (CIR) company and bought-in Managed Detection and Response (MDR) and Identity Threat Detection and Response (ITDR) services in Sep-25.	Completed Sep-2025										
27						Annual Cyber Essentials and Cyber Essentials Plus certification		IT support company to action.	Completed daily										
28						Penetration testing and phishing simulation programmes		Obtain Cyber essentials (CE) and CE+ certifications each year and display on GCC website. CE is the self-certified standard version. Cyber Essentials Plus is awarded following an on-site visit by an assessor (such as Cyber Strategies). CE Plus standard is optional but often required when working with Government agencies and platforms.	Renewal period in August and October of each year.										1) CE certification for 2025-26 completed in Aug-25 (valid until Aug-26). 2) CE+ certification 2025-26 was completed in Oct-25 (valid until Nov-26).
29						Organisation-wide staff training completed		Ongoing testing (penetration, phishing) and certification cycle	Penetration tests conducted in 2025. Renew phishing campaigns annually.										Next penetration test to be conducted in 2028 unless there is a significant software upgrade. a) Testing on the GCC website and CMS was completed in 2025. The risks identified from the website have been remediated. Clients are restricted from conducting external pen-testing on ASI products (i.e. iMIS) but are able to request executive summary reports of their pen-test reports conducted internally. b) Risk Management Group (RMG) meeting (in Apr-2024) looked into best practice pen-testing cycles. Both CE and NCSC do not have guidance on minimum pen-testing period. Regularity of the tests will depend on factors such as size of organisation, testing costs, risk appetite and how often new IT systems are added to the organisation's IT infrastructure. New phishing tackle contract signed and effective for 1 January - 31 December 2026.
30						Annual risk assessment statement from the Audit and Risk Committee is to be considered by Council at least once a year.		Organise cyber security training for staff	Dec-26										Cyber security training was completed by all staff by September 2025.
31								Review annual business risk policy with insurers.	Reviewed annually, last reviewed in Nov-25 to cover the 2026 calendar year.										Completed the review of the GCC business risk policy (i.e. insuring GCC assets, cyber, public liability, other business risks) for 2026 calendar year in Nov-25.
32								Audit and Risk Committee to recommend an annual risk assessment statement to Council	ARC - recommend annual risk assessment statement to Council by May-26. Council - Reviewed and agreed by Council in Jun-26.										ARC Annual Risk Assessment Statement to Council: 1) Council to approve the 2025 annual risk assessment report from the ARC in Jun-26.
33																			
34	SR6 Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	Mar-22	Governance risk	CER	18	Annual effectiveness reviews of Council and Committees undertaken.	1) Formalise the process of communicating findings from annual appraisals (to inform budget-setting so CPD costs are allowed for in the budget). 2. Non-alignment of dates for conducting and reporting Committee and Council effectiveness surveys. 3. Gaps in the recruitment of Committee and Council members.	Conduct of Annual Effectiveness Surveys 1) EC to conduct its effectiveness survey every 2 years. 2) ARC and RemHR: conduct committee effectiveness survey - every 2 years. 3) IC and PCC: no effectiveness surveys as the Committees present their annual reports to Council each March. Succession Planning Provide sufficient resources in the annual budget for Council, Committees and Partner recruitment.	Conduct of next effectiveness surveys & when to report to Council 1) EC: Q3 2025 2) ARC/RemHR: Mar-2025 3) Committees are to report survey findings to the first Council meeting after the completion of the survey.	9	=	9	EXECUTIVE / ARC / COUNCIL	a) The 2025 ARC effectiveness survey was completed in Jan-25 and discussed by the Committee in Mar-25. The survey findings and follow-up actions were reported to Council in Mar-25. Next survey will be conducted in Dec-26 for the Committee's review in Mar-27. b) The EC effectiveness survey was conducted in Q3 2025 - and report to Council after the EC meeting in November. Next survey is due Q3 2027.	Medium				
35						Succession planning arrangements in place for Council, Committees and Partners.		Conduct annual appraisals of Council and Committee members between November and January of each year. Report on actionable findings to Council in June.	Between November and January each year									Completed.	
36						Governance policies and procedures in place.		Conduct review of Council performance by external consultant at least once every three years (or as the Chair of Council sees fit).	1) Last review: Jun-22 and Mar-25 2) Next Review: Mar-28										The 2025 Council effectiveness review was completed on 3 Mar-25; actions agreed by Council on 18 Jun-25. To implement all actions from the review by Q2 2026. Annual update report to Council.
37						Clear strategy and business planning cycle (from SRR1). Regular reporting of performance through monthly executive and quarterly Council scrutiny. Additional meetings with Council possible to maintain contact and focus on strategy		Develop Corporate Strategy for 2026-2030.	Completed by Q4 2025 -- effective 1 January 2026										1) Council approved the GCC Strategy 2026-30 in December 2025, along with the 2026 Business Plan. 2) The 2026-30 financial strategy sets out how the Strategic Objectives and Annual Business Plans will be funded and implemented.

