

**General Chiropractic Council  
1 October 2025 at 10:00 (In-person)**

**Meeting Agenda**

<b>Item</b>	<b>Action</b>	<b>Presenter</b>	<b>Time</b>
1. Welcome, apologies and declarations of interest		Chair	10:00
2. A. Council Minutes of 18 June 2025 B. Matters Arising	To approve	Chair	10:05
3. Chair's Report	To note	Chair	10:15
4. Chief Executive & Registrar's Report A. Report of the Expert group on coroner's findings	To note To approve	CER	10:25
5. PSA Review of performance 2024-2025	To note	CER	10.40
6. Performance Updates			
A. Fitness to Practise Performance Update	To note	Interim D of Change	10:55
B. Finance – Management Accounts to August 2025	To note	D of CS	11.05
C. Business Plan 2025 Update	To note	BPO	11:15
<b>BREAK (15mins)</b>			<b>11:25</b>
7. GCC Strategy 2026 - 2030	To approve	CER	11:40
8. Outline Business Plan 2026	To approve	CER	12.00
9. Review of Professional Boundaries Guidance A. Approval of the draft Guidance B. Approval of consultation documents	To approve	D of Dev	12.20
10. Report from the Chair of the Remuneration and HR Committee	To note	CER	12.40
11. Report from the Chair of the Education Committee	To note	Chair of the Committee	12:45
12. Council Work Programme	To note	Chair	12:50
13. Any Other Business		Chair	12:55

**Close of meeting: 1:00 PM**

**Date of next meeting: 3 December 2025, via Ms Teams**



For approval
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## **[Unconfirmed] Minutes of the meeting of the General Chiropractic Council held on 18 June 2025 at 9:30 am by videoconference**

**Members present**

Jonathan McShane (Chair of Council)	Jennifer Adams
Aaron Porter	Keith Richards (items 1 to 5)
Annie Newsam	Keith Walker
Catherine Kelly	Paul Allison
Elisabeth Angier	Ralph Pottie
Fergus Devitt	

**Apologies**

Apologies were received from Samuel Guillemard and Keith Richards (items 6 to 10)

<b>In attendance</b>	Nick Jones, Chief Executive and Registrar
	Joe Omorodion, Director of Corporate Services
	Penny Bance, Director of Development
	Angela Maragna, Interim Director of Change
	Mary Nguyen, Business and Project Officer
	Rachana Karekar, Governance Coordinator, GCC (minutes)
	Sumaya Ahmed, Associate Member of Council
	Daniel Sullivan, Associate Member of Council

## Observers

Alan Clamp, Chief Executive,  
Professional Standards Authority  
Kate Steele, Partner, Capsticks  
Solicitors  
Shika Vowotor, Communications  
and Engagement Officer

Siobhan Carson, Scrutiny  
Officer, Professional Standards  
Authority  
Amber Cosham, Executive  
Coordinator, United  
Chiropractic Association

Alistair Brown, appointed as  
Council Member with effect 1  
August 2025

Fiona Hutchinson, appointed  
as Council Member with effect  
1 August 2025

1.	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Samuel Guillemard.</p> <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><b>Draft minutes of the Council meeting of 19 March 2025 and matters arising</b></p> <p><b>A. Minutes</b> Council <b>agreed</b> the minutes were an accurate record of the meeting.</p> <p><b>B. Matters arising</b> The Chair confirmed the matters arising from the previous meeting, as set out in the report. The CER confirmed the items were completed or included in the agenda for the meeting.</p>
3.	<p><b>Chair's report</b></p> <p>The Chair presented the report.</p> <p>The Chair informed members that Christina Cunliffe, Principal of McTimoney College of Chiropractic and a registrant since 2001, had been awarded an OBE in the King's Birthday Honours, and extended congratulations on behalf of Council.</p> <p>The Chair acknowledged that the meeting marked the final meeting of Council attended by Keith Richards and Ralph Pottie, whose terms conclude on 31 July 2025. Council expressed its gratitude to each for their significant contributions during their term.</p> <p>The Chair confirmed that the Privy Council had approved the appointments of Alistair Brown and Fiona Hutchinson as new Council members, effective 1 August 2025. The Chair noted that Alistair a civil servant and qualified</p>

	<p>accountant, was based in Newcastle and Fiona, a practising chiropractor, would serve as the Member for Scotland. He welcomed both as observers to the meeting.</p> <p>On the Chair's recommendation, Council <b>approved</b> the reappointments of Sheila Kirkland to a second term as Independent Member of the Audit and Risk Committee from 12 July 2025 to 11 July 2027 and Andrea Sillars to a final term as Independent Member of the Remuneration and HR Committee from 27 June 2025 to 26 June 2028).</p> <p>Council formally recognised Jamie Button's 25 years of service with the GCC and noted the thanks alongside the token of appreciation presented by the Executive on Council's behalf.</p> <p>Council <b>noted</b> the Chair's report.</p>
4.	<p><b>Chief Executive and Registrar's report</b></p> <p>The Chief Executive &amp; Registrar (CER) presented his report.</p> <p>The CER advised Council the final version of the proposed GCC Strategy to 2030 would be considered during the private session, with a public consultation to be launched in the coming weeks. He outlined the strategy's three core priorities: uphold professional standards throughout the career of every chiropractor, deliver core regulatory, registration and education activities to a high standard and collaborate to shape the profession's future, underpinned by a renewed emphasis on stakeholder engagement.</p> <p>On operational matters, the CER acknowledged ongoing challenges in fitness to practise but noted that staffing levels had now stabilised. The CER also updated members on the government's renewed commitment to regulatory reform, while priority had been given to other regulators for the next parliamentary session. Considering this, the Executive would focus on making the most of existing powers.</p> <p>The CER also reported on the GCC's responses to two recent PSA consultations and ongoing discussions regarding the application of right-touch regulation principles, despite current legislative constraints. Members noted continued engagement with PSA on equality, diversity and inclusion (EDI), Council members welcomed the clear progress on the strategy. In response to a query about the need for both a pre-consultation and formal consultation on professional boundaries guidance, the CER explained that emerging issues particularly around sexual harassment necessitated a more considered and phased approach. He noted that pre-engagement would help strengthen the effectiveness of the formal consultation.</p> <p>In response to a question about the Coroner's report, the CER confirmed that the expert group had met, developed and confirmed its own terms of reference, and held a productive discussion with full attendance. A further</p>

	<p>meeting is planned over the summer to finalise recommendations, which will be presented to Council in October 2025. Members noted that the approach taken in establishing the expert group was viewed by participants as a strong example of innovation and best practice, offering a model that could be valuable for the GCC and potentially for wider application.</p> <p>Following a member's question, the CER and Chair shared reflections from the World Federation of Chiropractic Congress in Copenhagen. They noted key themes relevant to the UK, including the profession's integration into mainstream health services as demonstrated in Denmark and a growing international focus on building a strong evidence base through research. They highlighted the value of long-term collaboration and a unified approach across the profession.</p> <p>Council <b>noted</b> the report.</p>
5.	<p><b>Performance Updates</b></p> <p><b>A. Fitness to Practise Performance Update</b></p> <p>The Interim Director (IDC) presented the report and sought Council's approval to amend the Investigation Committee (IC) guidance by the addition of a point on a factor likely to result to a referral to a Professional Conduct Committee – conduct that could amount to racism or other forms of discrimination.</p> <p>The IDC updated Council on current caseloads and staffing, noting an unusually high number of open complaints (80), which the team is closely monitoring. She suggested the increase may reflect a temporary surge linked to improved efficiency in processing enquiries. For the first time since September, the FtP team is now stable, with two permanent caseworkers, two permanent investigators, and a permanent manager, which is expected to stabilise operations.</p> <p>The IDC reported that the introduction of bi-weekly multidisciplinary meetings has significantly improved case progression and decision-making, reducing open enquiries from 25 to 9. Despite the increased caseload, performance in other areas including ISH numbers, PCC hearings, and section 20/32 processes remains strong.</p> <p>Through presentation, the IDC outlined developments within the FtP team since January 2025, focusing on operational efficiency, cultural change, and system enhancements.</p> <p>Council welcomed the updates.</p> <p>Members raised concerns about ambiguity in the proposed wording for the IC guidance and recommended aligning it with established regulatory terminology, ensuring it reflects all protected characteristics. The IDC agreed to revisit the wording and circulate a revised version to Council.</p>

	<p>Members queried whether the recent rise in complaints reflected broader trends, coordinated campaigns or demographic changes, such as a rise in newly qualified chiropractors. The IDC confirmed that no identifiable theme or pattern had emerged.</p> <p>Members noted that the values of the Council were clearly reflected in the leadership and conduct demonstrated during the discussions and praised the IDC for stabilising the team. Clarification was sought on Table 6 in the performance report regarding PCC hearings. The IDC explained that one PCC hearing had taken place over an extended period and its presentation in the table layout may have caused confusion.</p> <p>Members also discussed the potential for introducing mediation and early resolution models, within the GCC's legal scope and with appropriate training. It was agreed that this could offer a constructive and proportionate approach to resolving less serious concerns and signalled a positive step towards innovation in case handling.</p> <p>Another member encouraged the Council to reflect on its risk appetite to support ongoing innovation and improvement, and stressed the importance of considering the governance and ethical implications of AI.</p> <p>Council cautioned against removing the human element from processes such as witness support and chatbot use. The IDC confirmed that the team continued to balance innovation and risk carefully and appreciated the Council's backing, which has enabled a new way of working. Members were assured that any AI use would be approached ethically and with appropriate oversight.</p> <p><b>Action 1:</b> The Executive to amend the proposed wording in the IC guidance to ensure alignment with regulatory terminology and inclusion of all protected characteristics, and to circulate the revised wording to the Chair of Council for approval.</p> <p>Council <b>noted</b> the report.</p>
	<p><b>B. Finance update – Management Accounts to May 2025</b></p> <p>The Director of Corporate Services (DCS) presented the management accounts for the period to May 2025.</p> <p>The DCS reported a year-to-date surplus of £98k, and £77k below the budgeted surplus of £175k, with the shortfall due to backdated payments to qualifying partners for pension and holiday pay.</p> <p>Members noted that excluding that exceptional item, the actual operating surplus was £169k, and £7k below the year-to-date budgeted figure. The DCS</p>

	<p>forecasts a year-end deficit of £107k, although that may reduce if some qualifying partners do not submit claims.</p> <p>The DCS reported strong financial resilience, with net assets of £3.705m, including £1.476m in cash at the bank. Members noted that the cash reserve was £1.75 per £1 of liabilities. The DCS also reported a £26k (-0.5%) reduction in investment value from £4.802m on 31 December 2024 to £4.776m on 31 May 2025.</p> <p>On the question of whether a deadline could be set for qualifying partners to claim holiday pay to prevent indefinite liabilities the DCS explained that no formal deadline was set but with an expectation that claims would be made by the end of the financial year, with the books closing on 31 December 2025.</p> <p>On whether the projected £107k year-end deficit assumed full partner claims of £110k the DCS confirmed the deficit was based on all qualifying partners submitting claims and reiterated that the actual deficit could be lower if some partners did not claim their entitlement.</p> <p>Council <b>noted</b> the report.</p>
	<p><b>C. Business Plan 2025 update</b></p> <p>The Business and Projects Officer (BPO) provided an update on the 2025 Business Plan, covering progress up to the end of May 2025. The BPO reminded Council that while three projects were originally planned for the year, a fourth project was added in response to a coroner's requirement on action to prevent future deaths.</p> <p>Council noted the update across the key projects and that overall progress was positive.</p> <p>The BPO reported on communications activity, highlighting that a new Communications and Engagement Officer joined in April 2025, enabling clearer division of responsibilities between communications and policy functions. Further, that since March 2025, the team had delivered two key campaigns: encouraging registrants to update their contact details and the promotion of the emotional support service for those involved in fitness to practise cases.</p> <p>The BPO reported the EDI update, noting that future work would focus on embedding EDI across all organisational functions as part of the new corporate strategy. The BPO confirmed that feedback from the strategy consultation over the summer will inform the next phase of EDI priorities.</p> <p>The Chair confirmed that it would be useful to receive a report on the uptake of the emotional support service when available.</p>



	<p><b>Action 2:</b> The Executive to monitor and report on the uptake of the emotional support service.</p> <p>Council <b>noted</b> the report.</p>
6.	<p><b>Strategic Risk Register</b></p> <p>The Chief Executive and Registrar (CER) presented the Strategic Risk Register, noting its review twice yearly by Council and at each meeting of the Audit and Risk Committee.</p> <p>The CER highlighted that of the six strategic risks, five were rated green and one relating to organisational capacity was rated amber. He emphasised that the risks were owned by Council and invited members to consider whether they remained the right risks.</p> <p>The Chair of the Audit and Risk Committee, reinforced the Committee's scrutiny of the Register and its assurance role, noting that directors regularly attended to present on emerging operational risks.</p> <p>Council <b>approved</b> the Strategic Risk Register.</p>
7.	<p><b>Update Report from the Chairs of Committees</b></p> <p><b>A. Audit and Risk Committee</b></p> <p>The Chair of the Audit and Risk Committee (ARC) presented the report and thanked the ARC members for their support.</p> <p>Council considered and approved:</p> <ul style="list-style-type: none"> <li>The following annual risk assessment statement from the ARC: <p><i>“At its meeting on 21 May 2025, the Committee agreed to confirm to the June 2025 Council meeting that the ARC members reviewed the GCC’s risk management strategy and practices, internal controls and assurance map during the 2024 financial year and Q1 of 2025. The Committee is satisfied that the risk management policy and practices at the GCC are effectively being managed; that they have been strengthened in the year under review; and are achieving the desired risk mitigation results.”</i></p> </li> <li>The amended terms of reference for the Committee, including a change in the term of office for independent members to align with Council member terms.</li> <li>The Chair presented the other highlights of the work of the Committee since the Council meeting in March 2025.</li> </ul> <p>Council <b>noted</b> the report.</p> <p><b>B. Education Committee Report and approval of HSU satellite programme</b></p>



The Chair of the Education Committee (EC) presented the report and confirmed the appointment of two new members to the Committee: Rachel Picton (lay member) and Amanda Jones Harris (registrant member).

The Chair of EC drew attention to the annual monitoring reflections, noting ongoing challenges in the higher education sector. Further the Chair of EC recommended the approval of HSU Satellite Chiropractic degree programme subject to a condition detailed in the approval panel's report.

Concerns about the sustainability of new chiropractic programmes was raised pointing to staffing and recruitment challenges. The Chair of EC acknowledged the concern and reiterated that while the Education Committee assesses financial viability as part of programme approval, it is not within the remit of the GCC to manage the broader education market. The CER added that while the chiropractic education market was buoyant, the role of the GCC was to assess applications against established criteria, not to control market dynamics. He confirmed that the Education Committee remained alert to developments across the sector.

On the status of the Scotland College application the Chair of EC confirmed that the Education Committee had rejected the application due to multiple unmet standards, and further which could not be addressed through the application of conditions. The Chair of EC confirmed that detailed thematic feedback had been provided, and the College had been invited to submit a revised application in future. The Chair of EC noted that while the process was resource-intensive, the College was able to reapply to the GCC.

Council **approved** the appointment of Rachel Picton (lay member) and Amanda Jones Harris (registrant member) to the Education Committee.

Council **approved** the recommendation to recognise the HSU London satellite chiropractic degree programme, subject to the condition set out in the approval report.

Council **noted** the Education Committee report.

### **C. Remuneration and HR Committee**

The CER presented the Remuneration and HR Committee report from April, highlighting a business case review for the Registration function. He noted steady growth in the register and the need to increase capacity and managerial oversight. On that, he noted that an additional administrator had been appointed, and a new Registration Manager post anticipated. A full proposal will be considered as part of the 2025–26 financial planning considered in the private session of Council.

A member highlighted the critical contributions of the Corporate Services team, noting concerns around 'single points of failure' and that in the light of resourcing of other areas that aspect should not be overlooked.

	<p>The CER acknowledged the importance of reviewing staffing across the organisation. He noted that while the Registration function was a priority, broader operational considerations must also be addressed. These include the potential relocation of registration functions and the fact that, if that changes, other things may also need to change. Such matters would be explored through the ongoing organisational review. The CER confirmed that recruitment to the Fitness to Practise Director post would proceed as planned.</p> <p><b>Action 3:</b> The CER to progress the organisational review, including consideration of staffing and location of registration functions, and initiate recruitment to the Fitness to Practise Director post.</p> <p>Council <b>noted</b> the report.</p>
8.	<p><b>Council Work Programme</b></p> <p>The Chair invited members to note the Council work programme and proposed meeting dates for 2026. Members were asked to treat the dates as confirmed unless issues arise.</p> <p>Council <b>noted</b> the Council work programme and the meeting dates for 2026.</p>
9.	<p><b>Any other Business</b></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 comments from observers.</p> <p>Amber Cosham noted the meeting was informative and helpful to her understanding of the activities of the GCC. Alan Clamp thanked the Council for the opportunity to attend and found the meeting useful.</p>
	<p><b>Date of next meeting</b> 1 October 2025.</p>



For noting

**Agenda Item:** 02b

**Subject:** Matters Arising from 18 June 2025

**Presenter:** Jonathan McShane, Chair GCC

**Date:** 1 October 2025

Item	Actions	Update
<b>5A</b>	<b>Fitness to Practise Performance Update</b>  <b>Action 1:</b> The Executive to amend the proposed wording in the IC guidance to ensure alignment with regulatory terminology and inclusion of all protected characteristics, and to circulate the revised wording to the Chair of Council for approval.	Completed
<b>5C</b>	<b>Business Plan 2025 update</b>  <b>Action 2:</b> The Executive to monitor and report on the uptake of the emotional support service.	Completed (See agenda item 6a)
<b>7C</b>	<b>Update Report from the Chair of Remuneration and HR Committee</b>  <b>Action 3:</b> The CER to progress the organisational review, including consideration of staffing and location of registration functions, and initiate recruitment to the Fitness to Practise Director post.	Ongoing (See agenda item 4)



For noting

## Chair's report

### Introduction

1. Members are welcomed to this meeting of Council, our second in-person meeting of the year. This meeting in the business cycle has a focus on our future strategy providing clear direction to the Executive, not only on our long-term ambitions but also enabling detailed planning to take place in advance of 2026, the first year of delivery of the strategy.
2. Following our agreement at the meeting of Council in June 2025, I was delighted to see the publication of the draft GCC Strategy for consultation and pleased to be involved in several of the engagement events held to facilitate discussion, feedback and questions.
3. I was struck not just by the thoughtfulness of those involved but by the support for much of what we were proposing. I would be anxious if there was not disagreement in parts, as it is important to recognise that we have different objectives. Equally, whilst some concerns were raised, these were often on points of emphasis and a desire for us to do more by way of supporting a specific ambition. Unsurprisingly, the wider consultation did not prompt a significant volume of responses. That said, all contributions have been considered and analysed, and a revised and final strategy is presented to us for our approval later in the meeting.
4. I am grateful to Members for their ambition and guidance throughout the extended period of development of the strategy and I commend it to you.

### Governance matters

5. I am delighted to welcome two new Members of Council to this their first formal meeting. Alistair Brown is appointed as lay Council Member, with a strong financial and non-Executive Director background in a range of settings including the civil service and social housing. Fiona Hutchinson is appointed as registrant Council Member, and Member for Scotland, registering with the GCC in 2012 and founding Inverclyde Chiropractic in 2023 as director and sole chiropractor.
6. With the arrival of new Members at this meeting, we will be thinking about appointments and reappointments taking place in 2027. We will turn our attention

to that a year from now if a reappointment is not possible and in any event due to the retirement of some Members.

7. With our new arrivals it has been necessary to review committee membership. I have adopted a light touch approach seeking to minimise disruption as much as possible. As such, I have agreed the following appointments. Paul Allison has kindly agreed to replace Keith Richards as Chair of Remuneration and HR Committee. Alistair will join the Audit and Risk Committee, with Fiona joining the Education Committee. I will consider whether, further revisions to committee membership are desirable together with the extent of those informed by our forthcoming appraisals.
8. Following their appointment in January this year our associate members have settled in well. I am advised they are enjoying the role, gaining good experience and feel they are making valuable contributions to Council decision making. I agree.
9. Finally, I look forward to conducting appraisals of Members in October and November and I am grateful for members' cooperation for their availability and in preparing for those.

## Engagements

10. Since the last meeting of Council, I have undertaken the following engagements:
  - 18 July 2025: Attended the GCC Remuneration and HR Committee meeting
  - 30 July 2025: Met with BCA Executive - Tim Button and Cait Allen at the GCC offices to discuss the proposed GCC strategy
  - 11 August 2025: With Nick Jones, met with Lesley Haig, VC, Health Sciences University and Julie Northam, Head of Research, Health Sciences University to discuss the proposed GCC strategy
  - 2 September 2025: Attended an event to celebrate 100 years of the BCA at House of Lords
  - 3 & 4 September 2025: GCC Director of FtP recruitment interviews at the GCC offices
  - 5 September: Met with RCC leadership team to discuss the proposed GCC strategy

**Jonathan McShane**

**Chair**

**For noting**

# Chief Executive & Registrar Report

## Purpose

This regular report summarises key developments in the period since the Council last met, on 18 June 2025, not covered elsewhere on the agenda.

## Recommendations

Council is asked to note this report with questions invited.

## General update

1. A notable milestone was reached over the summer; the Register now has over 4,000 registrants – a growth of 1,000 since 2015.
2. This year's CPD cycle closed on 5 September 2025. More registrants submitted on time compared to previous years. Importantly, the submission process was smooth compared to last year where there were glitches in the system and a higher number of registrants submitting on the final weekend. Lessons were learned and we experienced very few last-minute calls from registrants. Feedback suggests the experience was smoother for registrants and the team.
3. The focused reflection for the Continuing Professional Development (CPD) year from September 2025 to August 2026, is on Principle B - 'Ensure safety and quality in clinical practice.'
4. Following a highly competitive open recruitment exercise I am delighted to report that Hannah Fellows has been appointed as Director of Fitness to Practise. Hannah comes with an impressive record. She is currently the Head of Professional Regulation at the General Pharmaceutical Council having worked there for four years, with a spell as interim Director. Her first roles were at the Nursing and Midwifery Council leading investigations; followed by a few years at Care Quality Commission in the legal team. Hannah is a qualified solicitor, also sitting as a panellist for the Teaching Regulation Agency. She will start with us on 1 December 2025, until which time the interim arrangements in place will be maintained.

5. We are also recruiting to the new position of Registration Manager, with the date for expressions of interest recently passed and interviews taking place in mid-October. Following consultation, the registration function will relocate to the Corporate Services directorate.

### Professional Standards Authority (PSA)

#### **a. 'Lessons from meeting our EDI Standard for regulators - good practice guide' (PSA)**

6. We were pleased to see the GCC featured in the Professional Standards Authority's 2025 [Good Practice Guide](#) highlighting examples from across the regulators it oversees. The inclusion of our practice reflects our commitment to supporting chiropractors in understanding and addressing health inequalities. As highlighted in the guide, we made Equality, Diversity and Inclusion (EDI) a CPD focus last year, alongside publishing a toolkit and real-world scenarios to support chiropractors in delivering more inclusive care.