B	C	D	E	F	I	J	K	L	M	N	O	R	S	T	U																														
ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Inherent Score	Controls (current state)	Key Gaps / Structural Exposure	Mitigation Response	Response Completion Date	Residual Score		Council and/or Committee Assurance	FURTHER ACTIONS		Risk Appetite																														
										Value: Last Period	Trend	Value: Last Period	(i.e. progress to-date on the achievement of the agreed mitigation response targets/milestones)																																
<p>KEY</p> <p>Inherent risk: Gross risk exposure before we put mitigation controls in place</p> <p>Residual risk: Net risk exposure after we put mitigation controls in place</p> <p>Risk appetite: This is the amount of risk GCC Council is willing to take in order to achieve its strategic objectives.</p> <p>Risk tolerance: This is the amount of risk the GCC is prepared to accept in order to achieve its financial objectives. We can best understand risk tolerance when linked to our RAG reporting; intolerable, if the risk score is in the red zone; tolerable, if in the amber zone; green zone shows preferred limit of tolerance.</p> <p>Risk attitude: Our response to a single decision (i.e. GCC's investment decision and how much risk to take) which could result in a potential positive or negative outcome (i.e. portfolio growth or decline).</p> <p>Business/disruptive risk: Risk arising from changes in current and potential registrants' interests in the Chiropractic profession, changes in UK economic and political conditions.</p> <p>Financial/liquidity risk: Risk that the GCC is unable to fund its short and long-term liabilities due to insufficient funds.</p> <p>Operational risk: Risk arising from inadequate internal processes and systems leading to loss events.</p> <p>Reputational risk: Risk from loss of damages to GCC's reputation, its brand name and perceived goodwill.</p>																																													
<p>Risk classification guidance</p> <table border="1"> <thead> <tr> <th>Level</th> <th>Impact</th> <th>Likelihood</th> <th>Probability</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>The organisation would not survive.</td> <td>Certain</td> <td>80% - 100%</td> <td>Red</td> </tr> <tr> <td>4</td> <td>Major impact on the achievement of the organisation's business plan and the quality of its overall services.</td> <td>Probable (likely to happen each year)</td> <td>50% - 80%</td> <td>Red</td> </tr> <tr> <td>3</td> <td>Significant impact on the success of the business and quality of its services.</td> <td>Possible (could happen in the next three years)</td> <td>25% - 50%</td> <td>Amber</td> </tr> <tr> <td>2</td> <td>Some impact on the organisation's staff and minor effect on its clients.</td> <td>Unlikely (may happen in the next five years)</td> <td>5% - 25%</td> <td>Green</td> </tr> <tr> <td>1</td> <td>Insignificant impact on the organisation or its staff.</td> <td>Remote</td> <td>less than 5%</td> <td>Green</td> </tr> </tbody> </table> <p>The impact score is usually multiplied by the score for likelihood and the product of the scores added to the impact score. GCC uses the total score to determine which risks are tolerable, intolerable or within our preferred limit of risk tolerance.</p> <p>Inherent & Residual Risk Risk should be re-assessed in light of counter-measures to assess whether either have been reduced as result of action taken if either have been reduced then the assessment of residual risk should be recorded.</p>																Level	Impact	Likelihood	Probability	Rating	5	The organisation would not survive.	Certain	80% - 100%	Red	4	Major impact on the achievement of the organisation's business plan and the quality of its overall services.	Probable (likely to happen each year)	50% - 80%	Red	3	Significant impact on the success of the business and quality of its services.	Possible (could happen in the next three years)	25% - 50%	Amber	2	Some impact on the organisation's staff and minor effect on its clients.	Unlikely (may happen in the next five years)	5% - 25%	Green	1	Insignificant impact on the organisation or its staff.	Remote	less than 5%	Green
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To note

Report from the Chair of the Audit & Risk Committee

Purpose

This report gives Council an overview of the assurances, risks and governance matters reviewed by the Audit and Risk Committee (ARC) at its meeting on 20 May 2026. It highlights key governance updates, financial performance, risk management oversight, and sets out actions and recommendations for Council attention and approval.

1. Summary of Governance Assurances

The Committee received assurances on organisational capacity, structural resilience and governance frameworks:

- **Staffing stability:** Staffing within the Fitness to Practise (FtP) directorate has stabilised. This has improved operational performance, listings management and case management.
- **Corporate services capacity:** Previous concerns about capacity within the Corporate Services Directorate have been resolved. The new Information Governance Lead joins the organisation on 26 May 2026 to support front line risk management, information requests and long-term records management.
- **Organisational resilience:** While day-to-day capacity has improved, the Committee noted risks around key-person dependencies and single points of failure, particularly within the finance team. Nick Jones, Chief Executive & Registrar (CER), explained that this is a GCC-wide issue being reviewed outside the meeting.
- Leadership coaching has been commissioned as a means to add resilience and assist succession planning.

Committee reporting format: The Committee discussed moving to a high-level financial dashboard versus retaining detailed financial reports. Views among members were divided, and the final format will be settled outside the meeting ahead of the November 2026 meeting.

- **Strategic risk register (SRR) oversight:** The Committee reviewed the updated SRR, noting that no new strategic risks were introduced. An increased cyber risk rating was attributed entirely to the broader external threat landscape rather than weak internal controls. A cyber walk-through has been completed, and a full simulation exercise is scheduled for June 2026.
- Risk Management Group (RMG) actively reviews risk scores and is looking towards reducing the organisational capacity risk in light of recent recruitment. Longer term financial risks were discussed and the Committee wished to highlight this topic for a wider discussion Council.
- **Assurance map realignment:** The Committee welcomed the newly revised Assurance Map format that includes the five lines of assurance model and a "Net Gap Status" column. Future updates will set out more clearly external assurance sources across the GCC's operational areas of activity.
- **Internal audit and risk controls:** The Committee agreed that a permanent internal audit function is not proportionate for an organisation of the GCC's size. The current approach remains appropriate and will be reviewed annually. The Committee also agreed the annual risk assurance statement, confirming that the GCC's risk management and internal controls remain effective.

2. Recommendations for Council Approval

Council is asked to consider and approve the following 12 policies during the **Private session** of Council later today:

Policies Reviewed and Recommended in May 2026:

1. Customer Complaints Policy
2. Fraud and Anti-Bribery Policy
3. Gifts and Hospitality Policy
4. Procurement Policy
5. Reserves Policy

Policies Previously Reviewed in March 2026 (presented for collective sign-off):

6. Cancellation Policy
7. Data Protection Policy
8. Financial Regulations
9. Freedom of Information (FOI) Policy
10. Investment Policy
11. Records Retention Policy
12. Whistleblowing Policy

3. Summary of Actions Agreed

The Committee agreed ten actions during the meeting to track progress and maintain oversight before the next scheduled meeting in November 2026:

Action Ref	Agenda Item	Action Description	Lead	Due Date
Action 1	ARC2605-02	CER's Report: Confirm whether the GCC is liaising with the Office for Students or other higher education regulators regarding the Teesside University programme closure.	Nick Jones <i>(Chief Executive & Registrar, CER)</i>	Nov-26
Action 2	ARC2605-03	Management Accounts to April 2026: Update the 2026 to 2030 Financial Strategy to reflect recent operational and financial developments, as part of the 2027 review process for Council in June 2027.	Joe Omorodion <i>(Director of Corporate Services, DCS)</i>	Jun-27
Action 3	ARC2605-03	Finalise the discussion on the Committee's reporting format with other members, and confirm the agreed format to the Executive before the November 2026 meeting.	Jennifer Adams <i>(Acting Chair)</i>	Nov-26
Action 4	ARC2605-05	Strategic Risk Register: <ul style="list-style-type: none"> - Committee agreed the annual risk statement for submission to Council. - Provide the Chair with an update on the cyber simulation exercise outcome to consider whether an interim Committee discussion is needed before November. 	Joe Omorodion <i>(DCS)</i>	Jun-26
Action 5	ARC2605-06	Assurance Map Update to May 2026: Identify the sources of external assurance for each area of GCC's operational activity in the Assurance Map report to the Committee in May 2027.	Joe Omorodion <i>(DCS)</i>	May-27
Action 6	ARC2605-07	Annual Review of GCC Policies: Amend the Fraud and Anti-Bribery Policy so that the scope clearly includes independent Committee members, panel chairs, and similar roles.	Joe Omorodion <i>(DCS)</i>	Nov-26
Action 7	ARC2605-07	Annual Review of GCC Policies: Provide an updated policy review schedule, including review dates, Committee oversight, and review frequency.	Joe Omorodion <i>(DCS)</i>	Nov-26
Action 8	ARC2605-07	Annual Review of GCC Policies: Present the 12 policies reviewed by the Committee in March and May 2026 to Council for approval in June 2026.	Joe Omorodion <i>(DCS)</i>	Jun-26

Action 9	ARC2605-10	<p>Managing the Risks Assigned to Corporate Services Directorate and Impact on ARC Work</p> <p>Report to the Committee on organisational resilience and succession planning arrangements, including key person dependencies across Directorates.</p>	<p>Nick Jones <i>(CER)</i></p>	Nov-26
Action 10	ARC2605-11	Update the ARC workplan to include the review of GCC Policies Overseen by the Committee at each meeting.	<p>Joe Omorodion <i>(DCS)</i></p>	Nov-26

Recommendation(s)

The Council is asked to note this report.

Jennie Adams

Acting Chair, Audit and Risk Committee



For noting

Report from the Chair of the Education Committee

Meeting paper for Council on 17 June 2026

Agenda Item: 08B

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee, following its meeting on 29 April 2026.

Issues arising from Education providers and programmes

1. The Committee noted that Teesside University had informed the GCC in March 2026 of the closure of its MSci chiropractic programme, following significant challenges in recruitment. The programme has entered a teach-out phase, with cessation of recruitment and implementation of arrangements to ensure continuity of delivery and successful completion for current students.
2. The Committee agreed to incorporate a new section in the Quality Assurance Handbook on programme closure and teach out arrangements, as this area was not currently addressed explicitly within the GCC's quality assurance processes.
3. Committee members were informed that Coventry University had submitted evidence in April 2026 relating to conditions one and three, from the Stage 4 approval visit in September 2024. Following review by the Education Visitor Panel, both conditions were confirmed as met.

Annual Monitoring

4. Committee discussed the outcome of the 2024-25 education provider annual monitoring activity and agreed the feedback to be given to each provider.
5. The two Committee members who met with each provider and students reported the key themes arising from the monitoring meetings.

The key themes identified were:

- Recruitment of students remains the primary strategic risk across providers, driven by competition from other programmes, a limited applicant pool, cost of living pressures, and the longer four-year programme length compared with many healthcare courses. Chiropractic was also viewed as less attractive than careers with clearer public-sector pathways and financial incentives.
 - All providers reported student continuation and completion rates above the Office for Students (OfS) B3 thresholds, with progression data also exceeding these benchmarks.
 - Artificial intelligence (AI) is seen as both an opportunity and a risk in teaching, learning, and assessment. Providers emphasise the need to support students in using AI critically while maintaining academic integrity and professional accountability. Assessment approaches are increasingly focused on practical, applied, and in-person tasks that evidence reasoning, supported by evolving institutional policies and regulatory guidance.
 - Student feedback remained overwhelmingly positive for the fourth consecutive year, highlighting supportive staff, strong communication, and high levels of engagement in both academic and clinical learning.
6. The Committee was assured that all providers continue to meet the GCC Education Standards.
 7. The Committee noted that the annual monitoring review would be published in June 2026.