#### **b. Consultation on PSA Standards**

7. At the last meeting of Council, Members will recall I provided an update on the consultation on its review of Standards for regulators and Accredited Registers. The PSA Board has identified areas where the standards can help drive improvement, and indicated that the following areas be evaluated further over the autumn by more consultation:
  - **Accessible Standards:** The PSA wish to make key parts of the Standards framework accessible to its stakeholders, particularly patients and the public, while the detail is saved for regulators in the detailed expectations and guidance materials.
  - **Leadership, governance and culture:** The PSA wish to amend existing standards, which already assess areas of governance and leadership in practice, to consider how Councils, Boards, and senior leaders set, maintain and change organisational governance, leadership, and as a by-product, culture.
  - **Collaboration:** The PSA wish to create clearer expectations for collaboration, including aligning the systems of regulation and registration as much as possible.
  - **Criminal Records Checks:** The PSA wish to set a new expectation in the registration standards that regulators and Accredited Registers demonstrate how they manage the risks related to registrants failing to declare information of relevance to professional suitability.
  - **Concerns:** The PSA wish to explore appropriate referral of concerns before they become complaints at regulators and Accredited Registers.
  - **Education and training:** The PSA wish to set standards that support education providers to adapt to risks to the public emerging in practice.



8. We welcome this additional step whereby the PSA engage further deferring the date for implementation of the new Standards to be available for more engagement activities and increase the period between publication and implementation. It intends to gain Boards approval of the revised Standards in January 2026, to publish in February with implementation then from 1 July 2025. Our own performance review period is due to commence then, and we will now discuss a timeline for implementation with our Scrutiny Manager.

### **Misc.**

- We attended a meeting with Disclosure Scotland concerning the “Protecting Vulnerable Groups” (PVG) scheme in Scotland to build understanding. Chiropractors in Scotland must be registered with PVG.
- We attended a meeting with Scottish Government concerning the regulation of non-surgical cosmetic procedures in Scotland, to explore whether the definition of such procedures impacts on chiropractors and the oversight of clinics.

## **Meetings and engagements**

### **June 2025**

- 19 June – Health and Social Care Regulators Forum
- 23 June – Meeting with Phil Harper, Department of Health and Social Care (DHSC)
- 26 June – Meeting of the Chief Executive’s Steering Group
- 26 June – Institute of Regulation (IoR) workforce meeting
- 30 June – Gave talk to WIOC undergraduates on professionalism
- 30 June – DHSC all-regulator session on professional reform proposals relating to the governance operating framework

### **July 2025**

- 1 July – Regulated Professions Advisory Forum
- 2 July – DHSC all-regulator session on Professional Regulation Reform - Revision of Decisions/Appeals meeting
- 3 July – Attended Deloitte / Institute of Regulation Regulatory Roundtable Event on shared services
- 3 & 4 July – Attended GCC staff recruitment interviews
- 10 July - meeting of the GCC Education Committee
- 18 July – meeting of the GCC Remuneration and HR Committee
- 24 July – Attended a cross – regulatory AI work meeting
- 25 July – Meeting of the Chief Executives Regulatory Body
- 28 July – Meeting of the coroners Expert group

### **August 2025**

- 1 August – attended the Institute of Regulation webinar: What lessons can Regulators learn from the Independent Water Commission Report?
- 6 August – attended the GCC/UCA meeting
- 8 August – Mid-year review meeting with the Council Associate members.
- 11 August – With Jonathan McShane, attended a meeting with Lesley Haig, VC Health Science University
- 14 August – attended Victim Support workshop at the GCC offices

### **September 2025**

- 3 September – attended AI scoping meeting with PSA
- 3 & 4 September – GCC Director of FtP recruitment interviews
- 5 September – With Jonathan McShane met with Royal College of Chiropractors to gather feedback on the GCC's proposed strategy for 2026–2030
- 17 September – attended GMC: Dame Clare Marx memorial lecture

**Nick Jones**

**Chief Executive & Registrar**



For approval

# Report of the Expert group on coroner's findings

## Purpose

This report updates Council on the conclusion of the expert group and the proposed actions for approval by Council. Further to approval, the actions will be undertaken (or committed to) and I will write to the coroner accordingly. I will provide a final update on actions to the December meeting of Council.

## Recommendations

Council is asked to approve the actions agreed proposed by the group and that I write to update the coroner.

## Background

1. At the conclusion of the inquest into the death of Joanna Kowalczyk, the coroner issued a Regulation 28 report to the GCC, recommending that consideration to obtaining medical records should always be given before assessment, particularly where recent medical treatment or investigations has been undertaken. The GCC was an interested party at the inquest and committed to a thorough review of the issues raised. To support this, an expert group was established, comprising experts from within and outside the profession.
2. In March 2025, Council was informed of the GCC's response to the coroner's report and the formation of the expert group. The group's terms of reference and expected timeline were shared, with a commitment to report progress at Council meetings in March and June 2025. In June 2025, Council received an update confirming that the expert group had met for the first time in May, considered the terms of reference and issues in depth, and commended the

GCC's approach. It was anticipated that recommendations would be brought to Council in October 2025.

### **Current Position**

3. The expert group has now met and considered the issues in detail. There is broad agreement on the potential for learning and guidance to follow. The group has agreed its final recommendations, presented here. The GCC remains committed to a collaborative and thorough approach, ensuring that learning from this case informs future practice and patient safety.

### **Summary of Action Plan**

4. The Expert Reference Group developed four main learning outputs and supporting materials, with a fifth administrative output to update the coroner. The actions are not all for the GCC, where others are assigned, agreement to those has been obtained. We are particularly grateful for the support of the Royal College of Chiropractors. It is for Council to agree the recommendations of the expert group, so before progressing to implement the actions over the autumn, we seek Council approval.

### **Key actions:**

1. Material to help chiropractors understand the process for obtaining medical records (where they consider it appropriate), as well as reflect on the benefits and limitations of using (and not using) those records.
2. Material to help chiropractors and patients discuss rare, but catastrophic, events as part of shared decision making.
3. Material to help chiropractors (when taking a clinical history) identify patients who may be at a higher risk of a cervical arterial dissection stroke.
4. Material to assist chiropractors to identify and appropriately respond to a stroke in progress.

The action plan with full details of all outputs and supporting materials is appended.

**Nick Jones**

**Chief Executive & Registrar**

## Action Plan following the Chiropractic Expert Group considering the coroner's Regulation 28 report following the death of Joanna Kowalczyk

### Honouring Joanna Kowalczyk.

We acknowledged the circumstances that have led to the expert group being convened: We have assembled following the sad death of a young woman, Joanna Kowalczyk, and keep her in our minds as we seek to learn from the circumstances of her death and provide safer care for chiropractic patients in the future.

We will seek to respond to the coroner's recommendation in a sensitive way that does not compound the harm or grief for Joanna's family.

### The Chiropractic Expert Group

The Chiropractic Expert Group was convened to look for the wider lessons for the profession to mitigate against a comparable incident in the future. It will not consider or judge the specifics of this case. The Terms of Reference for the group are available separately.

### Outputs of the Group

Across two meetings, the group considered the case and wider opportunities for learning (in line with the terms of reference). The group developed four learning outputs, and a series of materials (with assigned organisational responsibility) that will support those outputs. The representatives of the GCC, RCC and professional associations all agreed to distribute these materials to their constituents.

A fifth administrative output (updating the coroner) was also agreed.

#### 1. Material to help chiropractors understand the process for obtaining medical records (where they consider it appropriate), as well as reflect on the benefits and limitations of using (and not using) those records.

- The GCC will commission an article acknowledging that chiropractors will ordinarily consider medical history as a matter of course, but prompting registrants to consider if there are further approaches available to them:
  - Does the registrant know how to obtain a medical report or imaging report from the NHS?
  - Can they use the NHS app to access medical history?
  - Are they reviewing medical history with the patient, or relying on completion of a form?

## **2. Material to help chiropractors and patients discuss rare, but catastrophic, events as part of shared decision making.**

- The RCC will produce a Chiropractic Practice Standard around risk and risk management. This will focus on a broad approach to risk and mitigation but will also look at some specific examples some of which would be relevant to this case.
- The RCC will produce a tool or tools to assist chiropractors and patients with shared decision making.
- The GCC will update the “patient portal” on the GCC website to include not only “what to expect” but also to identify reasonable expectations of the patient (to partake in shared decision making, to respect the clinical judgment of the chiropractor). This update will lean on materials produced by GOsC.
- The professional associations will consider producing a “safety net” leaflet for their members for use when a patient has been identified as being at a higher risk of stroke following treatment.

## **3. Material to help chiropractors (when taking a clinical history) identify patients who may be at a higher risk of a cervical arterial dissection stroke.**

- The group will publish a letter to registrants following this case. The letter will avoid questions of causality but, following the precautionary principle, will ask registrants to reflect on their knowledge of stroke.
- The letter will highlight reputable sources of information on the risk factors for stroke – specifically [NICE guidance 128 \(Stroke and transient ischaemic attack in over 16s: diagnosis and initial management\)](#) and the Stroke association website: <https://www.stroke.org.uk/professionals>.
- The letter will address the areas of poor understanding and lack of evidence identified by the group, namely:
  - some types of stroke mimic neck pain and headache and can therefore bring patients to seeking care.
  - symptoms of a stroke in progress can appear to improve
  - there is a lack of evidence of the risk of stroke in individuals with connective tissue disorders

#### **4. Material to assist chiropractors to identify and appropriately respond to a stroke in progress.**

- The GCC will (as part of 2025-26 CPD focus on Safety and Quality within Principle B of the Code of Professional Practice) produce newsletter articles prompting registrants to consider:
  - Their own knowledge in recognising and first aid of a stroke in progress – including FAST and the importance of calling 999.
  - Identifying which hospitals local to them have an Integrated Stroke Delivery Network or similar dedicated stroke pathway.
- The RCC (in conjunction with LSBU) is updating the emergency referral form (which would be used in case of a stroke or other emergency). All parties will promote the updated form to their constituents.
- The GCC registrar will write to the Royal College of GPs and Royal College of Emergency Medicine highlighting his expectation that a referral from a chiropractor be given appropriate consideration.
- The group will seek to persuade the major clinic management systems to develop the emergency referral form as a standard feature.

#### **5. A response to the coroner's letter, (agreed by GCC Council) which explains the group's approach and agreed outputs.**

The fifth output (a response to the coroner) will be sent to the coroner once the registrar is satisfied by the progress made.

This will be a letter outlining the process, progress and sharing materials as appropriate. The registrar will also invite the RCC and professional associations to contribute details of any activities that they may have independently carried out in response to the case.





For noting
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# Professional Standards Authority Performance Review 2024/25

## Purpose

This paper updates Council on the outcome of the annual performance review conducted by the Professional Standards Authority (PSA) for the period 2024/25, annexed. A performance review is an important milestone and provides external assurance to Council as to our performance.

## Summary

The report identifies good performance. Equally, we have not met Standard 15 (timeliness of FtP progression) for the second year. We report our FtP improvement activities to Council. An escalation process by the PSA is in place for dealing with regulators not meeting one or more standards three years consecutively.

## Alignment to Strategy, Risks and Budget

- Our proposed Strategy to 2030 is clear and transparent as to our commitment to improve our core activities, including FtP. It does so in the light of performance reviews by the PSA, amongst other things.
- Strategic risk 1 notes the risk of the GCC failing to meet our core objective of public protection (in FtP, Education and Registration) resulting in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage. The report from the PSA is clear as to our overall performance and is not critical. The PSA notes that investigation processes are robust with stakeholders remaining positive.
- We have a careful regard to the budget but financial pressures are not significant features of our performance.

## Recommendation

Council is asked to note the report.

**Nick Jones**

**Chief Executive & Registrar**

## Introduction

1. The PSA reviews the performance of statutory healthcare regulators annually against eighteen Standards of Good Regulation.
2. The GCC's performance review for 2024/25 has concluded and the report has been published. The PSA found that the GCC met 17 out of 18 standards, with Standard 15 (timeliness of fitness to practise investigations) not met for the second consecutive year.

## Review outcome

3. Standards Met: The GCC met all standards in the areas of General Standards, Guidance and Standards, Education and Training, and Registration. Four out of five Fitness to Practise standards were also met.
4. Standard Not Met: Standard 15 (timeliness of fitness to practise investigations) was not met, as was the case last year. Despite implementing improvement measures in 2023/24 and further actions this year (including appointing new PCC Chairs and launching a new Case Management System), timeliness had not improved. The PSA acknowledged the GCC's recognition of the issue and ongoing efforts but concluded that improvements have not yet materialised. It also noted that our investigation processes are robust with stakeholders positive about this aspect.
5. The PSA will continue to monitor progress, particularly as this is now a recurring issue. Our approach to making improvements in fitness to practise timeliness is measured and considered – improvements need to be for the long-term rather than simply to meet the requirements. We are aiming to do both.
6. We have made progress. It is clear we have work to do – and progress on getting the balance right as to managing the risks of the caseload. Hitherto, the risk management framework for the assessment of cases was overly cautious and we have not progressed low and medium risk cases quickly enough, recognising the limited investigation work necessary. This is changing and we are targeting a significant reduction (20-25%) in the overall caseload by the end of 2025. As well as impacting on timeliness it also creates more capacity to bear down on the more challenging cases. We have cleared out all outstanding enquiries, from as high as 40 at any one time – demonstrating what can be done with a renewed focus. See FtP report, at the next item.

## Changes and Progress Since Last Year


7. The PSA identified many areas of notable and good practice along with issues to keep our eye on:
  - Equality, Diversity and Inclusion (EDI): The GCC continues to perform strongly, with stakeholders recognising positive impacts. The EDI action plan 2022–24 concluded, and future plans are being developed alongside the new Corporate Strategy.
  - The Code of Professional Practice: Following extensive consultation, the new Code was published in December 2024 and will take effect from January 2026. Guidance is being updated to support implementation.
  - Risk Management and Interim Orders: The GCC addressed concerns raised last year, updating guidance and training, and Standard 17 is now met.
  - Registration and Education: All standards were met, with improvements in registration processes and the launch of the Clinical Placement Strategy 2025–30.
  - Guidance on Discriminatory Behaviour: The gap identified last year in fitness to practise guidance remains, but since the review period this has been addressed.

## Next Steps

8. We continue to meet the majority of the PSA's Standards of Good Regulation, with strong performance in most areas. Progress on EDI, the implementation of the new Code, and improvements in registration and education will be monitored and reported.
9. Not meeting Standard 15 for a second year is a significant concern and remains a priority for improvement. The Council will continue to receive regular updates on progress in this area.
10. The PSA has an escalation protocol for dealing with one or more Standard not met three years in a row, Escalation will take the form of a letter to the Chair of Council, setting out the PSA's concerns, together with a programme of closer monitoring of the regulator's work in the relevant area. It may also involve a letter to the relevant Secretary of State/Minister and/or a letter to the Chair of the relevant select committee of Parliament.
11. The PSA will conduct a periodic review this year, providing an opportunity for a more in-depth assessment.
12. Council is asked to note this report.

# General Chiropractic Council

## Monitoring report



2024/25

The General Chiropractic Council regulates  
Chiropractors in the UK.

There were:

**3,993**

chiropractors on the register  
as at 30 June 2025

This report covers  
the period 1 July 2024  
to 30 June 2025

## Key findings and areas for improvement

### Equality, Diversity and Inclusion

The GCC continues to perform well against our Equality, Diversity and Inclusion (EDI) Standard. It has carried out an impressive volume of activity for a regulator of its size. The GCC's work on EDI is clearly recognised and welcomed by its stakeholders, some of whom mentioned starting to see evidence of positive impacts within the profession. A gap which we identified last year in the GCC's fitness to practise guidance remains, but the GCC is working to address this through updates that will also support the implementation of its new Code of Professional Practice for registrants. We will monitor the GCC's work to address this gap.

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## The Code of Professional Practice

After extensive pre-consultation work last year and a public consultation this year, the GCC published its new Code of Professional Practice, which sets the standards expected of registrants. The GCC is updating its existing guidance to support the implementation of the new Code and is also identifying topics where new guidance may help registrants to apply the standards. We will monitor the implementation of the new Code, which takes effect from 1 January 2026, and the accompanying guidance.

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## Fitness to Practise timeliness

The GCC did not meet Standard 15 last year because it was taking too long to investigate fitness to practise cases. The GCC implemented improvement measures last year and introduced further measures this year to improve timeliness. Improvements have not yet materialised and timeliness remains largely the same as last year. We concluded that the GCC did not meet Standard 15.

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## Risk management and interim orders

The GCC took action to address our concerns from last year about its interim order process and its guidance. It has a risk assessment process in place and takes action when it identifies risk. We identified issues on an extremely small number of cases (one this year and one last year), but did not consider this to indicate that the GCC is failing to identify and prioritise serious cases. We decided that Standard 17 is met. Next year is a periodic review, which provides an opportunity for us to review the GCC's risk management in more detail.

## Standards met: 17 out of 18



**General  
Standards**

**5 out of 5**



**Guidance and  
Standards**

**2 out of 2**



**Education  
and Training**

**2 out of 2**



**Registration**

**4 out of 4**



**Fitness to Practise**

**4 out of 5**

Previous years

2023/24

**17 out of 18**

2022/23

**18 out of 18**

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

# General Standards

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## The GCC met all five General Standards this year.

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

This section of our report mainly focuses on Standard 3 because this is our second year of using our new approach to assessing the regulators against this Standard. More information is available on [our website](#), including our guidance document and our evidence framework.

### The GCC's communications and information-sharing

Last year, we received reports that some people experienced difficulties contacting or getting responses from the GCC. By the end of the last review period, the GCC had filled staff vacancies and made improvements to its registration system to help people get information. We said we would monitor for any evidence that the actions taken by the GCC had been effective.

The GCC's monthly pulse surveys<sup>1</sup> indicate that some registrants do not yet have full confidence that the GCC is approachable and easy to contact. The GCC has explained that during particular times of year, such as when annual retention or CPD submissions are due, there is increased demand for their services which can create challenges for a small team. In its draft Corporate Strategy, the GCC recognises the feedback from registrants and commits to finding ways to improve their experience of the GCC and its processes.

We received positive comments from the GCC's stakeholders about the GCC's communications. Some highlighted the newsletter and LinkedIn channels as particularly helpful sources of information. There is clear evidence of the GCC sharing information about its work through a number of different channels. Its standards, guidance and FTP decisions are easily accessible on its website. It held several in-person events this year as it developed changes to its standards for registrants, *The Code: Standards of conduct, performance and ethics for chiropractors* (The Code).

We concluded that the GCC's overall performance in providing information about its work was positive and it met Standard 1.

### Our assessment of the GCC's performance against Standard 3

As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the

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<sup>1</sup> In November 2023, the GCC started sending monthly pulse surveys with its newsletter to a rotating sample of 10% of registrants. Respondents are asked to rate their confidence in different aspects of the GCC's work, using a scale of 1 – 5. Findings are reported at every public Council meeting.



regulator has met all four of the outcomes. Our assessment of the GCC's performance against the four outcomes is set out below.

### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities**

The GCC's EDI Working Group led on the implementation of the EDI action plan 2022-24, with Council maintaining oversight through regular progress updates. The action plan ended in December 2024 and the GCC is developing its future EDI plans in conjunction with the development of its new Corporate Strategy, which it recently consulted on. In the meantime, the GCC continues to carry out EDI-related activities, such as recruiting EDI Champions. When it consulted on proposed changes to The Code, the GCC published an Equality Impact Assessment with a detailed analysis of the anticipated impacts on different groups.

### **Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills**

The GCC's **Education Standards** and **The Code** for registrants contain requirements which ensure registrants and students are equipped to provide appropriate care to all. Last year, we identified a number of examples of good practice against this Outcome, including: the focus on EDI in the GCC's Education Standards; additional guidance produced for education providers; and EDI learning resources produced for registrants.

This year, we noted the GCC's work to update The Code (discussed further under Guidance and Standards) which will strengthen the EDI requirements for registrants, such as by including a new active requirement to promote EDI and challenge discrimination. The changes come into effect in January 2026 and the GCC will be updating its existing guidance and developing new guidance to support the changes. We will monitor this work.

### **Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions**

The GCC provides mandatory EDI training to all staff and partners, including Investigating Committee (IC) and Professional Conduct Committee (PCC) members. Training is tailored according to role.

The GCC also collects and uses EDI data and other evidence to reduce the potential for bias in its processes and ensure it is making fair decisions. This year, it undertook a thematic review of 50 cases closed by the PCC between 2020 and 2024. It found no statistically significant links between EDI issues and PCC cases. The review recognised the limitations of the analysis due to the small numbers and made recommendations for future studies, which the GCC is considering. The GCC is also using the findings from the 'Witness to Harm' research<sup>2</sup> to inform a review of its FTP templates and materials.

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<sup>2</sup> **Research conducted to understand the experience of people acting as witnesses in fitness to practise processes.**

### **Ongoing Opportunity for Improvement**

Last year, we noted that the GCC's three key FTP guidance and process documents have clear references to The Code but do not mention racist or other discriminatory behaviour apart from in the context of criminal proceedings or vulnerable witnesses. The GCC had identified this gap for itself and committed to updating these documents as part of its planned work to update all its guidance to reflect the new Code. This work is underway but will extend beyond this review period, so the gap remains for now. We will monitor progress.

## **Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes**

The GCC carried out a range of activities relevant to this Outcome: including:

- engaging with diverse stakeholders and applying findings from last year's EDI surveys of registrants and the public during its work to update The Code
- working with its Patient Community as part of research on patients' perspectives of professional boundaries
- reviewing the focused reflection on EDI in its 2023/24 CPD year
- making use of university research projects.

The GCC plans to expand membership of its EDI Working Group in 2025, introducing paid roles for patients and students. We welcome this decision as it is a way of making these roles more accessible to a wider range of people.

Stakeholders were complimentary about the GCC's EDI work. The GCC was described as having "set a great example to the profession by taking a robust approach to ED&I" and "leading in this area."

**“I have observed significant collaboration with diverse professional groups and patient communities which I believe has helped to promote greater awareness and representation within chiropractic practice.”**

**“...the GCC required all registrants to reflect on their approach to ED&I as part of their directed CPD initiative. This significantly raised and facilitated conversations around ED&I within the profession and this subject regularly features in our meetings and discussions with the profession.”**

**“Their communications always highlight their focus on EDI. Already there is a perceptible change in the demographics/social backgrounds of the students and new entrants to the profession. That has to be down to the work that the GCC is doing to make the profession more open and welcoming.”**

**Examples of the impact stakeholders have seen**

The GCC continues to perform well against Standard 3 and met all four outcomes. The GCC's work on EDI is clearly recognised and welcomed by their stakeholders, some of whom mentioned starting to see evidence of positive impacts within the profession. We also welcome the GCC's use of the 'Witness to Harm' research as an example of the impact of research on improving practice. The gap in the GCC's fitness to practise guidance remains and needs to be addressed, but the GCC is taking steps to do so. The timescale for this work is understandably tied to the implementation of the new Code and appears reasonable. The volume of activity is impressive for a regulator of the GCC's size. We commend the GCC's commitment to EDI being underpinned by action.

### **Stakeholder engagement**

We have seen lots of examples of the GCC working with its stakeholders to identify and manage risks to the public in respect of its registrants. One notable example this year was its consultation on changes to The Code. It provided a variety of ways for people to give their views and published a **consultation report** explaining how it took those views into

account when finalising the changes. The GCC also engaged with stakeholders across the education sector and the profession to develop a **Clinical Placement Strategy 2025-30** for chiropractic education and formed a working group made up of representatives from multiple stakeholder bodies to inform a response to a coroner's Prevention of Future Deaths report.

The GCC's efforts were very well-received by most of its stakeholders, with particular praise for the way the GCC developed changes to The Code. Two stakeholders indicated a desire for more engagement with the GCC and highlighted aspects that they thought could be improved. We shared their suggestions with the GCC.