Review of the process of annual monitoring

8. The Committee was updated on survey findings from education providers regarding the current annual monitoring process.
9. The Committee noted engagement with the European Council on Chiropractic Education (ECCE), aimed at exploring opportunities for collaboration, including potential synergies in annual monitoring processes, in line with the commitment in the GCC Corporate Strategy 2026-2030. This represents a modest but important step towards delivering the GCC's strategic aim to work with international accreditation bodies to minimise the burden on UK education providers
10. The Committee approved the proposed revisions to the annual monitoring form

Continuing Professional Development

11. The Committee was updated on the outcome and recommendations of the audit of CPD submissions by registrants carried out by the Royal College of Chiropractors, on behalf of the GCC
12. The Committee noted the emerging risk of the use of artificial intelligence in generating CPD responses and is an issue requiring further consideration.

13. The Committee discussed and agreed that the focus for all registrants for the forthcoming year would be Principle E of the new Code of Professional Practice on establishing and maintaining clear professional boundaries.

Test of Competence update

14. The Committee received the annual Test of Competence report and the annual report from the External Examiner and noted that there had been a small reduction in candidate numbers, from 36 candidates in 2024 to 29 candidates in 2025.
15. Sally Gosling, External Examiner, gave her annual report and overview of the annual review meeting held in September 2025.

Review of the Policy for CPD

16. The Committee noted informal registrant feedback on the GCC CPD requirements collected at the RCC Winter conference; progress on the analysis of the statutory and policy framework for CPD and a wider contextual review of national and international approaches to CPD.
17. The Committee considered the Steering group's discussion of early Workstream One outputs, including the need for further legal clarification, development of a more outcomes-focused CPD approach, improved definitions and guidance, and continued stakeholder engagement.
- 19 The Committee was advised that Workstream One remains on track to conclude by end of June 2026, with legal support confirmed to be in place to support delivery within this timeframe.

Scotland College of Chiropractic Stage 3 submission

- 20 The Committee considered and discussed the Stage 3 analysis report and agreed the panel's recommendation that the programme application could progress to Stage 4, due to marked improvement in the evidence submitted.
- 21 The Committee was informed that a Stage 4 visit was expected to take place over two days in June 2026.
- 22 The next meeting of Committee is on 8 July 2026.

Catherine Kelly

Chair of the Education Committee



To note

Report from the Chair of the Remuneration and HR Committee

Purpose

This paper updates the Council on the work of the Remuneration and HR Committee.

Summary of HR and Governance Assurances

The Committee received updates and assurances on the following areas during its April meeting:

- **HR strategy and management:** The Council has introduced a new, high-level HR strategy to bring together workstreams that were previously run separately. To keep up momentum and ensure independent oversight, the external HR adviser now joins the monthly Executive Team meetings.
- **Staff feedback:** Feedback from the recent staff away day was positive. The GCC is addressing four main areas: Working Collaboratively, Workload and Capacity, Digital Capability and Working Differently – with Equality, Diversity and Inclusion (EDI) practices examined in each of the areas. Progress is being tracked by the Executive and Performance Management Board (PMB).
- **Policy updates:** The Executive has reviewed and updated all HR policies to make sure they comply with the new Employment Rights Act.
- **Staffing and budgets:** The adjudications team is being restructured to handle a higher number of cases. The extra staffing costs for the 2027 financial year are estimated at £43k. This will be funded by current staff vacancy savings and internal budget efficiencies. Legal fees are expected to drop from 2027 onwards as backlogs are cleared.
- **Succession planning:** Short-term succession risks are low. Board positions are stable ahead of the next reappointment rounds in early 2027.

Summary of Agreed Actions

The Committee agreed the following actions during the meeting:

- **Action 1:** The Committee Chair to contact Associate members to see if they want to help with the student engagement project, and report back with next steps.
- **Action 2:** Andrea Sillars (AS, independent HR member on the Committee) to share examples from other organisations on learning policies and training cost recovery.
- **Action 3:** The Chief Executive and Registrar (CER) to review the Learning & Development Policy to make it clearer and easier to use.
- **Action 4:** The CER to update the Health & Safety Policy to clarify who records accidents, remove out-of-date audit references, and improve rules on homeworking, overseas working, and business car insurance.

- **Action 5:** AS to share examples of health and safety rules for remote workers from other organisations.
- **Action 6:** The CER to ask HR to review the Recruitment Policy so that high-level rules are kept separate from day-to-day guides for managers.
- **Action 7:** The CER to rewrite the Remuneration Policy to use the CPIH index¹ consistently, clarify that CPIH is a guide rather than a strict rule, set out clear roles for the Committee and Council, and separate annual pay awards from regular salary benchmarking.
- **Action 8:** The updated Remuneration Policy to come back to the Committee at its June/July meeting, before pay decisions are made later in the year.

Recommendation(s)

The Council is asked to note this report.

Committee Meeting(s) since Council Meeting in December 2025

1. The Committee met remotely on 9 April 2026.

Minutes and Matters Arising

2. The Committee approved the minutes of the meeting held on 12 November 2025.
3. Members reviewed outstanding actions. Work on pay and remuneration policies was originally due by October 2026, but the Committee asked to bring this forward to the July 2026 meeting, if possible, to fit in with annual pay talks.
4. The Committee discussed how to involve Associate Council members (who attend as observers) in student engagement work. Members noted the need to

¹ Consumer Prices Index including Owner Occupiers' Housing costs. This is the UK's preferred index for tracking cost of living as it accounts for housing costs.

balance useful opportunities for these associates against the risk of giving them too much extra work, while also keeping in mind day-rate pay and expectations.

5. The Committee noted a new workforce development paper from Phil Dewhurst. This looks at strategic options to grow the profession and will be passed to the Council for further thought as part of wider business planning.
 - **Action 1:** The Committee Chair to contact Associate members to see if they want to help with the student engagement project, and report back with next steps.

CER Operational Report

6. The Committee received a general update from the CER on staffing numbers, changes to team structures, and the rollout of the main HR strategy.
7. The Committee noted the feedback from the staff away day, which focused on collaboration, digital tools, workload, and EDI.
8. Members noted that the external HR adviser will now attend monthly Executive Team meetings to help keep HR work on track and provide regular feedback.
9. The Committee noted that changing the setup of the Adjudications team will cost £43k in the 2027 financial year. This will be paid for through budget savings. While legal costs are currently high due to old backlogs, they are expected to come down from 2027.

Review of HR Policies

10. The Committee looked at a set of updated HR policies, focusing on whether they were clear, practical, and properly separated broad policy rules from daily procedures.
11. **Learning & Development Policy:** Members felt the draft policy was a bit too focused on legal compliance. They asked for a clearer split between mandatory training and personal career development. Members also agreed that staff appraisals should be named as the main way to spot training needs.
 - **Action 2:** AS to share examples from other organisations on learning policies and training cost recovery.
 - **Action 3:** The CER to review the Learning & Development Policy to make it clearer and easier to use.
12. **Health & Safety Policy:** The Committee asked about homeworking, staff working abroad, and business car insurance. They also clarified that day-to-day accident reporting is managed internally, while the landlord (HCPC) handles most building maintenance.
 - **Action 4:** The CER to update the Health & Safety Policy to clarify who records accidents, remove out-of-date audit references, and improve rules on homeworking, overseas working, and business car insurance.

- **Action 5:** AS to share examples of health and safety rules for remote workers from other organisations.

13. Recruitment Policy: Members backed the policy but suggested it needs stronger references to fair selection, data protection, and how candidate feedback is recorded.

- **Action 6:** The CER to ask HR to review the Recruitment Policy so that high-level rules are kept separate from day-to-day guides for managers.

14. Remuneration Policy: The Committee discussed the new joint policy for staff, directors, and Council members. Members warned that sticking too rigidly to the CPIH index could leave the GCC unable to react during tough economic times. They agreed CPIH should be the starting point, but the policy must allow for flexibility by looking at budgets and other economic measures.

The policy also needs to clearly split annual cost-of-living pay rises from regular salary benchmarking reviews.