**“In respect of the Code, the GCC has undertaken a wide-reaching consultation process, engaging not only with experts within the chiropractic profession but also with stakeholders from broader healthcare and regulatory sectors. This inclusive approach has ensured that diverse perspectives have been considered, strengthening the credibility and applicability of the new Code.”**

**“The GCC actively seeks feedback and remains open to diverse perspectives, particularly in areas such as regulatory updates and professional standards. Their consultative approach fosters meaningful dialogue and continuous improvement within the profession.”**

**“The Code consultation was one of the most impressive examples of genuine consultation, where people were really listened to. I am grateful for the huge amount of time the GCC team invested in this.”**

Stakeholder feedback

# Guidance and Standards

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

## New standards for registrants

Following an extensive consultation process, the GCC published its new, re-named standards for registrants, The Code of Professional Practice (the new Code), in December 2024. It will take effect on 1 January 2026.

The new Code has the same overall structure and intent of the current Code, with overarching principles supported by more detailed standards. The GCC has retained the eight existing Principles and introduced two new ones relating to good governance and working with others. The GCC has also introduced four values to underpin the principles:

1. Patient-centred care
2. Honesty, integrity and transparency
3. Safety and quality
4. Professionalism

Overall, we welcomed the changes – in particular, the explicit patient-centred requirements and requirements for registrants to be more proactive about things like asking what matters to the patient and identifying and controlling risks.

Stakeholders were mostly positive about the way the GCC developed and consulted on changes to The Code, although one group has concerns about the application of some standards in practice. We will monitor the implementation of the new Code. But for this review period, we have not seen evidence that gives rise to concerns about the current Code.

## Guidance for registrants

The GCC helps registrants apply the standards by producing its own guidance and providing signposting to other relevant guidance. It published a new Managing Patient Data toolkit for registrants this year. It also used its newsletter and social media channels to signpost registrants to other sources of advice and guidance, such as the Royal College of Chiropractors and the Advertising Standards Authority. The GCC is developing a toolkit for registrants on diagnostic imaging and guidance on maintaining boundaries. It is also identifying topics for further guidance that might be useful in supporting registrants to adapt to the new Code. We will monitor this work.

# Education and Training

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

## Clinical Placement Strategy 2025-30

The GCC worked with, and consulted, stakeholders to develop this strategy, which was published in December 2024. It is aimed at ensuring delivery of high-quality and consistent clinical placements across the UK. To achieve this, it sets five strategic objectives and provides examples of activities to meet each one. We welcome the GCC's collaborative approach in working towards high standards for students.

## Quality assurance of education and training

The GCC has not changed its quality assurance processes, which we previously considered risk-based and proportionate. The GCC has had a busy year in terms of quality assurance activity:

- continuing to assess existing qualifications against the Education Standards that were introduced in March 2023. All programmes now meet the new standards
- assessing and approving substantive changes notified to them by four education providers
- assessing and approving (with conditions) a new Master of Chiropractic degree programme
- assessing and approving (with conditions) four new satellite programmes
- Carrying out routine monitoring activity.

## Registration

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**The GCC met all four Standards for Registration this year.**

### Accuracy of the Register

Last year, a serious error in the Register (caused by human error) prompted the GCC to implement new guidance and checks to ensure the accuracy of its Register. We monitored the effectiveness of the GCC's new measures through our routine checks of the Register. We were satisfied the GCC's controls worked effectively this year because all of the Register entries we checked were accurate and as expected.

### Registration processes

The GCC continues to process UK and international applications for registration promptly. Stakeholders were positive about the transparency and efficiency of the registration processes but identified room for improvement in the retention process and there were reports of some applicants finding the Test of Competence process challenging and expensive. No concerns were raised about registration decisions or the fairness or proportionality of the GCC's registration processes.

The GCC recognises its registration system needs improvement and has started making incremental changes to improve the experience for registrants. We will continue to monitor this work and its impact.

### Continuing professional development (CPD)

On the final weekend for 2023-24 CPD submissions, the GCC's CPD portal experienced a glitch caused by a routine software update. The GCC issued a public apology, extended the deadline, and wrote to registrants who were directly affected. It identified and implemented learning from what happened.

For 2024-25, the GCC has chosen the duty of candour as the topic for registrants' focused reflection. To support registrants with this, it started publishing monthly case studies on this topic in its newsletter from September 2024. One stakeholder has questioned the GCC's approach and remit in setting a 'focused element' of CPD. We will monitor the

outcome of this dialogue but currently remain satisfied that the GCC’s CPD requirements are proportionate.

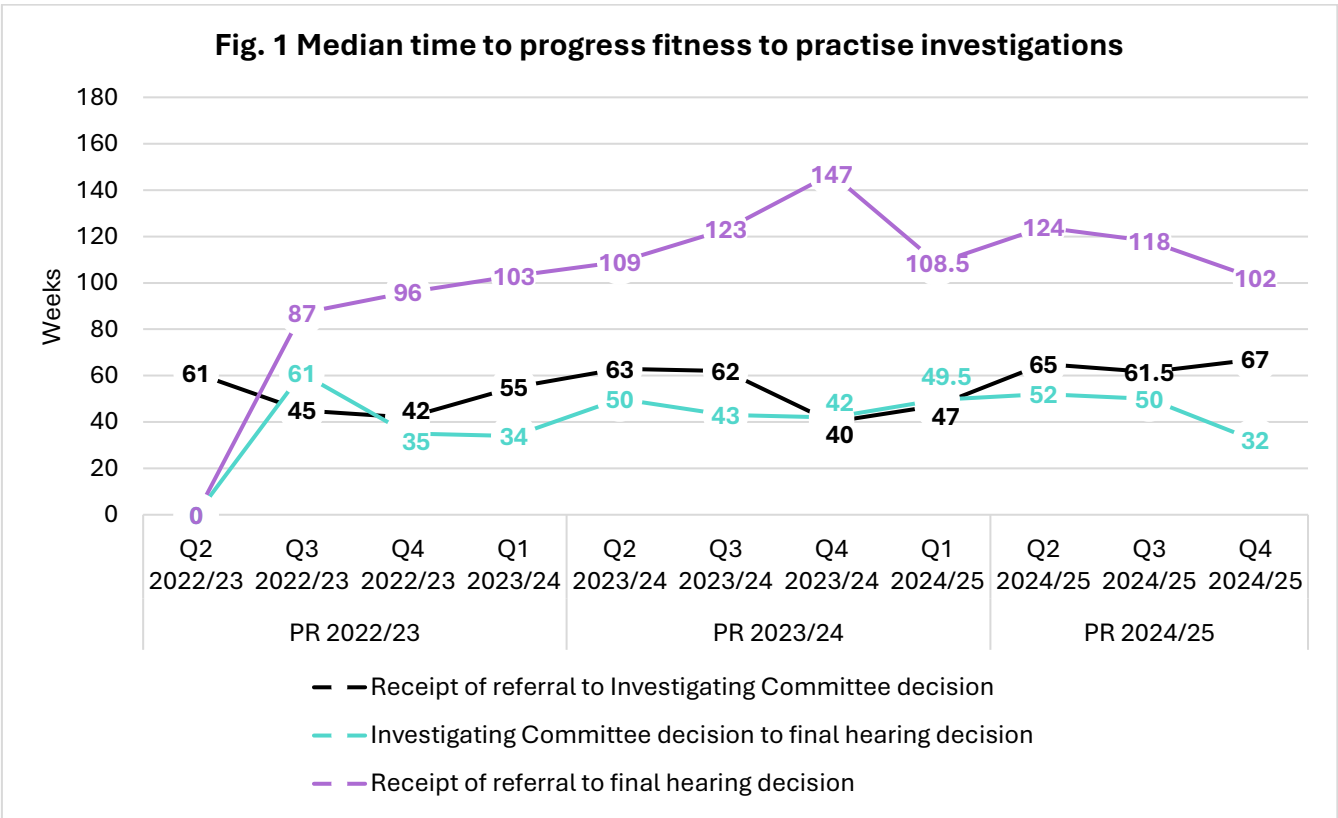
## Fitness to Practise

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

### Time taken to progress cases

The GCC did not meet Standard 15 last year because it was taking too long to investigate fitness to practise cases. Figure 1 shows that timeliness has not significantly improved this year, and this was reflected in the feedback we received from stakeholders. The GCC implemented various improvement measures last year but recognises the intended improvements have not yet materialised. It took further action this year to help progress cases, including appointing two new Chairs to the Professional Conduct Committee and launching a new Case Management System. It is positive that the GCC acknowledges the position and is working to improve it.

We do not have any concerns about the GCC’s investigation processes and stakeholders were positive about this aspect of the GCC’s work. However, we decided Standard 15 is not met because timeliness has not yet improved.



### Risk management and interim orders

The GCC typically applies for less than 10 interim orders (IOs) each year. Last year, we examined the circumstances of one case in which the GCC took a long time to apply for



the IO. We identified opportunities for improvement in the GCC's process and decision-making guidance and said we expected our concerns to be resolved promptly.

This year:

- We examined another IO case because of the time it took the GCC to apply for the IO. The case had similar characteristics to the case we reviewed last year, in terms of its complexity and the reasons for delays, which were not all within the GCC's control.
- The GCC updated its guidance documents in September 2024 and October 2024 to ensure a clear focus on consideration of risk.
- The GCC discussed IOs at its annual Investigating Committee training day in October 2024, including the points we raised last year.

Evidence from recent years, including data from all of the GCC's IO hearings in 2021/22 and an audit of fitness to practise cases in 2022/23, indicated no concerns about the GCC's approach to managing risk. It is clear that the GCC has a risk assessment process in place and the evidence shows that it takes action when it identifies risk.

The GCC has taken action to address our concerns from last year and we do not consider the issues identified on an extremely small number of cases indicate that the GCC is failing to identify and prioritise serious cases. We decided that Standard 17 is met. Next year is a periodic review, which provides an opportunity for us to review the GCC's risk management in more detail.

### Support for people involved in fitness to practise cases

In recognition of the impact the fitness to practise process can have on registrants, the GCC launched a new free Emotional Support Service for registrants under investigation. It is provided by an independent and confidential third-party organisation and registrants can self-refer or be referred for support. This new service complements the existing service available for patients provided by Victim Support.

### Quick links/find out more

- Find out more about [our performance review process](#)
- Read the [GCC's 2023/24 performance review](#)
- Read [our Standards of Good Regulation](#)
- Read [our new evidence framework for Standard 3](#)
- Read [Lessons from meeting our EDI Standard for regulators - good practice guide](#)



For noting

## **Fitness to Practise update**

### **Purpose**

To update Council on the Fitness to Practise (FtP) team including personnel changes, progress on process improvements and an update on the status of the FtP work.

### **Summary**

Since the last council meeting, the team has undergone several significant changes, all of which are outlined in the attached report. I'm pleased to confirm that the team will be fully staffed by December 2025 and operating with renewed stability.

The case management system (CMS) is now fully live and will be actively in use by the Investigating Committee (IC) panel, marking a key milestone in our implementation process.

### **Alignment to strategy, risks and budget**

- The CMS project implementation is now complete and the team continue to address concerns about timeliness and are looking at ways to embed continuous improvement in their work.
- The risk around staffing has been reduced with the appointment of a new FtP Manager and Director of FtP.

### **Recommendations**

Council is asked to note the report.

**Angela Maragna**

**Interim Director of Change**

### Update to guidance

1. At the June Council meeting we proposed an amendment at paragraph 53 of the guidance to bring our guidance in line with other regulators:
  - Conduct that could amount to racism or other forms of discrimination.
2. At that meeting Members raised concerns about ambiguity in the proposed wording for the IC guidance and recommended aligning it with established regulatory terminology, ensuring it reflects all protected characteristics. The IDC agreed to revisit the wording and circulate a revised version to Council.
3. The agreed new wording which was approved by the CER and Chair was discussed and agreed at the EDI meeting:
  - 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.

### Fitness to Practise Operational update

4. There have been significant changes within the team since the last Council meeting in June 2025. The FtP manager resigned shortly after the meeting and left the GCC on 25 July 2025. We recruited a new FtP manager on a fixed term contract for 6 months starting on 16 July 2025 allowing a handover.
5. The report of the CER confirms that the appointment to the Director of Fitness to Practise substantive role has been made, with effect from 1 December 2025.
6. The CMS system is now fully live and will be used by the IC panel as well. We will have a rolling programme of incremental changes as and when needed and will develop a business case to expand the use of the CMS to the adjudication process and involve the Professional Conduct Committee (PCC) next year. Compared to the functionality of investigation this is likely to be of a modest scale.
7. Since the last report further significant changes have been rolled out including S.32 processes and IC processes. A substantial and final data migration has been completed to ensure that all our data is now current. This is a significant milestone.
8. The team has been excellent at sustaining their work ethic throughout all the changes with CMS which started almost a year ago with the design process. Any new system is significantly disruptive and with such a small team it is a real

testament to their dedication that we have continued to open and close cases at the rate we have.

9. The focus on continuous improvement is on-going. While annex 1 reports up to the end of Q2, it is worth noting that the number of enquiries at the end of August was zero. This is evidence of the value in the new ways of working. This will be reflected in the next Council report in December 2025.
10. With a change in FtP manager, further new ways of working have been instigated with the intent of improving timeliness and this push for continuous improvement will continue.
11. To assist with this on-going change, we are putting in place substantial training for the team, supported by Capsticks. We will hold 6 sessions on different core elements of the FtP process and will review further training needs with the new Director.
12. We held a training session on the Victim support service which is provided to witnesses and complainants and the team are now encouraging more people to use the service. The reports from both the emotional support for registrants (ESS) service only show two calls to the ESS service from April-End June and no one has yet used the Victim support service.

### Performance report summary

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

- i. **Enquiries:** There were 3 enquiries open at the end of Q2. As a result of the new process of bi-weekly enquiry review meetings instigated in February, the volume of open enquiries is at its lowest level.
- ii. **New Complaints:** The higher-than-expected level of incoming complaints continued into Q2 2025. We had 81 cases yet to be seen by the IC by the end of the quarter – the highest number it has been over the last 12 months. While there has been a high volume of complaints, the team have been able to take forward 19 cases to the IC within the same period.

**Professional Conduct Committee (PCC) Referrals:** There were five referrals from the IC to the PCC in Q2 2025. As it stands, this is in line with our forecasting volumes for budgeting purposes (one referral per month over the year). With the new referrals, there are 12 open cases yet to be heard by the PCC. Of the 12 cases, there are seven so far that are scheduled to be listed this year.

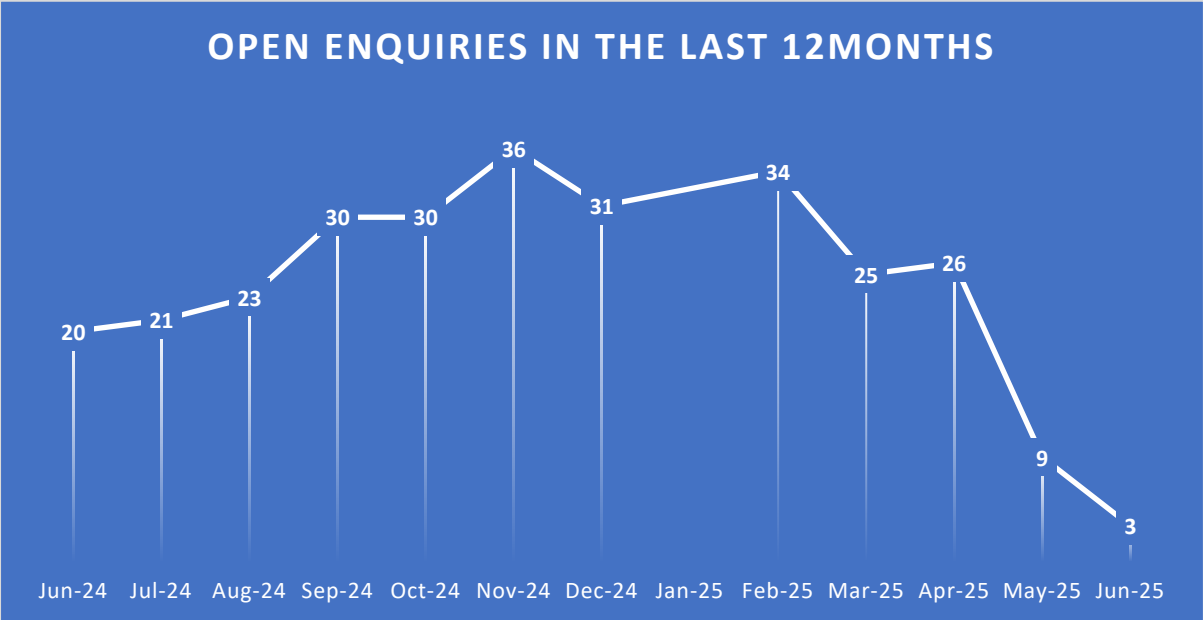
- iii. ***Interim suspension hearing (ISH):*** There were two ISH hearings held in Q2. Both had an outcome of suspension. High-risk cases are an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk, so we continue to ensure that this remains a key focus in fitness to practise.
- iv. ***PCC hearings:*** Four hearings were held in Q2, and all determinations were made with an outcome of no unprofessional professional conduct (UPC). The end-to-end (date of receipt of complaint to PCC decision) timeliness of the case was 102 weeks. Based on the current listings shown in Table 8, only three of the 11 cases have been listed for the second half of this year. There were three cases planned to be listed, however, was adjourned for various reasons.
- v. ***S.32 (Protection of Title) complaints:*** We continue to manage a steady volume of open S.32 complaints, with 16 cases open at the end of Q2. With a temporary staff member sourced to focus on S.32 complaints, we expect the volume to decrease.

06A: Annex 1: Performance report

A. Enquiries

Open enquiries in last 12 months

Chart 1



At the end of Q2 2025, there were 3 enquiries open.

Total number of enquiries closed/promoted in 2024/25

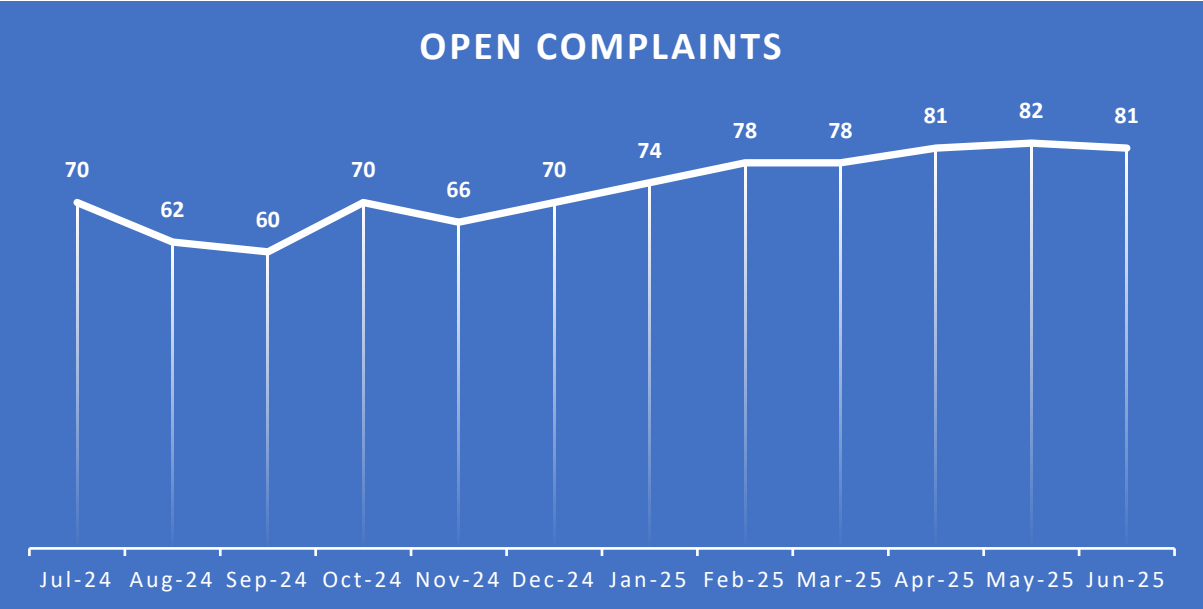
Table 1

	2024		2025	
	Q3	Q4	Q1	Q2
Closed with no further action	5	8	4	31
Promoted to s.20	3	1	11	8
Total closed	8	9	15	39

B. S.20 (IC) Complaints in 2024/25

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

Chart 2



We continue to prioritise case management of higher risk complaints, which by their nature are usually long-standing complex complaints.

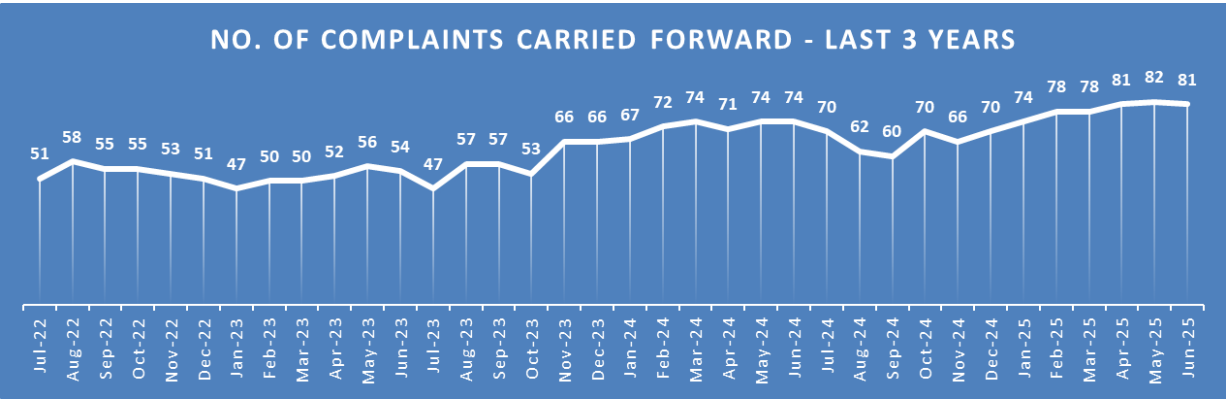
Table 2

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Classified as s.20 complaints (no.)	4	0	6	11	0	16	8	6	9	8	8	6
Cases determined (no.)	8	8	8	3	4	11	4	2	9	5	7	7

In the past, it was forecasted to receive an average of 4 complaints opened per month. 2025 so far has seen the average increase to 7.5 cases.