- **Action 7:** The CER to rewrite the Remuneration Policy to use the CPIH index consistently, clarify that CPIH is a guide rather than a strict rule, set out clear roles for the Committee and Council, and separate annual pay awards from regular salary benchmarking.
- **Action 8:** The updated Remuneration Policy to come back to the Committee at its June/July meeting, before pay decisions are made later in the year.

Succession Plan

15. The Committee noted the update on succession planning and confirmed that there are no major vacancy risks in the near future.

16. The current year is stable. Reappointments are due in early 2027, and planning will start later this year. The Committee will also look at how current Associate members have found the scheme to help shape future recruitment, and may look to add more members to the Professional Conduct Committee in due course.

Remuneration and HR Committee Work Programme

17. The Committee reviewed its future work schedule. Members agreed that the work programme should be updated regularly to act as a live progress tracker tied directly to the new HR strategy.

18. The Committee approved the work programme with these changes.

Next Meeting

19. The next meeting will be held on 16 July 2026.

Paul Allison

Chair of the Remunerations and HR Committee

Council Work Programme and 2027 Proposed Meeting Dates

Purpose

This report sets out the proposed Council meeting dates for 2027, which follow the pattern established for the Council meetings in 2026.

The **annex** to this paper outlines the Council Work Programme, highlighting the key matters scheduled for Council consideration during the remainder of 2026 and throughout 2027. This gives Council visibility of annual standing items alongside strategic matters requiring approval, discussion or noting.

1. Proposed Council meeting dates for 2027

The proposed Council meeting dates for 2027 are set out below:

- Tuesday 16 March 2027 – Council Development Session
- Wednesday 17 March 2027 – first Council meeting
- Wednesday 16 June 2027 – second Council meeting
- Wednesday 29 September 2027 – third Council meeting
- Wednesday 8 December 2027 – fourth Council meeting

2. Council Work Programme

The annex provides details of the Council Work Programme for 2026 and 2027.

3. Recommendation(s)

Council is asked to:

- **Approve** the proposed Council meeting dates for 2027.
- **Note** the Council Work Programme for 2026 and 2027.

Jonathan McShane

Chair of Council

	B	C	D	E	F	G	H	I
1	Council Work Programme – 2026 and 2027							
2	1. Strategic Items for discussion or approval							
3	Item	Jun-26	Sep-26	Dec-26	Mar-27	Jun-27	Sep-27	Dec-27
4	Business Plan			To approve – final draft			To discuss – first draft BP for 2028	To approve – final draft
5	Draft Budget			To approve				To approve (for 2028)
6	Strategic Risk Register			To approve		To approve		To approve
7	Regulatory Reform			To note - update (if any)	To note - update (if any)	To note - update (if any)	To note - update (if any)	To note - update (if any)
8								
9	2. Performance Reporting and Review							
10	Item	Jun-26	Sep-26	Dec-26	Mar-27	Jun-27	Sep-27	Dec-27
11	Periodic Management Accounts	To note	To note	To note	To note	To note	To note	To note
12	Financial Forecast	To approve				To approve		
13	Business Plan Update Report	To note	To note	To note	To note	To note	To note	To note
14	Fitness to Practise Performance Update	To note	To note	To note	To note	To note	To note	To note
15	Professional Standards Authority Review		To note - 2025/ 26 review report	To note – finalised report			To note - report on the outcome review	To note – finalised report
16	Committee Chair Update Report – Education	To note	To note	To note		To note	To note	To note
17	Committee Chair Update Report – Audit and Risk	To note	To note	To note	To note	To note		To note
18	Committee Chair Update Report – Remuneration and HR	To note	To note	To note		To note	To note	To note
19	Operational Update (private session)	To note	To note	To note	To note	To note	To note	To note
20								
21	3. Annual Reporting							
22	Item	Jun-26	Sep-26	Dec-26	Mar-27	Jun-27	Sep-27	Dec-27
23	GCC Annual Report and Accounts 2026				To approve			
24	Annual Report – IC				To note			
25	Annual Report – PCC				To note			
26	Annual Report – EC			To note				To note
27	Annual Report – ARC				To note			
28	Annual Report – Registration				To note			
29	Annual Report – Audit and Risk				To note			