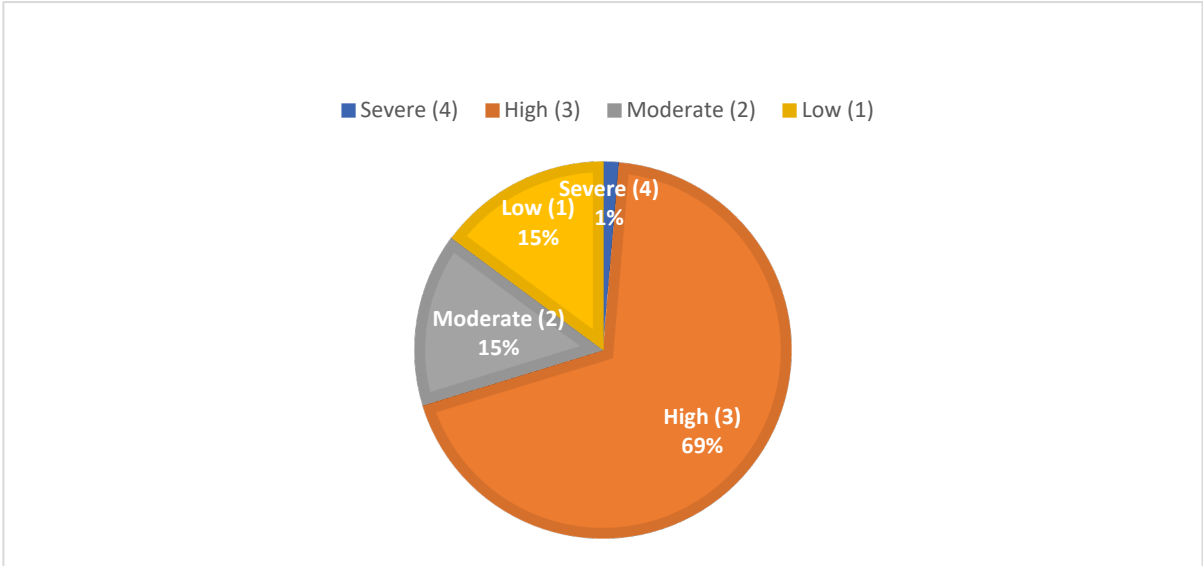


Chart 3



Risk rating of open IC complaints

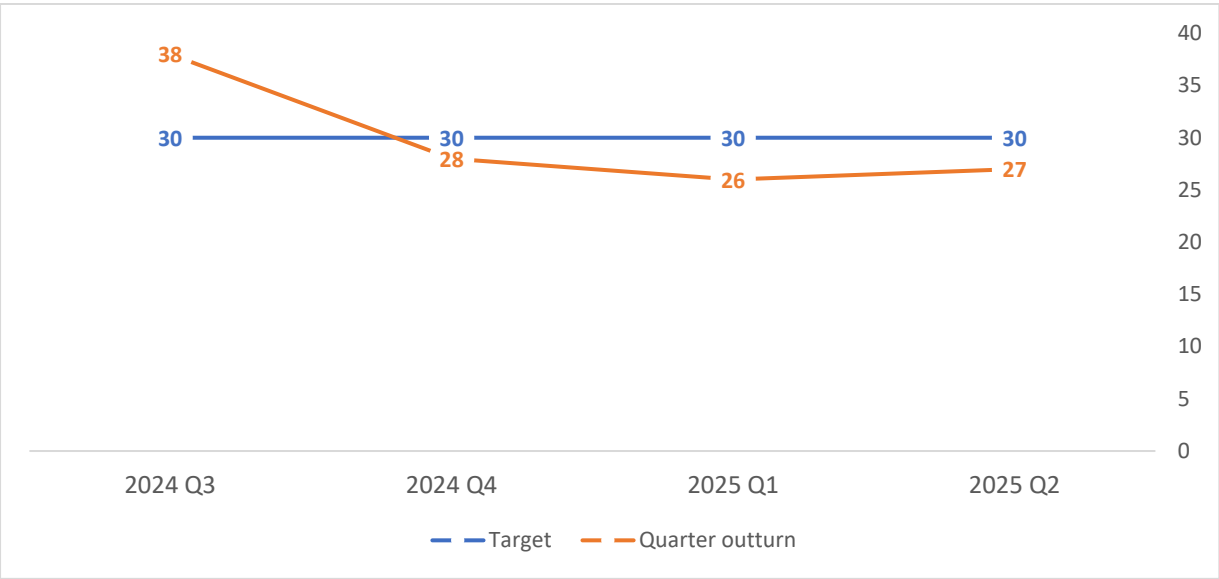
Chart 4



When assessing and categorising risk we take the complaint at its highest (as advised by our internal auditors), resulting in more cases being categorised as *high risk* initially but allows for the rating to be amended or reduced as further evidence emerges.

Time complaints have been open: median weeks

Chart 6



The median time of open complaints increased slightly by 1 week compared to the previous quarter.

Breakdown of open current complaints

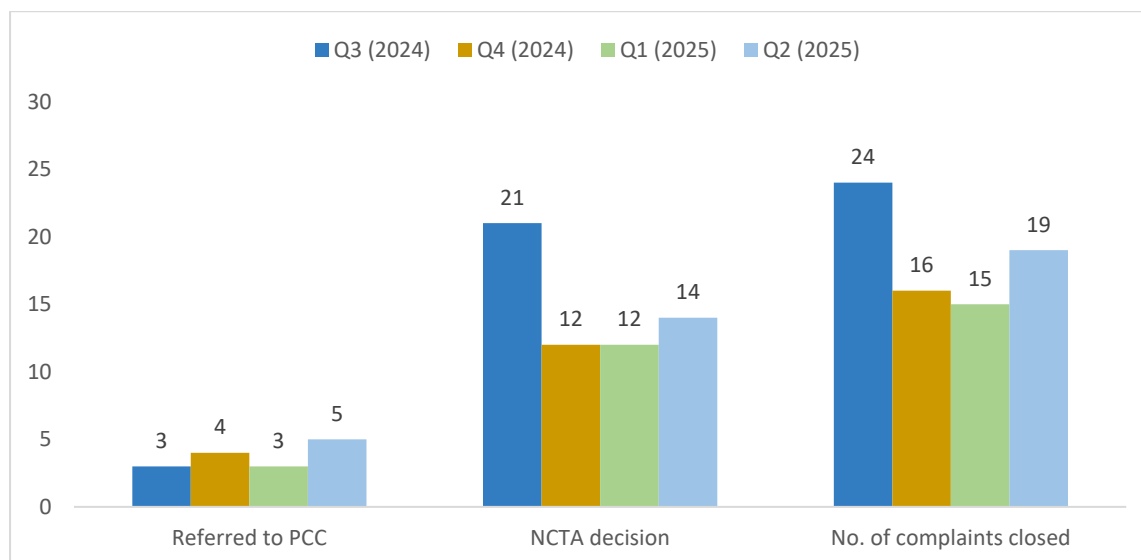
Table 3

	2024		2025	
	Q3	Q4	Q1	Q2
Under 52 weeks	49	44	61	71
52 weeks +	23	13	12	9
104 weeks +	2	3	2	2
153 weeks +	0	0	1	1

Two cases were open of over 104 weeks, and one case was over 153 weeks, of which they are third party investigations (an Inquest, outstanding medical assessment and criminal matter).

## Number of complaints closed by the Investigating Committee in 2024/25

Chart 7

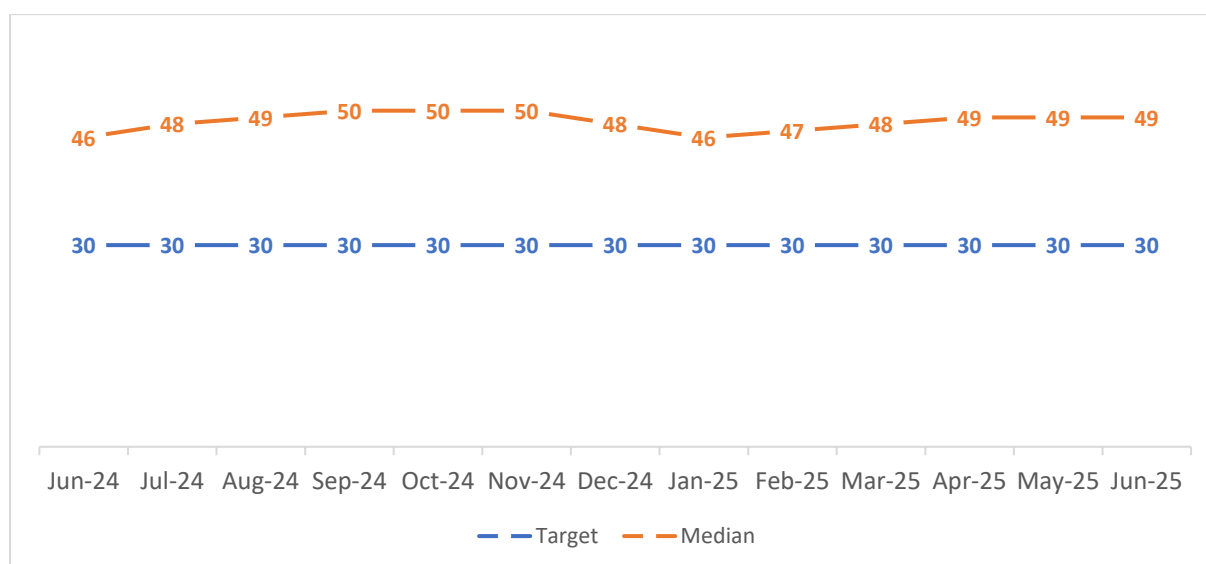


Of the 19 complaints closed in Q2, 14 were closed as 'no case to answer' and five were referred to the PCC. In terms of referral to PCC, we estimate and budget on the basis of one referral a month from the IC.

## Median time taken to close cases

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

Chart 8



Our assessment is that the median will only start to shift if we close newer cases. As such, while we will continue to prioritise the high-risk cases, we will look at balancing these with the newer cases.

### C. Interim Suspension Hearings

Table 5

	2024						2025					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ISH hearings	0	0	0	0	1	0	0	1	1	0	0	2
Suspension imposed	0	0	0	0	1	0	0	0	1	0	0	2
Suspension not imposed	0	0	0	0	0	0	0	1	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 were two IC interim suspension hearings (ISH) held in Q2 2025, and both were suspended.

In 2021, the median time (from the date there is enough information received indicating risk, to the date of the ISH) was 4 weeks. In 2022, this increased slightly to 5 weeks. In 2023, the median was 3 weeks, and this was the same up to Q4 for 2024. Based on the cases heard so far in 2025, the median time was 15 weeks.

### D. Professional Conduct Committee

#### Number of cases referred from the IC; and heard by PCC in 2025

Table 6

	July-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
No. of cases brought forward	7	7	7	7	6	8	8	8	9	10	10	11
No. of Referrals from the IC	1	1	1	0	2	2	0	1	2	1	2	2
PCC hearings held	1	1	2	1	0	2	0	1	1	1	2	1
Part heard	0	0	0	0	0	0	0	0	0	0	0	0
PCC Cases Closed	1	1	1	1	0	2	0	0	1	1	2	1

#### Decisions of PCC cases concluded in 2025

Table 7

Decision	Number
Removal from Register	0
Suspended	1
Conditions of Practice Order	0
Admonishment	0

No UPC	4
--------	---

The decisions of the PCC in 2025 are in line with decisions made in previous years.

### Open PCC cases: Listing progress

There were 11 open PCC cases open at the end of Q2 2025. The target established is that on referral from the IC, the hearing should be listed before the PCC within 35 weeks. The median from IC outcome to PCC outcome for cases determined in 2025 so far was 29 weeks at the end of Q2 2025.

Table 8

Case	Referral Date	Listed Date	Weeks	Status
Case 1	21/03/2023	Not listed	-	Adjourned – awaiting new date
Case 2	13/11/2024	Not listed	-	Adjourned – awaiting new date
Case 3	11/12/2024	23/07/2025	32	Target met
Case 4	17/02/2025	17/11/2025	39	Target not met
Case 5	25/03/2025	28/10/2025	31	Target for listing met
Case 6	25/03/2025	Not listed	-	Pending listing
Case 7	15/04/2025	Not listed	-	Pending listing
Case 8	13/05/2025	Not listed	-	Pending listing
Case 9	13/05/2025	Not listed	-	Pending listing
Case 10	04/06/2025	Not listed	-	Pending listing
Case 11	17/06/025	Not listed	-	Pending listing

### Summary of Table 8

**Total cases: 11**

Listed within target ( $\leq 35$  weeks): 2

Not listed: 8

Overdue listings ( $\geq 35$  weeks): 1

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

### E. Section 32 cases

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

The median time taken to close section 32 cases over the last 12 months was 35 weeks.

Table 11

	<b>Jul-24</b>	<b>Aug-24</b>	<b>Sep-24</b>	<b>Oct-24</b>	<b>Nov-24</b>	<b>Dec-24</b>	<b>Jan-25</b>	<b>Feb-25</b>	<b>Mar-25</b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>
Number of cases (at beginning of the month)	45	49	55	53	59	44	13	17	18	18	19	16
Number of new cases in a month	4	6	2	7	4	1	4	2	5	2	2	0
Number of cases closed in period	0	0	2	1	19	32	0	1	5	1	5	0

## 06A: 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"> <li>a) he has been guilty of unacceptable professional conduct;</li> <li>b) he has been guilty of professional incompetence;</li> <li>c) he has been convicted of a criminal offence; or</li> <li>d) his ability to practise is seriously impaired due to a physical or mental condition.</li> </ul> <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"> <li>▣ Risk Rating 1: <u>Low risk:</u> (No unwarranted risk of harm and or issues have been addressed)</li> <li>▣ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed)</li> <li>▣ 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)</li> <li>▣ 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)</li> </ul> <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**

# **GCC Management Accounts to 31 August 2025**

## **Purpose**

This paper updates Council on financial performance to August 2025. It highlights key variances against the year-to-date (YTD) forecast, outlines both fixed and dynamic year-end forecasts and considers implications for delivering the strategic priorities.

The paper is submitted for scrutiny and assurance regarding GCC's financial resilience. Detailed accounts are provided in:

- Annex 1: Income & Expenditure
- Annex 2: Balance Sheet

## **Summary**

As of the end of August 2025, we reported a year-to-date surplus of £114k after exceptional costs. This is £18k more than the forecast surplus of £96k. Income for the period is broadly on target, with a variance of less than £1k. Actual expenditure to-date is £18k below forecast, after accounting for exceptional items.

The fixed forecast for the financial year indicates a deficit of £107k. This is mainly driven by the backdated payments for the GCC partners' holiday and pension contributions totalling £110k. However, the dynamic forecast, which adjusts for expected income and cost outturns for the remaining months of the year, currently suggests a more favourable position, with a projected deficit of £54k.

On the balance sheet, investments have increased by £188k (4%), along with unrealised gains of £205k. Cash at bank has reduced to £896k from £2.38m in December 2024. This is consistent with seasonal (i.e. pre-retention renewal) cashflow patterns. The adjusted liquidity ratio is 92 pence per £1 of liability, indicating a stable short-term financial position.

Reserves remain strong at £3.941m; this provides a solid foundation for our operational resilience.

## Alignment to Strategy, Risks and Budget

The accounts show the GCC remains financially resilient. However, the forecast deficit highlights medium-term risks if further unplanned costs arise. No further one-off costs are currently expected.

Council's oversight is important to ensure corrective actions are taken, efficiencies maintained and regulatory priorities delivered. No equality, diversity or inclusion risks have been identified.

## Recommendations

Council is asked to:

- Review and note the financial position as at 31 August 2025.
- Scrutinise the forecast deficit and endorse continued Executive monitoring to mitigate risks.

*If you have any questions about this report, please contact me at [j.omorodion@gcc-uk.org](mailto:j.omorodion@gcc-uk.org) before the meeting.*

**Joe Omorodion**

**Director of Corporate Services**

## 06B: Annex 1 – Income & Expenditure Account to 31 August 2025

### Statement of Income and Expenditure (£000s)

This annex presents the fixed forecast income and expenditure position to August 2025, along with the dynamic forecast which tracks performance against the fixed forecast.

The fixed forecast for the year was approved by Council in June 2025, and the full-year budget in December 2024.

Commentary is provided on material variances (greater than £10k), in line with the Audit and Risk Committee's variance analysis policy (January 2021 and reaffirmed November 2024).

General Chiropractic Council August 2025 Management Accounts Overview - Statement of Income and Expenditure Account					August 2025 August					Annex 1		
MONTH AUGUST 2025					YEAR-TO-DATE (YTD) AUGUST 2025					Footnote: 5	6	7
INCOME	Actual	Forecast	Variance	Var %	Actual	Forecast	Variance	Var %		Full Year DYNAMIC FORECAST 2025	Full Year FIXED FORECAST 2025	Full Year BUDGET 2025
	£	£	£		£	£	£			£	£	£
Registrant fees	284,504	283,954	550	0	2,110,383	2,107,383	3,000	0%		3,141,850	3,139,300	3,060,665
Investments	10,000	10,000	0	0	80,000	80,000	0	0%		180,000	180,000	120,000
Test of Competence (ToC)	0	0	0	0	44,500	44,500	0	0%		78,250	78,250	70,000
Other Income	1,364	1,700	-336	-0	27,195	29,782	-2,587	-9%		29,830	32,082	36,400
<b>TOTAL INCOME</b>	<b>295,868</b>	<b>295,654</b>	<b>214</b>		<b>2,262,078</b>	<b>2,261,665</b>	<b>413</b>			<b>3,429,930</b>	<b>3,429,632</b>	<b>3,287,065</b>
<b>EXPENDITURE</b>												
Governance costs <sup>1</sup>	11,191	13,006	1,815	0	111,637	111,637	0	0%		157,324	157,315	158,182
Shared Central costs <sup>2</sup>	91,626	79,857	-11,769	-0	766,267	746,678	-19,589	-3%		1,141,787	1,123,702	1,036,378
Fitness to Practise (FtP) <sup>3</sup>	80,106	93,628	13,522	0	823,253	834,756	11,503	1%		1,287,733	1,294,393	1,261,558
Development costs <sup>4</sup>	51,595	55,657	4,062	0	365,368	387,143	21,775	6%		786,786	851,653	802,614
<b>TOTAL EXPENDITURE (BEFORE EXCEPTIONAL ITEMS)</b>	<b>234,518</b>	<b>242,148</b>	<b>7,630</b>		<b>2,066,525</b>	<b>2,080,214</b>	<b>13,689</b>			<b>3,373,630</b>	<b>3,427,063</b>	<b>3,258,732</b>
<b>HEADLINE SURPLUS / -DEFICIT (BEFORE EXCEPTIONAL ITEMS)</b>	<b>61,350</b>	<b>53,506</b>	<b>7,844</b>		<b>195,553</b>	<b>181,451</b>	<b>14,102</b>			<b>56,300</b>	<b>2,569</b>	<b>28,333</b>
EXCEPTIONAL COSTS (BACKPAY)	-	-	-	-	-80,850	-84,987	4,137			-109,920	-109,920	-
<b>HEADLINE SURPLUS / -DEFICIT (AFTER EXCEPTIONAL ITEMS)</b>	<b>61,350</b>	<b>53,506</b>	<b>7,844</b>		<b>114,703</b>	<b>96,464</b>	<b>18,239</b>			<b>-53,620</b>	<b>-107,351</b>	<b>28,333</b>
<b>GAINS/-LOSSES ON INVESTMENTS</b>	<b>205,235</b>				<b>205,235</b>							
<b>SURPLUS / -DEFICIT BEFORE TAXATION</b>	<b>266,585</b>				<b>319,938</b>	<b>96,464</b>	<b>18,239</b>			<b>-53,620</b>	<b>-107,351</b>	<b>28,333</b>
<b>UNDERLYING SURPLUS/-DEFICIT)</b>	<b>66,350</b>				<b>119,703</b>	<b>101,464</b>				<b>-48,620</b>	<b>-102,351</b>	<b>33,333</b>
<b>SURPLUS MARGIN</b>					<b>5%</b>							<b>1%</b>

#### NOTES ON EXPENDITURE CATEGORIES

1. Council, ARC and RemCo
2. CER, Technology, HR, Finance and Property
3. Investigations, IC, PCC, ISH and Protection of Title
4. Policy, QA, Test of Competence (ToC), Communications and Education Committee
5. Fixed Forecast – as agreed by Council in June
6. Budget – as agreed by Council last December
7. Dynamic Budget / Forecast – tracks performance against the Budget or Forecast

## Income and expenditure commentary

### Income

- Total YTD income is on target (variance is under £1k).

### Expenditure

- Total YTD expenditure (after exceptional items) is underspent by £18k.

The breakdown of the variances is as follows:

Cost centre	Variance	Commentary
CER's office	-£30k	Overspend due to interim cover costs in absence of Director in FTP. Forecast covered the period February–June. The overspend is partly offset by £13k FTP staff salary underspend.
Fitness to Practise	+£13k	Savings from vacancies in the FTP Manager and Director roles.
Development Team	+£16k	Vacancies in the new Registration Officer and Manager posts. Officer started in July (no June salary); Manager role vacant through July-August. Recruitment is planned for September.
Exceptional costs	+£4k	Relates to backdated partners' holiday pay, pensions and employer national insurance contributions (NIC).
Other cost centres (combined)	+£15k	Various small underspends (each less than £10k).
<b>Total</b>	<b>+£18k</b>	<b>Total underspend in the period</b>

**06B: Annex 2 – Balance Sheet at 31 August 2025****Statement of Financial Position (£000s)**

As at 31 August 2025, the net assets total £3.941m – made up of:

- General reserve: £1.6m
- Designated reserve: £1.3m
- Restricted reserve: £23k
- Revaluation reserve: £622k
- Operating surplus and unrealised gains: £320k

Reserves remain strong and will ensure our continued operational resilience.

GCC Balance Sheet As at 31 August 2025				Annex 2		
	31 December 2024		31 August 2025		Movement	% Change
Fixed Assets	£	£	£	£		
Tangible Assets	111,881		96,432		↓ -15,449	
Investments	4,802,226		4,990,234		↑ 188,008	4%
		4,914,107		5,086,666	↑ 172,559	4%
Current Assets						
Debtors	57,913		80,967			
Bank	2,378,490		896,073			
<b>Total Current Assets</b>		2,436,403		977,039	↓ -1,459,364	▼ -60%
Current Liabilities						
HMRC and pensions	40,264		42,655			
Payments in advance	2,937,650		979,217			
Trade creditors	78,844		16,178			
Corporation tax payable	74,563		74,563			
Other creditors	425,164		839,849			
<b>Total Current Liabilities</b>		3,556,484		1,952,462	↓ -1,604,023	▼ -45%
<b>Current Assets less Current Liabilities</b>		-1,120,081		-975,423		
<b>Total Assets less Current Liabilities:</b>		3,794,026		4,111,243	↑ 317,217	▲ 8%
Long Term Liabilities						
		173,081		170,361	↓ -2,720	▼ -2%
<b>Total Assets less Total Liabilities (Net Assets)</b>		<b>3,620,946</b>		<b>3,940,883</b>	0	
Funds of The Council						
General Reserve	1,629,429		1,629,429			
Designated Reserve	1,347,322		1,347,322			
Restricted Reserve	22,573		22,573			
Revaluation Reserve	621,621		621,621			
Gains/(Losses) on Investments	0		205,234			
Surplus/(Deficit) on Operating Activities	0		114,704			
<b>Total Funds/Reserves</b>		<b>3,620,946</b>		<b>3,940,883</b>	↑ 319,937	▲ 9%
Current ratio		(0.4500)		(0.43)		

**Balance sheet commentary**

- **Fixed Assets:** Up £173k from higher investment values.
- **Current Assets:** Down £1.5m due to lower cash balances ahead of retention renewal.
- **Current Liabilities:** Down £1.6m, as deferred fees are released to income.

- **Net Assets:** Up £317k to £4.111m from surplus and unrealised investment gains.
- **Liquidity:** Current ratio is £0.50 per £1 of short-term liabilities; adjusted £0.92 per £1. These are consistent with seasonal expectations.

Overall, the balance sheet position remains strong and consistent with expected seasonal patterns prior to retention renewals.

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**For noting**

# Business Plan 2025 Update

## Purpose

To update Council on progress against the 2025 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

The projects reported are progressing to plan with the one completed – the CMS has been fully implemented to the Fitness to Practise (FtP) investigation process.

No major delivery risks have emerged; continuing attention needed on Regulation 28 response.

## Alignment to strategy, risks and budget

- This Business Plan report is a strategic bridge between the previous and new strategy expected to be agreed in October 2025. The projects support our resilience, the promotion of professional standards, and the development of our next strategy.
- All projects are on schedule per KPIs and milestones and ongoing monitoring takes place at the performance management board and the risk management group considering the strategic and operational risk registers: no red-rated risks are reported.
- Delivery is within budget and no additional funding requirements are identified at this stage.
- Annex C outlines the activities related to communications and engagement.
- Annex D outlines EDI-related activities: no adverse impacts are identified and opportunities for inclusive engagement are being explored.

## Recommendations

Council is asked to note the report and consider:

- If current progress reflects our strategic intent
- If further information is required to enable scrutiny
- Implications for resources and oversight of risks

**Mary Nguyen**

**Business and Projects Officer**



## Business Plan Performance Summary

1. This is the third performance report on the 2025 Business Plan to Council this year, covering the period to 24 September 2025.
2. There are four annexes to this report:
  - **Annex A** displays summary information on progress made in delivering the projects in the 2025 business plan.
  - Of the four projects (including the review of the coroner's requirements) in the 2025 business plan:
    - **Corporate Strategy 2026 – 30** is progressing to plan and a final version is included in the meeting papers for this agenda.
    - **Implementing the Code of Professional Practice** is progressing to plan.
    - **Embedding the CMS to FtP** is complete with the focus now on ensuring that the benefit of adopting a CMS is realised.
    - **Regulation 28: Responding to the coroner's requirement** has progressed and is largely complete.
  - **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.
3. A summary of communications activity is at **Annex C**.
4. An update on the activities relating to equality, diversity and inclusion is at **Annex D**.

## 06C: Annex A: Business Plan 2025 Dashboard

This dashboard presents BP 2025 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.

No.	Project	Status and % Completion	RAG Rating <a href="#">GAW[1]</a>	External Impact
1	Development of the GCC Corporate Strategy	In progress		High
	<b>Key milestones:</b> Q1, Q2, Q3 2025	90%		
2	Implement the new Code of Professional Practice	In progress		High
	<b>Key milestones:</b> Q1 and Q4 2025	70%		
3	Embedding the case management system for Fitness to Practise	Complete		Medium
	<b>Key milestones:</b> Q1, Q2 and Q4 2025	100%		
4	Regulation 28: Responding to the coroner's requirement	In progress		High
	<b>Key milestones:</b> Q1, Q2 and Q3 2025	40%		

## 06C: Annex B: Business Plan 2025 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (September 2025)
1	Development of the GCC Corporate Strategy	<p><b>2025 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Outline and early Strategy, and consultation plan, presented to Council for approval <b>Q4 2024</b> ✓</li> <li>Public consultation on draft Strategy with key stakeholders including patients, public and registrants <b>Q1 2025</b> ✓</li> <li>Final version presented for approval. <b>Q2 Q3 2025</b></li> <li>Publish new Corporate Strategy <b>Q3 2025</b></li> </ol> <p><b>Project Targets</b></p> <ol style="list-style-type: none"> <li>Corporate Strategy is approved by Council <b>Q2 Q3 2025</b></li> <li>Corporate Strategy is published on the website <b>Q3 2025</b></li> </ol>	<p><b>Status: In progress (a quarter behind)</b></p> <p><b>Project Update:</b></p> <p>The proposed Corporate Strategy was included in Council's June 2025 private session as well as the draft consultation documents for approval.</p> <p>Against the initial deliverable timelines, the project is a quarter behind. However, Council was clear that it should be developed privileging clarity over speed.</p> <p>The consultation was launched on 2 July in English and Welsh for a duration of 8 weeks. The Communications Update includes an update on responses and early sight of themes.</p> <p>The consultation was successful, and we gathered valuable feedback.</p> <p>The final version of the Corporate Strategy and report is presented to Council at the October 2025 meeting for approval.</p>
2	Implement the new Code of Professional Practice	<p><b>2025 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Design and publish the document <b>Q1 2025</b> ✓</li> <li>Implement across GCC <b>Q4 2025</b></li> </ol>	<p><b>Status: In progress</b></p> <p><b>Project Update:</b></p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (September 2025)
		<p><b>Project Targets</b></p> <ol style="list-style-type: none"> <li>By the end of 2025, all GCC resources will be updated to reflect the new Code of Professional Practice including guidance, toolkits and Fitness to Practise processes</li> </ol>	<p>The new Code of Professional Practice is published on the GCC website in line with good regulation practice and the legislation.</p> <p>As we head towards the “sharp end” of the roll out of the COPP. A communication plan has been developed for the three months to year-end, including updates to the website and email signature, potential webinars, identifying specific changes that registrants need to consider for use on social media, and looking at how to highlight how the Code of Professional Practice will impact patients.</p> <p>The existing Guidance for registrants has been reviewed and updated in line with the Code of Professional Practice, before publication on the website.</p> <p>The area identified as needing significant review alongside the implementation of the Code related to Principle E. The revised Guidance for registrants on professional boundaries is presented separately to Council for consideration.</p> <p>The toolkits are also being reviewed and updated as appropriate.</p> <p>Printed and bound copies of the Code of Professional Practice will shortly be sent to</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (September 2025)
			<p>partners (IC, PCC, TOC and others) and hard copies will be available for purchase.</p> <p>On 18 September, TOC assessors received training on the updates to the TOC paperwork and guidance in light of the new Code, and training has been scheduled for IC and PCC members on the relevant changes.</p> <p>The registrations team has addressed consequential changes necessary to the annual retention statement.</p>
3	<p><b>Embedding the case management system (CMS) for Fitness to Practise</b></p>	<p><b>2025 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>1. Complete data take-on <b>January 2025</b> ✓</li> <li>2. Go-live <b>January 2025</b> ✓</li> <li>3. Custom reporting with wider data intelligence <b>Q2 2025</b> ✓</li> <li>4. Update against the new Code of Professional Practice <b>Q4 2025</b></li> </ol>	<p><b>Status: Complete</b></p> <p><b>Project Update:</b></p> <p>The CMS completed the data migration from 14 – 17 January 2025, uploading cases that were open as of 1 January 2025.</p> <p>The CMS went live on 29 January 2025, with some identified work processes being completed in the live environment. This was completed in May and is due for testing.</p> <p>A training session was provided to the Investigating Committee on 3 April 2025. Members raised feedback on areas which affect the fundamental aspects of the workflow. We met with the overall Chair of IC after to review and the</p>
		<p><b>Project Targets</b></p> <p>In January 2025, a case management system is integrated into the Fitness to Practise process</p>	

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (September 2025)
			<p>workflow. The decisions that came out of the meeting has been relayed to Fortesium to rebuild.</p> <p>All areas of work that was agreed for development after go-live have been completed.</p> <p>As of May 2025, all bugs and issues identified since going live has been resolved. Any future bugs identified will be monitored on an ongoing basis.</p> <p>The first version of data reporting at the concerns and investigation stage of cases have been deployed.</p> <p>The revisions made to the S.32 workflow as well as the IC meeting and decision process have been completed and went live on 28 August 2025. The overall project is now fully complete.</p>
4	<p><b>Regulation 28: Responding to the coroner's requirement</b></p>	<p><b>2025 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>1. Form an expert group <b>Q1 2025</b> ✓</li> <li>2. First meeting to agree terms of reference and expected outputs; agree methodology; determine whether to commission further research or information gathering. <b>April May 2025</b> ✓</li> <li>3. Commission further research if agreed <b>Q2 2025 – N/A</b></li> <li>4. Progress report to Council <b>June 2025</b> ✓</li> </ol>	<p><b>Status: In progress</b></p> <p><b>Project Update:</b></p> <p>An expert group has been formed, comprising of a mix of leaders within the profession and outside to ensure that there is a broad perspective of the matter.</p> <p>Two members of Council are part of the expert group.</p>

Meeting paper for Council on 1 October 2025 CO251001-06C

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (September 2025)
		5. Second meeting to consider outcomes and outputs and agree recommendations to Council <b>July 2025</b> ✓ 6. Report to Council and approve next steps <b>October 2025</b>	The second of two meetings of the expert group was held on 28 July.  Further details are reported to Council in the Chief Executives Report.

## 06C: Annex C: Communications and Engagement Update

### Strategy Consultation

The strategy consultation closed on 27 August 2025 with **77 responses in total** including:

- 54 from chiropractors
- 7 from patients and members of the public
- 9 from individuals in chiropractic education or research (inc 2 chiropractors)
- Organisational responses were received from the BCA, UCA, MCA and RCC. Unfortunately, we did not receive a submission from the SCA

We also carried out targeted engagement with the professional associations:

- **BCA** – met in person on 30 July, followed by a virtual member session on 6 August.
- **RCC** – held a meeting on 5 September, which was particularly valuable, and the RCC subsequently submitted an organisational response.

To maximise participation, we undertook a wide range of communications activity, including:

- Weekly posts on LinkedIn throughout the consultation.
- Updates in newsletters from launch through to closure, including a thank you note in the September edition.
- Amending the GCC email signature to promote the consultation.
- A dedicated consultation webpage, now updated to reflect that the consultation has closed.

### Next steps:

- We are finalising a review of consultation communications, performance, and response analysis, which will be submitted in full.
- A summary report will be created and published on the GCC website to provide transparency on the outcomes.
- Once Council has agreed the final strategy, a press release will be issued and the full strategy uploaded to the website.
- This will be supported by a launch campaign, including:
  - Social media content highlighting each strategic aim.
  - Coverage in the November newsletter to mark the launch.

### Blog Article – Use of the Title “Dr”

In response to ongoing enquiries from patients and the public regarding chiropractors' use of the courtesy title “Dr”, we published a blog article in the September newsletter. The piece, written by Andrew, provides clear guidance on the do's and don'ts of using the title, directing readers to the dedicated webpage for further detail.



With the new Code of Professional Practice requiring registrants to make clear that they are regulated, and a new cohort of graduate chiropractors entering the profession, this was a timely opportunity to:

- Revisit the background to the title.
- Highlight potential pitfalls and how to avoid them.
- Reinforce the importance of transparency when using the title in practice.

This content forms part of our ongoing effort to provide registrants with accessible guidance while responding to recurring themes in enquiries received by the GCC.

## 06C: Annex D: Equality, Diversity and Inclusion (EDI)

The GCC EDI Working group has met twice in the last quarter.

On 14 August 2025 the members were updated on progress and thinking in the last six months.

The group discussed the draft GCC Strategy and there was general agreement with the direction of the strategy, and specifically the focus on fairness and the GMC Key decisions model. The intention to consider the EDI perspective at the start of each business plan project was welcomed.

Regarding the role of the group, there was support for the group to focus on tangible agreed outcomes and moving away from being a “talking shop”. The group was supportive of separating responsibility for “EDI across the profession” from “EDI in the GCC’s work”.

There was interest in the GCC supporting initiatives from the profession (such as a Chiropractic and EDI conference for students) in line with the proposed strategy aim of “We will collaborate to shape the profession’s future”, rather than trying to run events for itself.

On 10 September 2025 the group met to discuss the Guidance for registrants on professional boundaries. They made specific recommendations about the section on respect and dignity including the importance of guidance for how to act when a patient crosses a professional boundary (for instance by sharing racist, sexist or otherwise inappropriate views).

The group further discussed the model for EDI engagement moving forward, and felt that a project-based approach (in line with the intention to consider the perspective at the start of each project) with a working group for each individual project, held significant advantages:

- Involvement of the individuals likely to be impacted
- The potential for increased participation (and therefore a wider selection of voices)
- A clearer expectation for participants of involvement (in terms of time)
- Shaping of the project brief to support the requirements of those with protected characteristics, rather than adapting a developed solution to fit.

We are considering how this approach could be applied in practice, and if there is a need for an umbrella group to have an oversight of GCC processes and policies and help prioritise the projects in the strategy.



For approval
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## **GCC Strategy 2026-2030**

### **Purpose**

Council is asked to consider the revised GCC Strategy 2026 – 2030, as amended in line with the findings of the consultation.

### **Summary**

Council previously agreed to consult on a proposed GCC Corporate Strategy for 2026 to 2030.

The strategy and approach was widely welcomed across the 77 consultation responses. The enclosed consultation report lists all the substantive changes made following stakeholder feedback. The predominant changes were:

- Education objectives being moved wholly to strategic aim 1.
- A broadened scope for the objective relating to fitness to practise to highlight “a proportionate approach” which includes (but is not limited to) an early resolution model.
- A new objective to consider how the fee structure can better support new graduates, and those taking a break from practice.
- A greater emphasis on patient voice and how we will engage patients in the development of our policies and processes.
- Identifying a need to better consider how our rules affect individuals seeking time away from practice for maternity, paternity and adoption leave reasons.
- A separation of the objective regarding funding of research and development as further possible projects were suggested during the consultation.

### **Alignment to strategy, risks and budget**

- The strategy was discussed with the Equality and Diversity Working group in August, and the consultation asked for comments on the accompanying Equality and Welsh Language impact assessment.
- The consultation has identified that there is more work required to support registrants looking to take a break from practice for parental reasons. The strategy, and impact assessment have both been updated.
- There were 7 responses from respondents identifying as patients, and the strategy has been revised to take greater account of the patient voice throughout.

- The PSA has recently consulted on updating their principles of Right Touch Regulation (referred to within the strategy as influential to our regulatory approach), however we do not anticipate these principles changing substantially.
- A separate financial strategy has been prepared to support the delivery of the corporate strategy.

## **Recommendations**

Council is asked to approve the revised strategy and accompanying documents.

**Nick Jones**

**Chief Executive & Registrar**



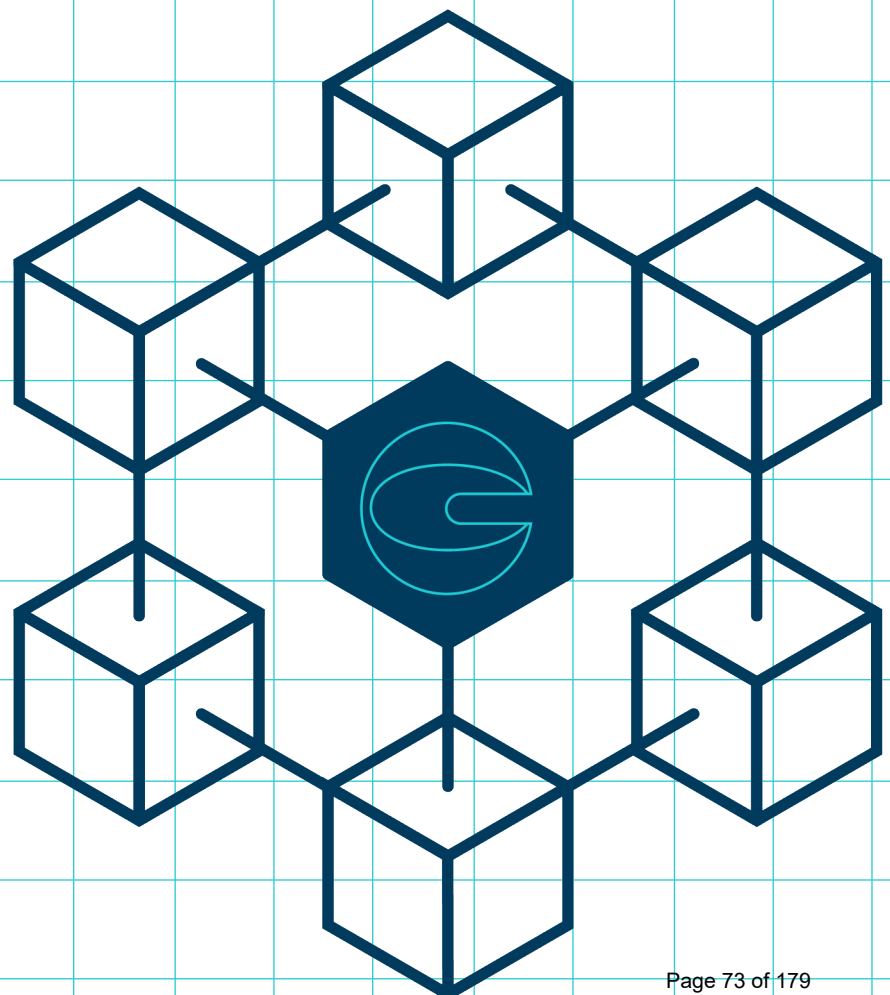
**General  
Chiropractic  
Council**

07: Annex A: GCC Strategy 2026-2030 (as amended)

The General Chiropractic Council:

# Strategy 2026-2030

Strategy 2026 - 2030



## Summary

This outline sets out our strategic vision and direction for the next five years, to 2030.

Our vision and mission remain the same: to be a respected regulator of a trusted profession, enhancing professionalism in chiropractic care and ensuring the public can access high-quality care safely and confidently.

We are in a strong position having met the majority of our previous ambitions. However, we recognise there are opportunities for improvement in our work (both internal and external). In response, we propose three strategic aims:

1. We will uphold professional standards throughout the education and career of every chiropractor
2. We will deliver our core regulatory and registration activities to a high standard
3. We will collaborate to shape the profession's future

Each strategic aim is supported by deliverable objectives which we will pursue during the lifetime of this strategy.

## Organisational effectiveness

To be an effective regulator, the GCC must be an effective organisation.

The factors we identify as key to our effectiveness as an organisation are our:

- People: the Council Members, staff and partners that deliver our work
- Colleagues and stakeholders in the wider chiropractic system
- Commitment to equality, diversity and inclusion
- Financial sustainability
- Resilience
- Digital infrastructure

We have set deliverable objectives to support our effectiveness as an organisation.

We will provide more detailed information on how we will achieve each aim in our annual business plans and through our website.

## Setting the Scene

In our previous strategy (2022-2024) we set four strategic aims, to:

1. Place patients and their care at the centre of our work
2. Promote continuing chiropractic best practice, professionalism and value within the health and care system
3. Regulate effectively, efficiently, innovatively and inclusively
4. Enhance the nature and form of regulation for the future

We made significant progress by:

- Developing a stronger “patient voice”
- Introducing new education standards.
- Updating the Code to set enhanced standards of professionalism for registrants.
- Supporting the growth of the profession through the approval of new education programmes.
- Completing our first EDI action plan.

and regularly shared details of our achievements in [our annual reports](#), and other publications on our website.

### Professional Standards Authority (PSA) Reports

Our progress was recognised externally by the Professional Standards Authority:

- In 2022 we met 17 out of 18 PSA Standards.
- In 2023 we met all 18 of the PSA standards.
- In 2024 we met 17 of the 18 PSA standards, falling short on Standard 15 due to delays in fitness to practise investigations.

## The pressures we face

We have been strongly advocating for regulatory reform for several years and will continue to do so. However, there is no prospect of wholesale legislative change over the next three years.

Our current rules and legislation are inflexible, outdated, and sometimes restrictive. This impacts both patients and registrants.

As a very small health and care regulator, we lack economies of scale, making our registration fees high. While we have never increased our fees, our income is put under pressure by rising costs. Our lean workforce impacts on our resilience with key individuals carrying significant responsibility, and we know that sometimes it can be difficult to contact us.

While have invested in a “self-serve” online registration system, and an online case management system for Fitness to Practise, registrants tell us there are other areas for improvement and the interface is not always intuitive.

## Our Aims

### **We will uphold professional standards throughout the education and career of every chiropractor**

A fundamental role for a regulator is the setting of standards. We now have contemporary standards in place within the Code of Professional Practice, and Education Standards. Our task now is to build on those foundations, and encourage and incentivise compliance to help chiropractors provide safe, high-quality care in the best interests of patients. We will work as part of the chiropractic system, alongside professional associations and the Royal College of Chiropractors, to develop and promote guidance, advice and best practice.

Chiropractors must keep their skills and knowledge current and their practice safe and effective through continuing professional development (CPD). Our model for CPD, and the processes in place for recording it, do not always align with the expectations of the profession. This is a missed opportunity.

The recent growth of chiropractic education programmes in the UK, and the expansion of domestic and international satellite programmes by existing UK providers, has been a success. However, we recognise the wider challenges within healthcare education and the impact on providers. Our focus is on maintaining quality and we do not have a role intervening in the oversight of the education market. We have a finite capacity to process new applications, which we do not anticipate changing.

We see the benefits of working within an international model of education that minimises the duplication created by accreditation bodies but not to the detriment of the high standards and statutory basis of GCC approval.

#### **We will achieve this by**

- Supporting registrants to meet the new standards within the Code of Professional Practice with learning, guidance and information.
- Supporting registrants to embed a culture of safety based on openness, candour, consent and inclusion.
- Working with the profession to redefine Continuing Professional Development (CPD) so that chiropractors remain fit to practise throughout their career; and patients and the public can have confidence in the profession.
- Seeking to balance our education work between recognition of new and satellite programmes; and the quality assurance of existing programmes; against the Education Standards. We will ensure all programmes produce graduates that are safe, fit to practise, and meet the needs of employers and the profession more widely.
- We will explore with international education accreditation bodies opportunities to minimise the burden on UK education providers in enabling international mobility of their graduates.



## **We will deliver our core regulatory and registration activities to a high standard**

We are concerned, as are the PSA, that we take too long to process complaints in our Fitness to Practise (FTP) work. We have already recognised this and put in place steps to improve our performance, notably investing in a case management system.

Our FTP costs are high and consume a disproportionate share of our and others' time and resources. We aspire to a more proportionate approach that balances public protection with fairness and timeliness for complainants and registrants, while providing regulatory certainty and following good regulation practice.

Feedback from the monthly Pulse survey of registrants tells us that routine registration processes are harder than they need to be, and we can be difficult to contact and slow to respond. We want to increase our registration team capacity and develop better systems.

A small proportion of the register opt to pay a reduced (also known as non-practising) fee. We do not believe this option is in the best interests of the chiropractor (who remains subject to our CPD, standards and FTP requirements) or (if practising abroad) their patients (as we cannot guarantee indemnity insurance). Nor is it cost-effective for the GCC (as the fee does not cover the cost of administering registration). However, we acknowledge we do not fully understand the different circumstances of those who choose to pay this fee.

Registrants consistently tell us that they want us to act quickly and decisively in dealing with alleged breaches of protection of title (Section.32). While our current caseload is at a historic low and we act in every case, our enforcement policy is outdated, and we want to do more to enhance the value of registration and protect the public from unregistered individuals.

### **We will achieve this by**

- Developing a more proportionate approach to fitness to practise – including exploring the adoption of an early resolution model to address concerns before they escalate to a complaint. We want to work alongside the complainant to reach an appropriate resolution. By dealing with risks, concerns and complaints proportionately we believe we can continue to safeguard the public, minimise the harms to complainants and provide a timelier resolution for registrants.
- Taking a customer-focused approach to routine registration processes, using insights from best practice, research and benchmarking to incrementally improve our services.
- Researching, and better understanding, the circumstances and motivations of registrants who pay the reduced fee. We will look to formalise our relationships with jurisdictions outside the UK that require GCC registration as a condition of practising as a chiropractor and consider if there is a case for continuing to offer the reduced fee.
- Developing and (following consultation) implementing a new approach to enforcing the protection of title of chiropractor to protect patients from unregulated and unregistered individuals.

## **We will collaborate to shape the profession's future**

As a trusted and established regulator of a maturing profession, we strive to engage openly and inclusively with stakeholders to inform our direction. We listen to a wide range of views to inform our work in support of the development of the profession.

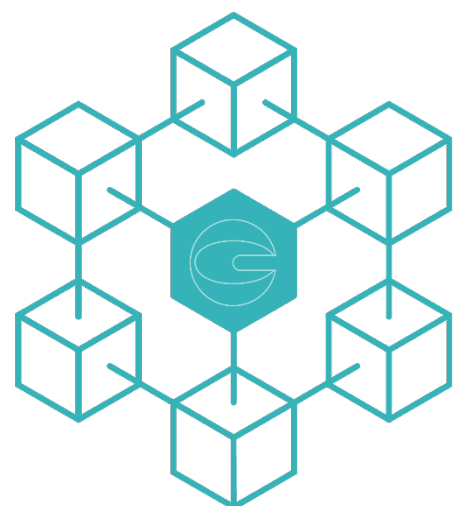
However, we recognise that our engagement can be reactive rather than structured and forward-looking. We want to strengthen relationships with patients, registrants, educators, and partner bodies to better inform our work, identify emerging concerns and act proportionately.

We value accessible healthcare for all patients. The Code of Professional Practice embeds our expectation that, as a healthcare professional, each chiropractor will continue to work to create inclusive workplaces and care provision where people are valued and barriers to care are removed. We can support the profession by helping to measure progress and highlight good practice.

Our current legal framework is a barrier to modern regulation. We want to develop a more inclusive and agile approach based on the principles of Right Touch Regulation set out by the Professional Standards Authority<sup>1</sup>.

We believe we can be bolder, especially when there is a consensus for change. We will actively explore test and challenge the boundaries of our legal framework and develop policies and processes that meet the needs of modern regulation.

We recognise the value of recent research making the case for chiropractic care in meeting the growing musculoskeletal needs of the UK population within the wider public health and care system. We can leverage our resources, alongside other stakeholders in the system, to support the development of the profession.



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<sup>1</sup> [Right Touch Regulation](https://www.professionalstandards.org.uk/improving-regulation/right-touch-regulation) involves assessing the level of risk of harm to the public, and deciding on the most proportionate and effective response to mitigate the risk. It recognises that regulation may not be the most appropriate approach. The principles identified by the PSA are that regulation should be: Proportionate, Consistent, Targeted, Transparent, Accountable and Agile.

<https://www.professionalstandards.org.uk/improving-regulation/right-touch-regulation>

### We will achieve this by

- Obtaining a consensus across the profession and our own stakeholders for a regulatory approach closer to the principles of Right Touch Regulation.
- Enhancing our stakeholder engagement through the UK Chiropractic Forum (UKCF)<sup>2</sup>, Chiropractic Patient Voice<sup>3</sup> and other mechanisms.
- Enhancing our understanding of the public and patient perspective through research, including with people who have lived experience of barriers to accessing care and services. We will also measure and understand how attitudes towards inclusivity within the profession change over time. We will use these insights to shape our policies and decision-making and will share our findings with the profession.
- Encouraging a shared understanding of what 'developing the profession' (as referred to in our legislation) means for a maturing sector, and our role in supporting the development of the profession and growth of the register.
- Support the early-phase establishment of the National Centre for Chiropractic Research (NCCR)<sup>4</sup>, enabling the development of coordinated and collaborative research across the UK education institutions.
- Considering further opportunities to provide short-term strategic resourcing, and other forms of collaboration, that will contribute to shared research and development goals to benefit the UK chiropractic profession.
- Collaborating with professional bodies and other stakeholders as they explore the potential for integration and recognition of chiropractic by the wider health and care sector.

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<sup>2</sup> The UK Chiropractic Forum is a discussive group bringing together the four UK professional associations, the Royal College of Chiropractors, the GCC and other bodies with an interest in the UK chiropractic profession.

<sup>3</sup> Chiropractic Patient Voice exists to represent public and chiropractic patient viewpoints  
<https://rcc-uk.org/patients/chiropractic-patient-voice/>

<sup>4</sup> The National Centre for Chiropractic Research (NCCR) will be based at Health Sciences University (HSU) in partnership with London South Bank University, McTimoney College, Teesside University, and the University of South Wales: <https://www.hsu.ac.uk/collaborative-national-centre-for-chiropractic-research-to-launch-in-2025/>

## Our effectiveness as an organisation

To be an effective regulator requires an effective organisation. Being successful requires us to create the right environment to support delivery and enable innovation.

### Our Sustainability

We are disciplined in controlling our expenditure and have seen a steady growth in registrations, increasing our income by an average of £91K annually over the last five years. However, providing our services at the current level requires an annual injection of £120K from interest received from our investment portfolio.

One of the reasons for this is the size of the GCC; we do not have the economies of scale of larger regulators. We are also vulnerable to 'single points of failure' - that is, one or two individuals responsible for key areas of work. In other organisations, knowledge and skills are distributed, providing greater resilience.

We are developing a financial strategy that will support a sustainable operating model with greater resilience while preventing increasing of fees. This will set transparent parameters for sustainability, investment and financial discipline as we explore changes to our operating model.

The last strategy period saw investment in IT systems, without which we could not function. We see opportunities to make best use of what we have rather than fundamental change. However, we acknowledge the developments in AI and want to establish operating principles for its use in our work so that we may explore opportunities for further business efficiencies and deeper data-driven insights.

#### We will achieve this by

- Developing a financial strategy that leverages our strong reserve position to enable investment in the new objectives set out in this strategy.
- Exploring how we can impact the overall financial burden on new graduates, and those taking a break from practice, while retaining our financial sustainability and working within our existing legal framework.
- Exploring alternative operating models (for instance partnerships, outsourcing or shared services) to generate efficiencies, build resilience and reduce the impact of bottlenecks and 'single points of failure'.
- Optimising our IT systems to support the improved FtP and registration processes, creating a streamlined efficient and user focused experience.
- Recognising opportunities to capitalise on the benefits of AI, especially in delivering insights and learning, to drive improvements in safer care.

## Our People

We depend on our small staff team and wider network of partners (lay people and registrants serving on GCC committees and panels) to meet our duties and responsibilities.

We value the diversity of our team and recognise the benefits that our different life experiences bring to our work. Our workplace is one where everyone can thrive, contribute fully, and be proud to belong.

We are a responsible and supportive employer with a culture where people feel valued, included, and heard.

Our values:

- Togetherness
- Achievement
- Accountability
- Integrity

guide our day-to-day behaviours and leadership. We invest in learning and development for all, offering training, mentoring, opportunities to volunteer and to personally grow, develop and progress.

In April 2025, we agreed new terms with our partners and see this as an opportunity to develop deeper relationships with our partners and staff based on trust and collaboration.

### We will achieve this by

- Strengthening openness, by introducing a 'Speak Up Guardian' role or similar, offering a safe and confidential way for staff and partners to raise concerns.
- Assessing our workplace culture through staff surveys, pulse checks, and feedback loops, and using these insights to foster a responsive and positive environment.
- Strengthening our communication with partners to build collaborative and closer working as well as respecting the role and independence of the decision-maker.

## Our Commitment to Equality, Diversity and Inclusion

As a regulator we must make difficult decisions that can have a substantial impact on people's lives, and this strategy has outlined our aspiration to make these decisions in a more proportionate way. We are seeking fairer, objective and consistent decision-making that recognises and mitigates the risk of bias.

As we develop the policies and processes set out in this strategy to support our regulatory decision making, we will seek out and hear diverse perspectives, to benefit from the lived experience of those that face challenges interacting with us and use their insight to challenge bias in ourselves and others.

We intend to do this early in our development process – we want patients, students and registrants (particularly those with protected characteristics, and those who are directly impacted by a policy) to help us define the scope of the change being considered – not just its eventual impact.

In line with strategic aim 3, we will need to find new approaches and models to collaborate and engage with patients and chiropractors.

We will focus on action, leadership accountability, sharing our learning, and using evidence to drive progress. We do not see Equality, Diversity and Inclusion as an add-on, it is integral to our good governance, culture, and performance.

### We will achieve this by

- Exploring how we can apply the model of High Impact Regulatory Decisions (developed by the General Medical Council) to our own work. We will identify and map the regulatory decisions we make, understand the inherent risks for bias and highlight the mitigations in place for those risks. We will train and support our decision-makers and conduct ongoing monitoring and research on the decisions taken.
- We will make our services more accessible. Where our rules are inflexible (affecting people unfairly) we will act. We have identified a specific need to consider how our rules affect registrants seeking time away from practice for maternity or childcare reasons.

As a public authority, our public functions are bound by the general [Public Sector Equality Duty](#), and we must have due regard to how our approach meets the requirements of the Equality Act 2010. The objectives on this page, alongside our objective in strategic aim 3 (enhancing our understanding of the patient perspective), are in line with our legal duty to publish one or more equality objective at least every four years.

## Measuring our achievements

We recognise that we act within a wider system and that regulatory interventions alone will often be insufficient, or inappropriate, to bring change. There may be a significant lag between an intervention and observable change, and it will often not be possible to attribute cause and effect.

Even so, it is important that we demonstrate our progress towards meeting this strategy. We will seek to track the direction of travel in a structured way by using a range of measures that provide a rounded picture of our work. We will acknowledge setbacks as well as progress and will look to measure what is important and relevant, not necessarily what is easy.

We value the opportunities for learning and innovation that external validation can provide, and will engage with statutory and voluntary mechanisms such as:

- Annual monitoring reports and thematic reviews from the Professional Standards Authority
- Reports from other organisations that regulate or consider our activities
- External Financial Stewardship audits
- Independent audits commissioned to consider specific areas of our work
- Participation in academic research projects such as the Witness to Harm project
- Accreditation and recognition schemes such as Cyber Essentials and the Disability Confident employment scheme

### We will achieve this by

- Implementing a performance reporting framework that indicates the progress and delivery of business plan activities through public Council papers and in our annual report and accounts.
- Regularly sharing our achievements and progress with stakeholders.
- Measuring our effectiveness, and perceptions of our effectiveness, through qualitative and quantitative feedback including the Pulse survey of registrants
- Using the insights from the PSA Annual Monitoring Process (and other reports) as a catalyst for further development and innovation.
- Commissioning, as appropriate, external experts to audit or review specific areas of our performance.

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[This document is also available in Welsh.](#)



**07: Annex B: Consultation Report**

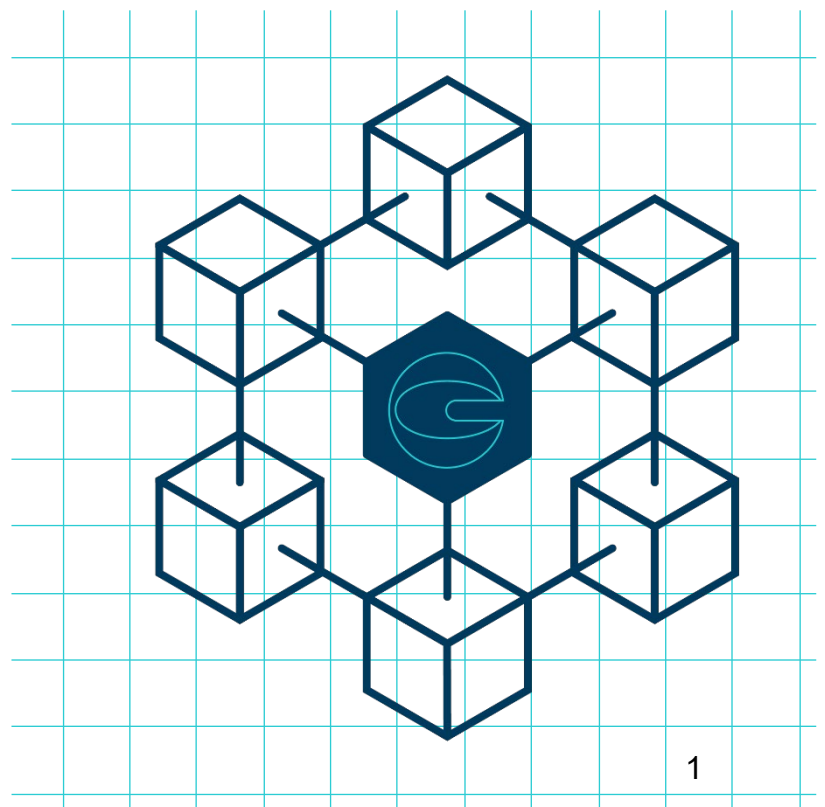


# Consultation Report

The General Chiropractic Council's consultation into the  
Draft GCC Strategy 2026-2030

The process of consultation,  
findings and outline of resulting changes to the final strategy.

Prepared September 2025.



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## Abstract

This report summarises the findings of the consultation into the General Chiropractic Council (GCC) Strategy 2026-2030 held from 02 July 2025 to 27 August 2025.

The report also highlights the substantive changes to the strategy as a result of comments and feedback received during the consultation.

## Background

### Development of the strategy

Following completion of the 2022-2024 strategy, Council concluded that, (given ongoing large-scale activities and their positive impact) it would be acceptable to have a strategy 'gap', with development of a new draft strategy beginning in February 2025. Following discussion with stakeholders, the proposed strategy was presented to Council for review and comment.

### Consultation

At their June 2025 meeting, Council agreed that the draft GCC Strategy should be released for open consultation with the public, registrants and other key stakeholders.

The purpose of the consultation was to seek the views of stakeholders and explore the extent of support for the proposed strategy aims, objectives and direction of activities over the period of the strategy.

The primary consultation tool was an online survey ([appendix 1](#)), with other activities designed to both promote participation in the consultation process and inform responses from stakeholders.

As well as messaging chiropractors directly through the usual channels (newsletters, email signatures and social media) we invited all four Professional Associations to host public events to hold the GCC to account and discuss the proposed strategy. A single association was able to organise a public event Perhaps due to the timing of the consultation over the summer.

We also met privately with the Royal College of Chiropractors and offered to meet with representatives of the four Professional Associations, to assist them with developing their organisational responses to the consultation.

Some of the feedback and commentary received goes beyond the remit of the consultation. However, for openness and completeness, all relevant themes are included in this report. Many of the more specific or tactical comments will be more valuable when developing our annual business plans, or delivering specific projects, and these comments will be stored and reconsidered then.

We have carefully reflected on all the comments, themes, issues and feedback received when preparing this report, and the final GCC Strategy 2026-2030, for presentation to Council in October 2025.

## Substantive changes made to the final strategy

The following table highlights the substantive changes made to the final strategy following the consultation.

Links in comment point to the relevant thematic discussion.

Change made	Comment
Overall Strategic Aims (page 2)	
1. We will uphold professional standards throughout the [education_and] career of every chiropractor	In the draft document, our education objectives were spread across strategic aims 1 and 2, and there was some <a href="#">confusion over their scope</a> .  Education has been wholly moved to strategic aim 1.  The change clarifies the aims and removes a repetitive objective in aim 2.
2. We will deliver our core regulatory and registration [and education] activities to a high standard	
Our Aims: Strategic Aim 1 (page 4) - We will uphold professional standards throughout the education and career of every chiropractor	
Introduction	The paragraphs setting the scene for CPD, and separately for education, have been rewritten for clarity.
Objectives relating to education: <ul style="list-style-type: none"><li>Seeking to balance our education work between recognition of new and satellite programmes; and the quality assurance of existing programmes; against the Education Standards. We will ensure all programmes produce graduates that are safe, fit to practise, and meet the needs of employers and the profession more widely.</li></ul>	This objective has been reworded to <a href="#">clarify</a> that quality assurance of existing programmes is separate and distinct from recognition of new programmes.
<ul style="list-style-type: none"><li>We will explore with international education accreditation bodies opportunities to minimise the burden on UK education providers in enabling international mobility of their graduates.</li></ul>	This objective has been reworded to <a href="#">clarify</a> that work with international accreditation bodies will not impact the UK Standards.

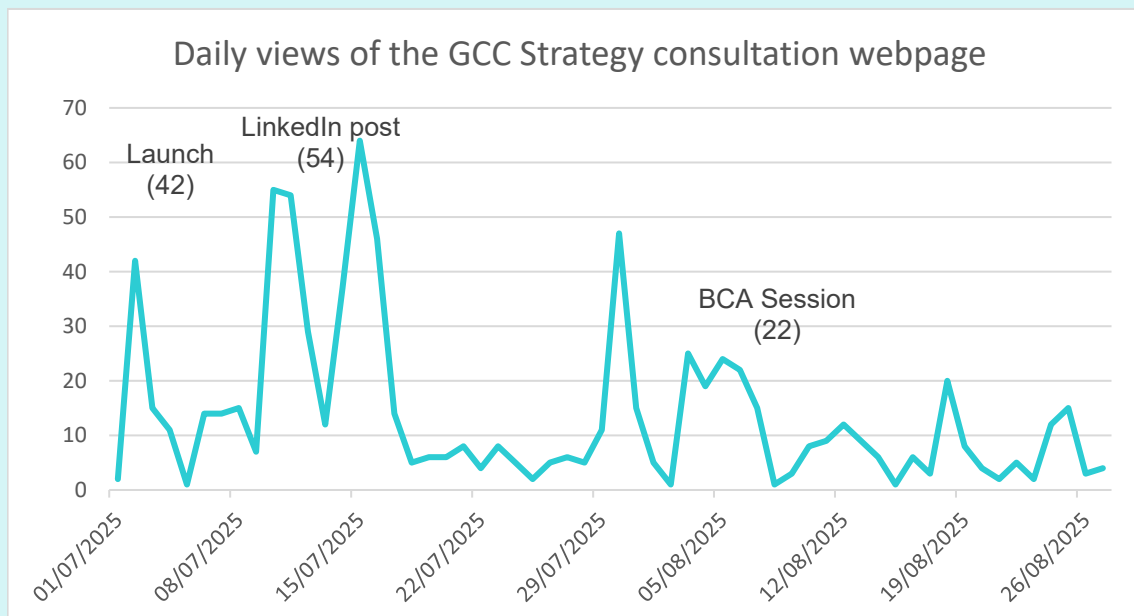
Change made	Comment
<b>Our Aims: Strategic Aim 2 (page 5)</b> - We will deliver our core regulatory and registration activities to a high standard	
Introduction	<p>Following <a href="#">consultation feedback</a>, we have reworded the paragraph setting the scene for the non-practising fee to briefly explain why we believe the fee is not in the best interests of registrants, the patient or the GCC.</p> <p>We have also strengthened the acknowledgement that we need to understand the circumstances of these registrants before proposing change.</p>
<p>Objectives relating to fitness to practice:</p> <ul style="list-style-type: none"> <li>Developing a more proportionate approach to fitness to practise – including exploring the adoption of an early resolution model to address concerns before they escalate to a complaint. We want to work alongside the complainant to reach an appropriate resolution. By dealing with risks, concerns and complaints proportionately we believe we can continue to safeguard the public, minimise the harms to complainants and provide a timelier resolution for registrants.</li> </ul>	<p>We have expanded the scope of this objective beyond exploring an early adoption model, to <a href="#">recognise that there may be other changes</a> to our policies and process that would support a more proportionate approach.</p>
<p>Objectives relating to non-practising fee:</p> <ul style="list-style-type: none"> <li>Researching, and better understanding, the circumstances and motivations of registrants who pay the reduced fee. We will look to formalise our relationships with jurisdictions outside the UK that require GCC registration as a condition of practising as a chiropractor and consider if there is a case for continuing to offer the reduced fee.</li> </ul>	<p>We have reworded the objective to <a href="#">acknowledge</a> that there may be other mechanisms (outside of “legal”) in jurisdictions outside of the UK that require GCC registration as a condition of practising as a chiropractor.</p>

Change made	Comment
<b>Our Aims: Strategic Aim 3 (page 6) - We will collaborate to shape the profession's future</b>	
Introduction	<p>We have moved the paragraph setting the scene for developing equality, diversity and inclusion across the profession into aim 3, as we recognise that this is not something that the GCC can do alone, and to highlight the contribution we can make.</p> <p>Following <a href="#">feedback</a> we have included “[continue to] work to create inclusive workplaces” to recognise the progress already made.</p>
<p>Objectives relating to stakeholder engagement:</p> <ul style="list-style-type: none"> <li>Enhancing our stakeholder engagement through the UK Chiropractic Forum (UKCF) , Chiropractic Patient Voice and other mechanisms.</li> </ul>	<p>Following <a href="#">confusion</a> into the role of the UK Chiropractic Forum we have added an explanatory footnote.</p> <p>Following <a href="#">feedback</a> that the patient voice was not sufficiently reflected throughout the strategy we have named Chiropractic Patient Voice as a strategic partner.</p>
<p>Objective relating to strategic funding of projects and initiatives to develop the profession:</p> <ul style="list-style-type: none"> <li>Contributing short-term core funding towards the early-phase establishment and operational costs of the National Centre for Chiropractic Research (NCCR) , to support the development of coordinated and collaborative research across the UK education institutions.</li> <li>Considering further opportunities to provide short-term strategic resourcing, and other forms of collaboration, that will contribute to shared research and development goals to benefit the UK chiropractic profession.</li> </ul>	<p>We have divided the original objective in two.</p> <p>One objective relates to providing core funding of the National Centre for Chiropractic Research (the NCCR had not been publicly announced at the time of the consultation).</p> <p>The second objective relates to identifying other collaborative research and development projects that the GCC could contribute towards – <a href="#">a number of ideas have been proposed</a> during the consultation.</p>

Change made	Comment
<b>Our effectiveness as an organisation: Our sustainability (page 8)</b>	
<p>Objectives relating to financial strategy:</p> <ul style="list-style-type: none"> <li>Exploring how we can impact the overall financial burden on new graduates, and those taking a break from practice, while retaining our financial sustainability and working within our existing legal framework.</li> </ul>	<p>Following <a href="#">feedback</a> we have added a new objective to explore how the fee structure can better support new graduates, and those taking a break from practice.</p>
<p>Objectives relating to AI:</p> <ul style="list-style-type: none"> <li>Recognising opportunities to capitalise on the benefits of AI, especially in delivering insights and learning, to drive improvements in safer care.</li> </ul>	<p>We strengthened the objective following <a href="#">feedback</a> that we were not bold enough on our approach to artificial intelligence (AI).</p>
<b>Our effectiveness as an organisation: Our Commitment to Equality, Diversity and Inclusion (page 10)</b>	
Introduction	<p>We have reworded the introduction to be clearer about how we want to develop policies and processes alongside the people who will use (and be impacted by) the changes – specifically highlighting that we want help scoping the problems we want to tackle as well as the proposed solution.</p>
Scene setting (after objectives)	<p>We have added a paragraph <a href="#">explaining our legal obligations</a> as a public body and how the strategy meets the requirements of the Equality Act 2010.</p>
<p>Objectives relating to maternity and childcare reasons:</p> <ul style="list-style-type: none"> <li>We will make our services more accessible. Where our rules are inflexible (affecting people unfairly) we will act. We have identified a specific need to consider how our rules affect registrants seeking time away from practice for maternity or childcare reasons.</li> </ul>	<p>Following <a href="#">feedback</a>, we have identified and included that there is a specific need for us to consider how our rules affect individuals seeking time away from practice for maternity, paternity and adoption leave reasons.</p> <p>This has also been reflected in the final Equality and Welsh Language Impact Assessment and is wider than just the consideration of fees objective that has been included in “Our sustainability” above.</p>

## Consultation reach at a glance

- 835 views of the consultation page on the website (across 506 active users).

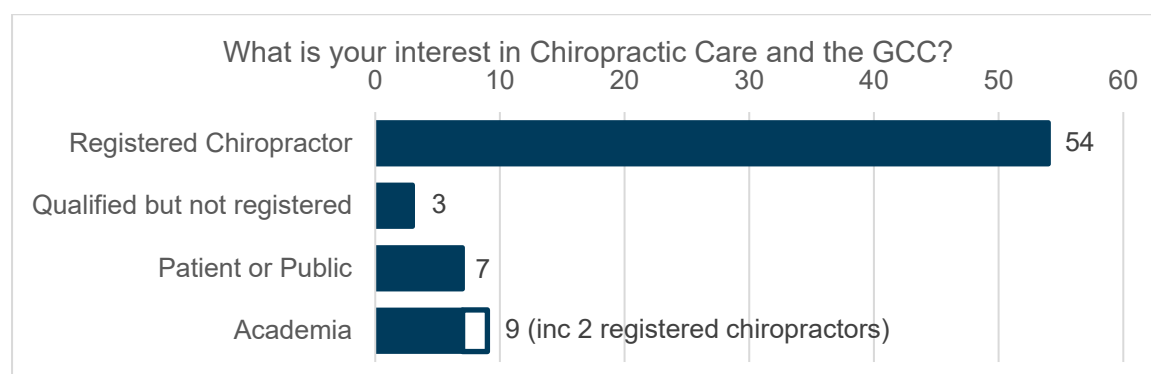


- The documentation was downloaded 224 times from the consultation webpage (excludes direct links to PDFs).
- 175 clicks from the website direct to the survey.
- 73 clicks from GCC newsletter (July and August) to the consultation webpage
- 184 clicks from email signature to the consultation webpage
- Over 100 registrants attended the BCA Session online consultation event (and more viewed “on demand” later)
- 229 visits to the consultation survey (many will visit and then return to complete later).
- 77 responses in total (69 from individuals, 8 on behalf of organisations)



## Consultation responses

We received 77 written consultation responses in total, with 8 responses from organisations, and 69 from individuals:



Further information on the demographics of respondents is available in [appendix 2](#)

We would like to thank the Royal College of Chiropractors Patient Voice panel, who kindly assisted in helping us to reach patients.

We received written consultation responses from:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| • Royal College of Chiropractors     | • International Chiropractic       |
| • British Chiropractic Association   | Regulatory Society                 |
| • McTimoney Chiropractic Association | • Scottish Social Services Council |
| • United Chiropractic Association    | • Health Science University        |
|                                      | • McTimoney College                |

We also spoke with the following GCC partners and considered their comments as part of the qualitative analysis.

- GCC Education Committee
- GCC EDI working group
- GCC Staff

## Quantitative analysis of responses

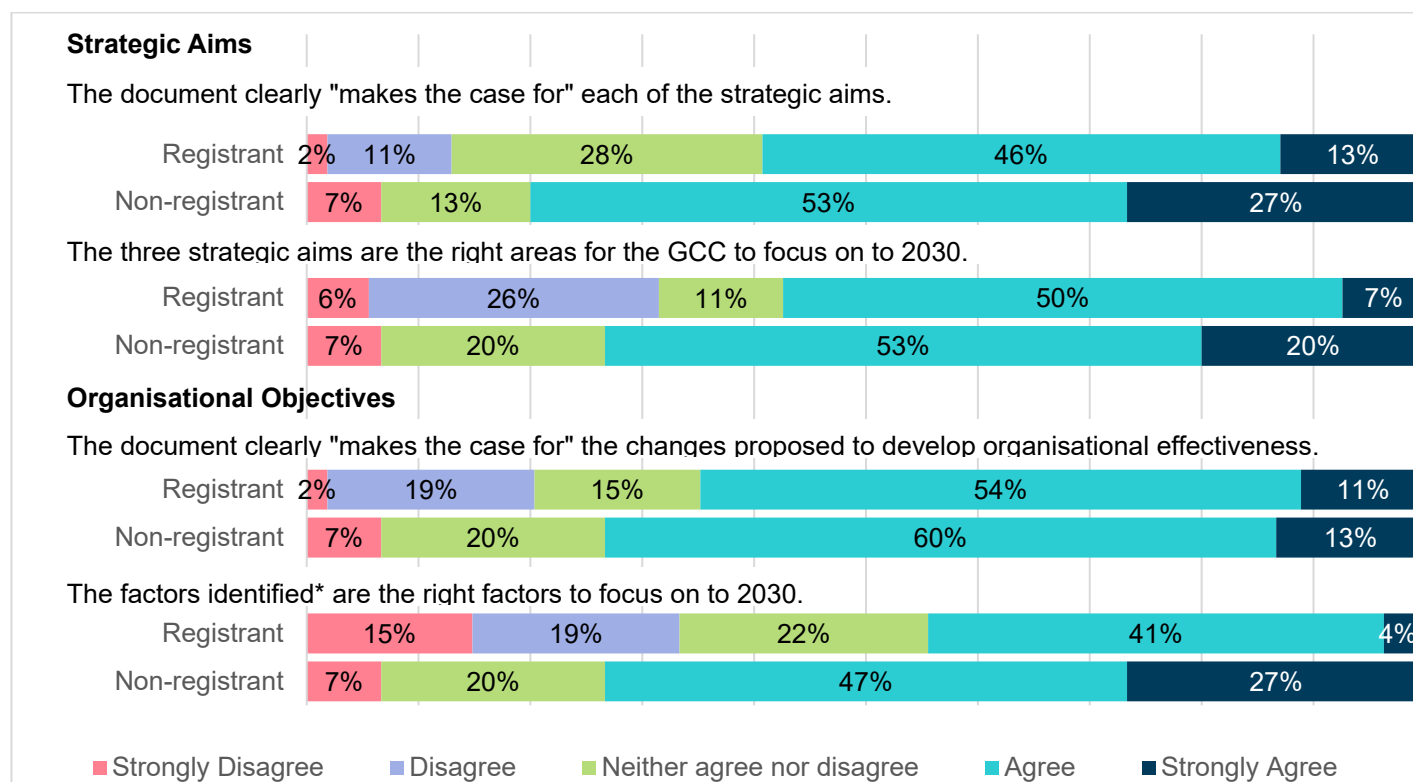
### Individuals

Overall, the strategy is well received, with 69% of individual respondents agreeing that the strategic aims are the right areas to focus on:



\*(Sustainability, People, Commitment to EDI and Measurement)

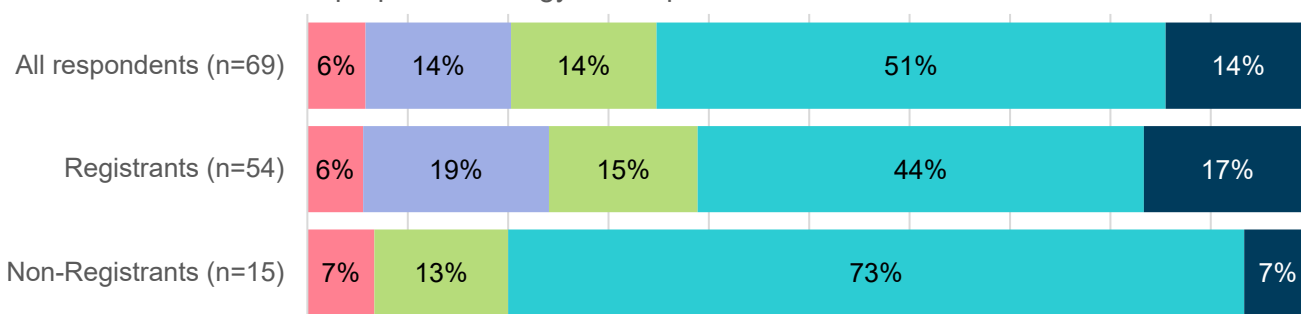
There is evidence that registrants (n=54) are more sceptical of the strategy than non-registrants (n=15), however 57% of registrants still agree with the strategic aims.



For each strategic aim, respondents were asked if the identified objectives would support the aim. The majority were positive, but with less support from registrants - particularly for strategic aim 3:

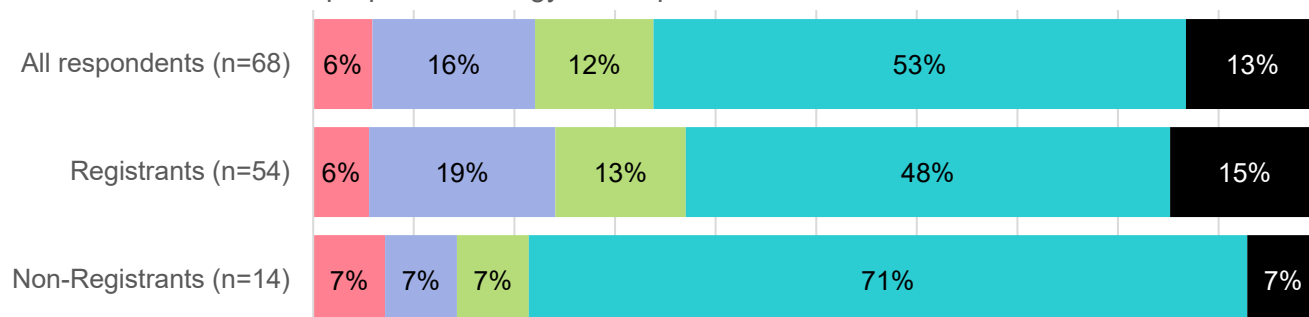
### 1. We will uphold professional standards throughout the career of every chiropractor

How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?



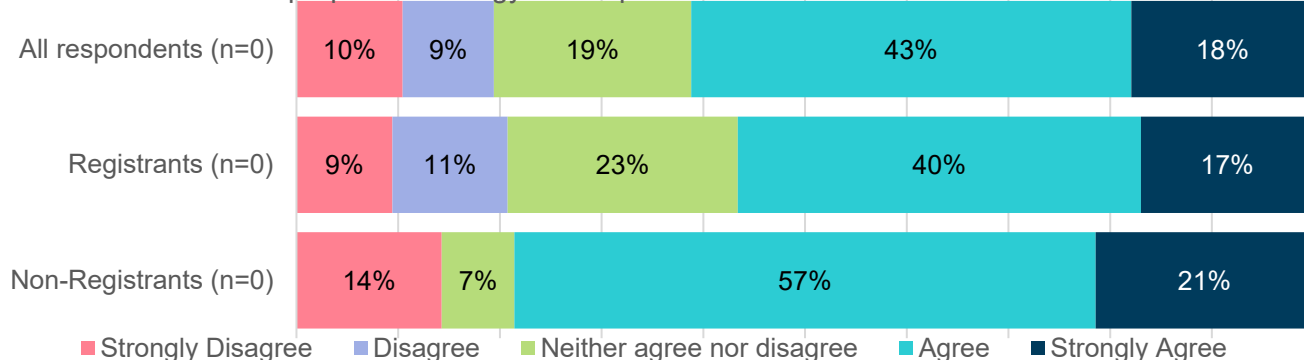
### 2. We will deliver our core regulatory, registration and education activities to a high standard

How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?



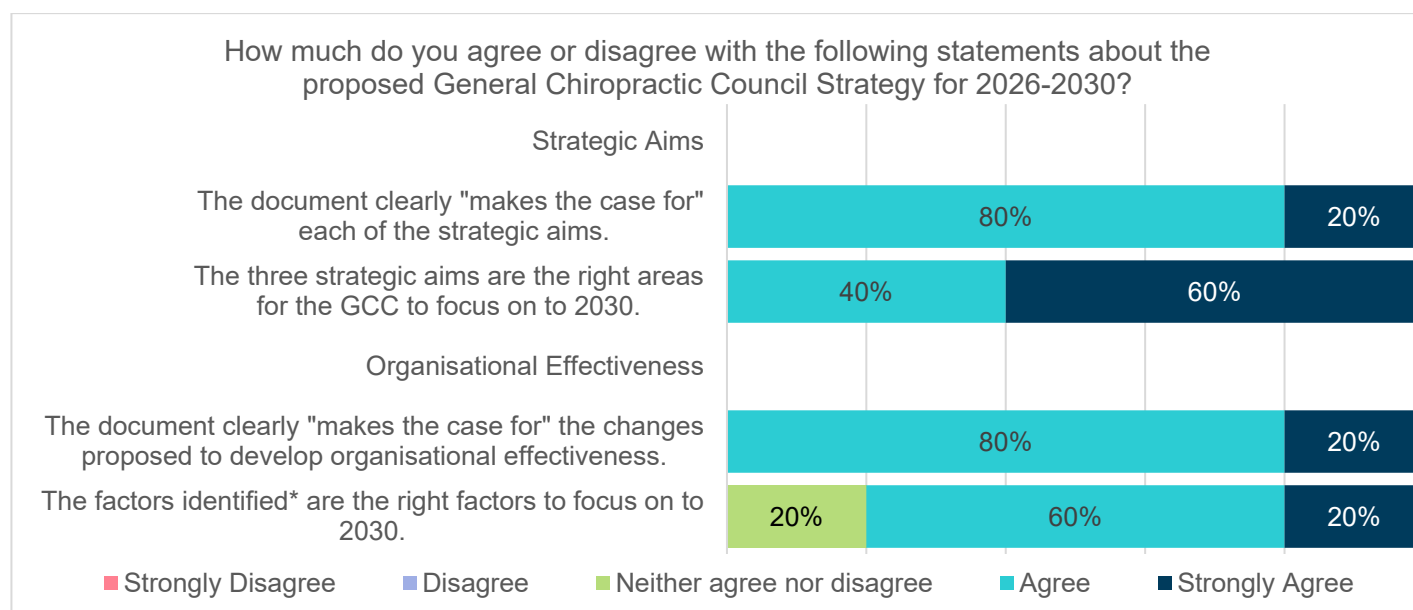
### 3. We will collaborate to shape the profession's future.

How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?



## Organisations

Five organisations responded to the quantitative survey questions. None of the organisations disagreed with any of the statements about the strategy:



\*(Sustainability, People, Commitment to EDI and Measurement)

All five organisations were supportive that the specific objectives supported the proposed strategic aims:



## Qualitative analysis of responses

### General Feedback

Respondents generally welcomed the strategy – particularly commenting on the bold and frank assessment of the challenges faced.

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The RCC welcomes and supports the GCC's proposed Strategy 2026–2030. We particularly endorse the bold tone in challenging existing boundaries within current constraints.

**Quote from the Royal College of Chiropractors**

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I am impressed by the transparency and candour as well as the sound balance between what is and what can - and should - be in the changing regulatory world.

**Quote from a regulator**

---

and the ambition within the strategy to actively explore test and challenge the boundaries of our legal framework and develop policies and processes that meet the needs of modern regulation.

---

The strategic aims and objectives are broad and thought out. We particularly note the emphasis placed on the principles of Right touch regulation and are heartened by its mention in this document,...

We also fully appreciate the limitations the act places on the regulator and the past challenges faced when looking to implement change.

**Quote from a professional association**

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I was pleased to hear from Nick Jones at a recent webinar that there are possible routes the GCC are seeking to trial, within the current legislative framework, to strengthen protection of our title. We all understand that Government will not be changing the Act in the foreseeable future, but that makes it essential to maximise the powers and processes already available.

**Quote from a registrant (11 - 15 years)**

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Some felt the strategy lacked detail or tangible examples.

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The descriptions and focuses you provide are not relatable to the 'day-to-day' working-life experience of a chiropractor.

**Quote from a registrant (2-5 years)**

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The strategy's pledge to "enhance our arrangements for stakeholder engagement through the UK Chiropractic Forum (UKCF) and other mechanisms" is a positive step, but it would benefit from a clearer sense of what this means in practice.

**Quote from a registrant (11 - 15 years)**

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In many cases this detail is not yet developed. It will be important to link business plans and projects to the strategy, and the impact on the practice of registrants.

## Themes emerging from strategic aim 1:

We will uphold professional standards throughout the career of every chiropractor

### Redefining Continuous Professional Development (CPD)

Unexpectedly (particularly considering the timing of the consultation during the CPD submission period) there were few comments from individuals on the topic of CPD.

Organisational respondents welcomed the review - highlighting the importance of CPD and acknowledged the disconnect between GCC expectations of professional learning, and the expectations of registrants and patients:

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We are also pleased to see your commitment to redefining CPD. As you recognise, CPD is often seen as a box-ticking exercise. We support your intention to embed the new Code of Professional Practice within CPD requirements....the RCC would like to work with you in this important area to ensure that we can see a 'culture shift' in the approach taken by chiropractors when undertaking their CPD.

**Quote from the Royal College of Chiropractors**

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I believe there is a real disconnect between what the GCC believes are appropriate mechanisms for recording and evidencing CPD and what the profession believes fulfils the overall objective, but not necessarily in the way that the GCC requires it.

**Quote from an education provider**

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We would hope that the GCC works with the profession to ensure CPD remains the choice of the registrant.

**Quote from a professional association**

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One of the professional associations, while welcoming the review, questioned if the registrar had the authority to direct CPD and highlighted the difficulty of enforcing consensus-based regulation over legislative regulation:

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(If) a registrant is independently allowed to determine their learning needs and (...) not wish to complete the 'focused' CPD requirement for the year, but still met all other criteria, would they according to the act be deemed to have not met the standard and could be potentially removed from the register?

**Quote from a professional association**

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## Quality Assurance of Chiropractic Education Programmes

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The education standards have vastly improved in the last decade. Ensuring institutions adhere to this, especially new programmes, is a must.

**Quote from a registrant (11 - 15 years)**

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There was confusion over the difference between the approval of new (and satellite) programmes, and the continuous quality assurance of existing approved programmes.

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There is no question that the quality of the chiropractic education programmes should be quality assured, and stay abreast of the educational landscape, but I have serious concerns about the objective in the context of more approved programmes.

**Quote from registrant (20 years)**

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(I have) serious concern about the GCC welcoming an increase in demand from education providers until the demand for chiropractic increases considerably to ensure that new institutions are dealing with new capacity, rather than diluting the capacity at existing institutions.

**Quote from an education provider**

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The relevant objectives and aims have been reworded for clarity.

## Themes emerging from strategic aim 2:

We will deliver our core regulatory, registration and education activities to a high standard

### Early resolution within Fitness to Practice

Responses highlighted the impact of the Fitness to Practise process on registrants and patients.

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FtP remains one of the biggest concerns for the profession. Cost, unreasonable timelines and an inability to resolve nuisance complaints at an early stage drive up insurance costs as well as increase stress levels in registrants and complainants.

**Quote from a professional association**

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and specifically, the risk of unintended consequences - harm being missed due to a reluctance to bring a case, or registrants deregistering because of a poor previous experience.

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I feel there must be a better way of rooting out 'bad' chiropractors that are scaremongering patients... often patients don't want to complain because of the drawn-out hassle of a case with the GCC.

**Quote from a registrant (over 20 years)**

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Several individuals have chosen the deregistration route after being subjected to what they feel has been over-zealous fitness to practice processes...

The ex-registrants found the process arduous, stressful, expensive and upsetting and worse still in several cases the outcome was either a minimal sanction or indeed no sanctions at all. On the one hand this demonstrated to the registrant that they got a fair outcome, on the other it consumed 18 months to 2 years plus of their lives... some simply are not prepared to take the risk of putting themselves, their families, their practices and staff, and loved ones through the process again due to the stress caused.

**Quote from a professional association**

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Respondents proposed other changes for a more timely and proportionate approach:

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There should be more support and guidance from the GCC for chiropractors and patients in the very early stages of a complaint to mitigate the situation

**Quote from a patient**

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Whilst we welcome the introduction of 'early resolution' of complaints, the notably missing option is the early dismissal of the complaint. Some complaints are vexatious and some must simply not meet criteria.

Secondly, we recognise that some cases are so serious that it is almost immediately obvious that it will lead to de-registration. These should be dealt with straight away rather than clogging the system and causing delays to other cases where the outcome is less clear.

**Quote from a professional association**

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While some sounded a note of caution:

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Adoption of an early resolution model is a good idea but, having done just that for over a decade that in the medicolegal world, I think you might find that the extra time required to work alongside someone cuts into the savings made down the line if/when escalation to a complaint is avoided. This extra time required will put an additional strain on your work force.

**Quote from a patient**

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In response we have widened the scope of the strategic objective around the Fitness to Practise process to consider other approaches as well as early resolution.

### Non-practising registrants

There was substantial concern raised around the GCCs intentions towards non-practising registrants. There was surprise that it is not financially viable, and a concern that it was motivated purely by cost.

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My concern is that you do not know why people choose this so how can you state the following? 'we believe offering the option is not in the best interests of patients, chiropractors or the GCC.'

There are many factors here that I believe need answers before you rush ahead and remove this as an option. I understand that the payment does not cover the costs currently but that isn't a valid reason for removing this option.

**Quote from a registrant (6 – 10 years)**

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We have reworded the strategy to explain why we believe it is not in the best interests of the chiropractor, patient or GCC to offer the fee, and clarified that we recognise the need for in-depth research into the motivations of those who choose to pay the non-practising fee before any decision is made.

Discussions around the non-practising fee were also linked to two other specific themes:

### Non-practising fee - Maternity

There was a strong theme in the comments highlighting the inequity of the registration fee (and other GCC policies) for people on maternity leave.

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...there must be an option for a reduced fee to be paid or a waiver of the GCC fee whilst on maternity leave and non-practising as a result of this. Most chiropractors are self employed, therefore not only are they not earning money whilst having a baby they also have to pay a full year of GCC fees despite not practicing for 9 months of that year.

**Quote from registrant (6-10 years)**

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The other reason non-practising is sometimes utilised is by people taking time away for maternity reasons, especially if they're opting for a non-defined period of time off and therefore wish to be able to rejoin the practising register as smoothly as possible. As an aside to that issue but in a connected manner, perhaps there could be space in the strategy review to once again look at the pro-rata situation for people on maternity.

**Quote from professional association**

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In response to these concerns, the issue of maternity (and other career breaks for childcare reasons) has been specifically identified in the strategy as an area where the inflexibility of our rules affect people unfairly.

We have introduced a new objective to consider the financial burden for new graduate registrants, and those taking a break from practice.

### Non-practising fee - International registrants

Comments also highlighted whether the GCC approving satellite education programmes abroad (in countries where chiropractors are not statutorily regulated) would lead to an increase in non-practising registrants (in those countries) and what the impact of that would be. This will be considered as we further explore non-practising registrants

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(the document) mentions the international satellite educational programmes and this... links to the fitness to practice process and the regulatory duties the GCC now engage with internationally...

We have concerns... regarding the legal responsibilities and mechanisms of the regulator to act internationally regarding registrants when complaints are made in non-UK arena's and... (if there) is a business case for doing so.

**Quote from a Professional Association**

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## Protection of title of chiropractor – section 32

This objective was welcomed by most respondents with many comments requesting protection of the technique “chiropractic” as well as the title “chiropractor”.

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We believe this should be a key priority, as well as protecting the word chiropractic, which is a loophole non-registrants use and presents a significant risk to patient safety. At the recent World Congress in Copenhagen, a resolution was passed to start enforcing this to a greater degree and it is suggested that the GCC consult with the WFC to see whether there is potential to work together.

**Quote from professional association**

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The current problem is that both other regulated clinicians and unregulated providers are using workarounds claiming to be “qualified in chiropractic techniques” or offering “chiropractic methods” to imply equivalence with a registrant. This is misleading to the public and undermines the credibility of the profession.

Since legislative reform is not an option, the GCC must maximise the tools it already has.

**Quote from a registrant (11 - 15 years)**

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For advertising standards and GCC to regulate those who try and impersonate or imply they are a chiropractor or do “chiropractic techniques”. We need to keep the true chiropractic profession and its integrity to the highest standard, as those who have worked extremely hard like myself to get my degree and be regulated and insured it is not fair for practising professionals. More importantly it is worrying the general public to be vulnerable to imposters and impersonators as they deserve to be protected and directed to legitimate, regulated legal medical chiropractic care. This topic was largely discussed by multiple people on the BCA 2026-2030 GCC webinar which I was happy about.

**Quote from registrant (2 - 5 years)**

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Responses also raised concerns about the regulation and marketing of chiropractic programmes, and training in chiropractic techniques.

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We would like checks and balances in place for the advertising of chiropractic courses to ensure this is not misleading.

**Quote from a Professional Association**

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Some suggested that, without effective protection of the title (and without a scope of practice), registration with the GCC effectively becomes voluntary:

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The issue the profession needs to more fully acknowledge is that in many ways what we have is a voluntary register and whilst protection of the public and confidence of individuals using the title is paramount you can only regulate those that wish to be regulated if you have a non-defined scope, and therefore the principles of Right touch regulation, particularly the principles of proportionality and accountability, need to be at the fore of the conversations if they are indeed to be had.

**Quote from a professional association**

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### **Protection of title - Animal chiropractors**

The GCC policy on the title of animal chiropractor was raised.

---

Whilst we acknowledge the current GCC position, we do once again raise our concerns around individuals using the title 'animal Chiropractor' but not being registered with the GCC. We would strongly encourage the regulator to revisit this issue and thoroughly confirm the reading of the act continues to tally with this position.

**Quote from a professional association**

---

These comments have not led to a material change within the strategic objective relating to protection of title, but will be valuable when we begin the project.

### **International accreditation of education programmes**

The suggested alignment with international accreditation bodies was cautiously welcomed, on the understanding that the GCC standards should have primacy.

---

If it means working with other regulatory bodies to ease the portability of graduates from UK institutions by working to enshrine equivalences in other parts of the world, then the reduction of that burden is welcomed. However, a note of caution would be that some bodies are voluntary... (and) have different aims and responsibilities.

**Quote from an education provider**

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While international mobility has benefits, we would encourage clarity on whether this is a strategic priority for supporting UK institutions, and how it balances with maintaining high domestic standards.

**Quote from the Royal College of Chiropractors**

---

The relevant objective (now moved to strategic aim 1) has been reworded to make this clearer.

## Themes emerging from strategic aim 3:

We will collaborate to shape the profession's future

Although comments in relation to strategic aim 3 occasionally touched on the politics of the profession (and this is reflected in the scepticism in the quantitative responses from registrants), there was optimism that the different parts of the profession could work together on the areas of agreement for the benefit of all.

### Collaboration and seeking consensus from the profession

Respondents welcomed the intention to work more closely with the profession, though not all respondents were aware of the UK Chiropractic Forum:

---

Please ensure that any proposed changes are formulated in full consultation with the entire profession.

Please also be mindful that the vast majority of registrants operate away from the academic environment, and that any changes must be 'real world' practical and attainable.

**Quote from a registrant (over 20 years)**

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Can the UKCF be defined? I feel more can be done to facilitate collaboration within the profession i.e. between associations.

**Quote from a registrant (16 - 20 years)**

---

While some asked for collaboration to be widened, others cautioned against it if it would impact progress:

---

Asking the same people, the same questions does not broaden your understanding. if you want to understand what the public understands about the profession you will get a very different answer. Our profession has recruited from a particular sector. We should broaden that.

**Quote from a registrant (over 20 years)**

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While I agree with the importance of building consensus, I'm concerned with how much weight we give to the voices of those within the profession who cling to antiquated, disproven theories of chiropractic...

While it is important for everyone to have a say and to be represented, I suspect that progress will involve ruffling of feathers of some who do not want to adapt, modernise or see profits shrunk by adopting truly patient centred care.

**Quote from a registrant (2 - 5 years)**

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Some felt that the role of “the patient voice” was not sufficiently reflected in the strategy:

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There could also be more reference to patients and patient representatives; including their wishes and formal feedback.

...patients and representatives could play a stronger role in systems design and evaluation.

**Quote from a patient**

---

In response we have referenced the UKCF, and Chiropractic Patient Voice (amongst other mechanisms of engagement) in the relevant objective in strategic aim 3, to widen the expectation of collaboration.

### Right touch regulation

The principle of right touch regulation was welcomed by those who recognised it, however there were comments that suggested it may need further explanation as it is implemented.

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We particularly note the emphasis placed on the principles of Right touch regulation and are heartened by its mention in this document, particularly in light of the recent Professional Standards Authorities consultation updating this guidance.

**Quote from a professional association**

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Right Touch Regulation principles would reduce administration of the Fitness to Practice and enhance compliance/complaints procedures. Ther PSA covers many smaller professional regulators but would not wish that the GCC becomes part of the PSA because it would lose its caché [sic] built up over many years.

**Quote from a patient**

---

### Developing the profession

The discussion of what “developing the profession” means, and who holds responsibility, was welcomed, but the range of views suggests this will be a complex piece of work.

---

'Developing the profession' for the GCC means focussing on ensuring the profession can operate safely: It does not mean affecting its scope, getting in the middle of politics or becoming an educator itself. It develops the profession by clarifying what the profession is, what good standards are and enforcing them. It should know its boundaries, delegate or suggest where something is out of the GCC's own scope or identity.

**Quote from registrant (11 – 15 years)**

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We also note your undertaking to develop a shared understanding of what “developing the profession” means. We encourage interpreting this not only as professional growth, but also as supporting political and systemic integration. In addition, promoting the profession should include reinforcing its reputation through robust enforcement of CoPP standards, particularly via CPD mechanisms.

**Quote from the Royal College of Chiropractors**

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### Investment in the profession (including chiropractic research)

Respondents were split on the proposal to invest in chiropractic research.

#### Views for

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I believe supporting research is essential to the development of the profession and must be a key objective as is the case in all other healthcare professions.

**Quote from registrant (16 – 20 years)**

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The recently established National Centre for Chiropractic Research (NCCR) provides an existing, profession-wide mechanism to deliver against this objective.

By recognising and supporting the NCCR, the GCC could make a short-term strategic investment with long-term impact, thus helping to embed a coordinated research framework, strengthen the evidence base for the profession, and enhance public and professional confidence in chiropractic.

**Quote from an education provider**

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#### Views against

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I am concerned around short-term strategic investments, and in particular the use of GCC funds... into research funds, however coordinated and facilitated.

**Quote from a registrant (over 20 years)**

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We note in the document that reference is made to the overall research network for the profession, if money is to be spent on this, particularly from the regulator, it may be challenging to navigate potential conflicts of interest and likely competing views therefore we would urge a degree of caution and considered consultation should this path be considered.

**Quote from professional association**

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However, a number of smaller research and development projects were also identified in the consultation.

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We are particularly interested in working with the GCC on collaborative consumer research.

**Quote from professional association**

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Examples of other “developing the profession” projects suggested during the consultation include:

- An “EDI in chiropractic” conference for students and chiropractors.
- A campaign to attract students into the profession.
- A campaign to highlight to other health professionals that chiropractors are regulated, and what they can offer to patients.

In response the objective around short term funding of projects has been expanded into two objectives.

### Collaborating to explore the potential for integration of chiropractic in wider healthcare

There was cautious support for the collaboration with the profession-led integration into wider healthcare. Some asked the GCC to take a more active role in working towards AHP status and NHS integration, seeing it as a natural consequence of regulation. Others were not convinced it is the place of the regulator.

---

We welcome your recognition of the growing musculoskeletal needs of the UK population and your intention to collaborate with stakeholders in seeking greater integration of chiropractic into the wider health and care system. We particularly encourage the GCC to play a more proactive role in advocating for departmental policy change, including advancing the case for AHP status.

**Quote from the Royal College of Chiropractors**

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Do we want to be AHP, NHS integrated or not? Are the G.C.C. interested in this? What is the point of regulation if not to push towards being a part of national healthcare? How will you appease such splits within the profession? Collaboration is perhaps the only way however I remain to be convinced the profession can come together on universal agreements.

**Quote from registrant (11 - 15 years)**

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We need the profession to be able to register on the allied health care Professionals Register. At the moment we can not. Registration opens up the NHS for us

**Quote from registrant (over 20 years)**

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We are actively lobbying parliamentarians and funding research to support the integration of the profession and are keen to understand how the GCC can support this without compromising its own role and position.

**Quote from professional association**

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(we question) the practicalities of integration with the wider health care community, or more specifically the National Health Service. Chiropractic remains a primarily private health care arena and currently sits without allied health professional status. It is unclear to us in what sense the strategic aim is referring to this matter and further context would be helpful.

**Quote from professional association**

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The objective within the strategy has not been changed as a result of the comment, but it is clear further work is required to explore the GCC's position and approach to this subject.

## Themes emerging from organisational effectiveness:

Our sustainability, Our people, Our commitment to Equality, Diversity and Inclusion, Measuring our achievements

### Financial Sustainability and Fees

There was some concern that the strategy was hinting towards a fee increase

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One part of the document speaks about how you've never raised fees and how you have a sparse workforce and in this part you're setting out quality assurance of the education for which it sounds you don't have the workforce. So it feels like a thinly veiled way of saying you'll be putting up the fees.

**Quote from a non-registrant (qualified as a chiropractor)**

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While patients, in particular, felt that the GCC was unwise to rule out fee increases:

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I am very concerned that you have never raised your fees and this appears to be because you are over-concerned that your registration fees are already high...

I cannot help but draw a link between the failure to keep pace with inflation (by never increasing fees) and the reduced service you can therefore provide with effectively less money. This puts the GCC in a lose-lose position - not only are you expensive, you also are slow to react.

**Quote from a patient**

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Some thought should be given to increasing the registration fee - with a sliding scale for new registrants. Further improvements can possibly be made by learning from the other healthcare professional bodies.

**Quote from patient**

---

Others highlighted the unintended consequences of the current fee structure – particularly impacting those on [maternity](#) leave and new graduates.

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Reduce the annual fee for practice as a chiropractor and making it more accessible for students who graduate in July to prevent them paying an annual fee for a few months and then having to pay it again. This will result in faster rates of newly graduated chiropractors practicing in clinics, as at the moment the majority strategically wait until the renewable annual date to begin practicing.

**Quote from an academic**

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with one commenter at an event suggesting it may impact patient safety

---

a July graduate who delays their start until November for financial reasons will have been out of practice for up to 4 months, and this could “dull” their clinical skills at a vital point in their development.

**Comment (not verbatim) made at a face to face event**

---

One professional association felt there was not enough detail on the purpose of the GCCs financial reserves.

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Whilst prudent financial management is important we would suggest ... [the amount of reserves] appears to be a disproportionate amount of money to be keeping hold of with little indication from this document as to what if anything that money is to be used for

**Quote from a professional association**

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A new objective has been added that will explore how we can impact the financial burden on new graduates while retaining our financial sustainability.

## Equality, Diversity and Inclusion

A small number of comments questioned the focus on EDI and suggested it was politically or ideologically motivated, however many recognised its importance and made positive suggestions for further areas of focus for the GCC.

---

On Equality, Diversity, and Inclusion (EDI), we welcome the strategy's recognition of this as a priority. The profession must reflect and serve the diverse communities in which chiropractors practise. We encourage the GCC to set measurable EDI objectives - not only within its own organisation, but also across registrant engagement, education standards, and FtP processes.

**Quote from the Royal College of Chiropractors**

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I really appreciate the GCC's focus on equality, diversity, and inclusion. Making chiropractic inclusive and welcoming to anyone/everyone aligns with the holistic values of our profession. Removal of barriers helps ensure everyone feels appreciated and supported.

**Quote from a student**

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Alongside the impact on people on [maternity](#) leave, responses suggested we further consider neurodivergence, disabilities and economic factors:

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I recommend integrating further accessibility measures specifically for neurodivergent and disabled individuals, as these groups are often overlooked or insufficiently supported. Ensuring that systems, communications, and regulatory processes are inclusive of diverse cognitive and physical needs will enhance fairness, improve engagement, and strengthen public trust in the profession and the regulator.

**Quote from recent graduate (not yet registered)**

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In terms of EDI, we are keen to see more reference to people with disabilities, as they seem to get missed from this umbrella sometimes. Given the nature of our work, we believe this should have more prominence.

**Quote from a Professional Association**

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Has the GCC given consideration to the inequalities in access to Chiropractic services caused by economic factors? Many people who could benefit simply cannot afford to pay.

**Quote from a patient**

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## Digital readiness

A number of respondents questioned if the strategy was sufficiently bold or ambitious in relation to digital readiness and artificial intelligence:

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On digital transformation, however, the ambition appears cautious. While it is positive that the strategy references AI, the framing as “exploratory” risks underplaying the potential benefits.

**Quote from the Royal College of Chiropractors**

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While AI is mentioned, it is framed in purely exploratory terms. Other regulators are already piloting AI tools for tasks such as triaging complaints and analysing advertising compliance, and the GCC could strengthen this strategy by committing to similar small-scale pilots within this period, using them as opportunities to test efficiency gains and improve regulatory reach.

**Quote from registrant (11 – 15 years)**

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In response the objective on artificial intelligence has been reworded to be bolder

## Measurement and reporting

Registrants identified the importance of reporting our progress back to the profession, patients and other stakeholders.

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To ensure this commitment delivers, the GCC should define tangible performance indicators, such as the number and diversity of stakeholders engaged annually, the proportion of engagement outcomes that lead to policy changes, and the timeliness of feedback loops to participants. Without clear metrics and visible follow-through, there is a risk that this (strategy) reads as an intention rather than a driver of meaningful change.

**Quote from a registrant (16 - 20 years)**

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The intention to apply the GMC's High Impact Regulatory Decisions model to reduce bias and to track performance through PSA monitoring, audits, and regular feedback is also positive.

**Quote from a registrant (11 - 15 years)**

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The GCC should commit to public, proactive warnings, clear conditions on recognition, and transparent monitoring to ensure standards remain high. Working within the current Act does not mean standing still, it means applying every existing lever, learning from peers, and making enforcement visible, proportionate, and effective.

**Quote from a registrant (11 - 15 years)**

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## Feedback on the consultation process

This section highlights opportunities to learn from the consultation process.

Some commented on the timing

Please try and avoid summer consultations as was hard to get engagement in this one with everyone on holiday!

Quote from a professional association

And others expressed frustration with the number of questions on the Equality and Welsh language Impact Assessment.

A significant amount of questions are focused on this particular aspect and although it is important it is likely to significantly reduce the repones [sic] rate to the overall consultation as it is does not directly apply to the majority of the profession.

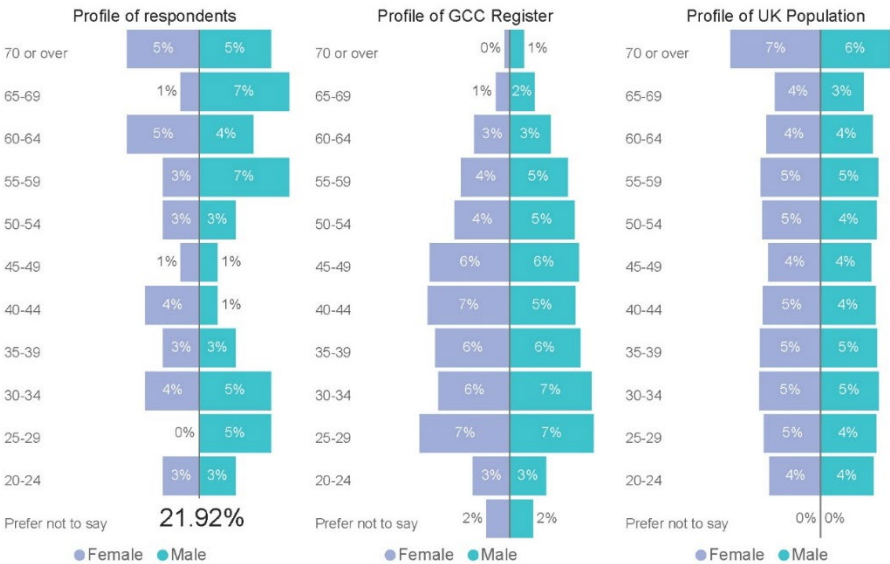
Quote from a registrant (16 - 20 years)

In future consultations we will word these questions to highlight that these help us fulfil our legal duties, and we will look again at if the questions can be streamlined.

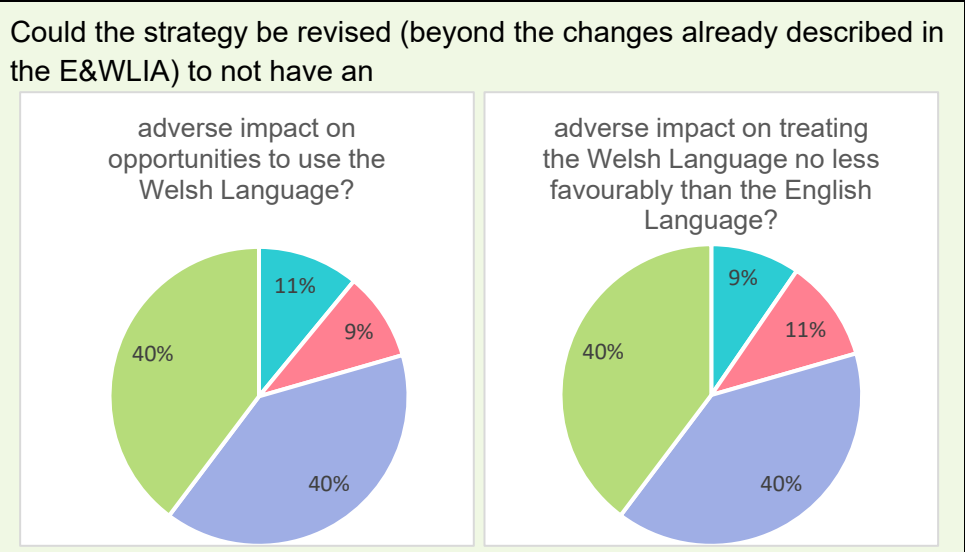
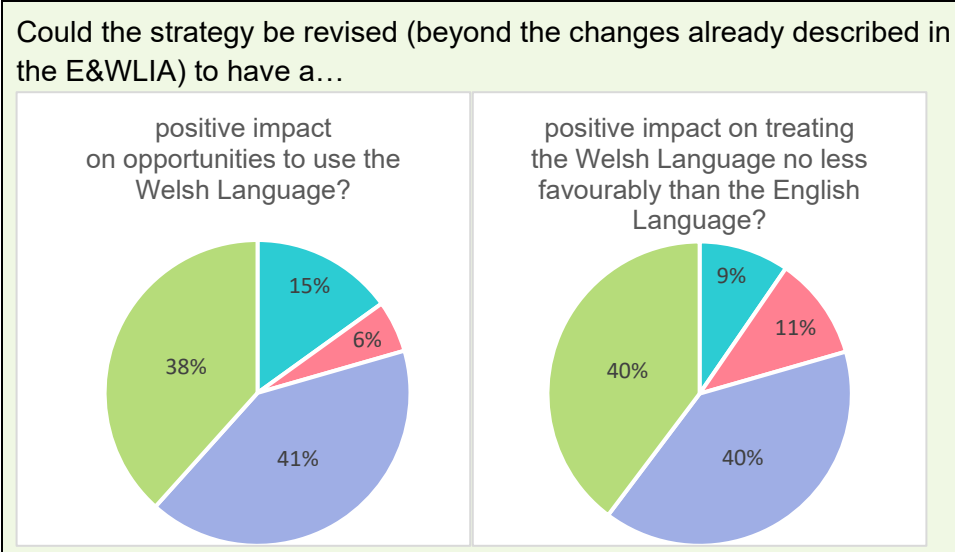
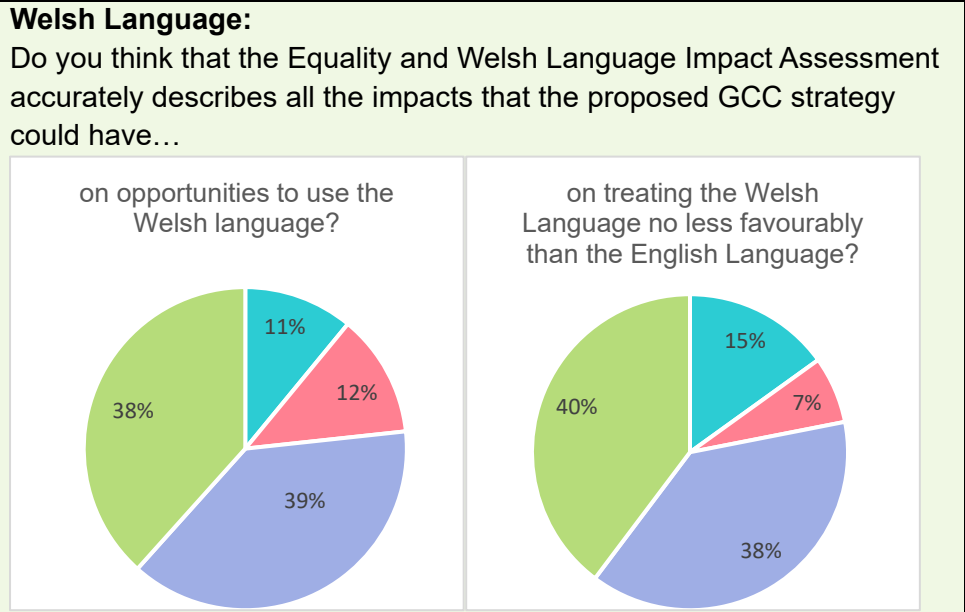
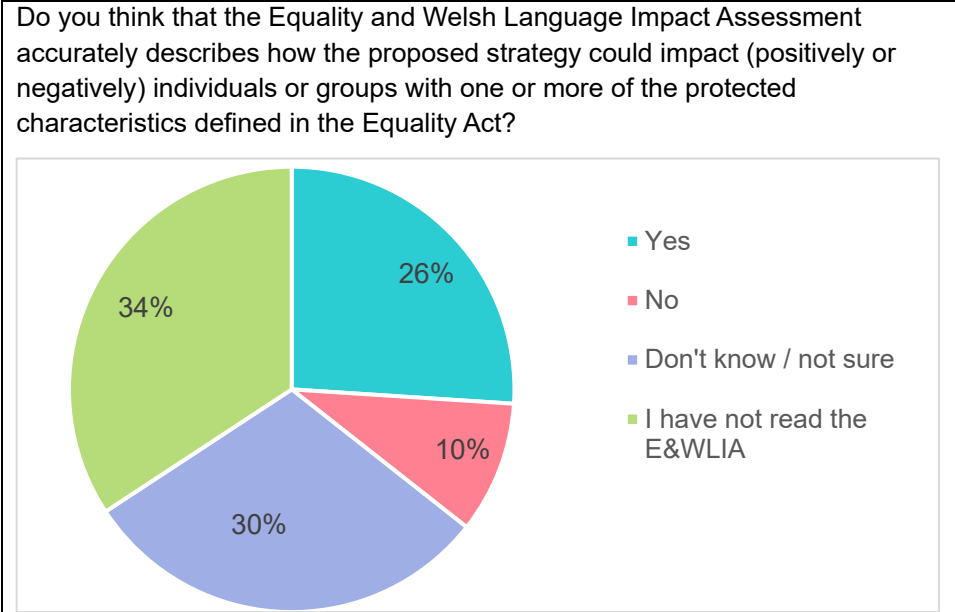
The “single-question opt-out” for the diversity monitoring section was a particular frustration. Due to a technical issue, this didn’t function as intended, and we did not become aware until the consultation closed. We have [apologised for this in the monthly newsletter](#) and updated our model consultation survey to try to prevent it from happening again.

### Diversity of respondents

Appendix 2 shows the diversity profile (where provided) of respondents. It is notable that the age/sex profile pyramid for the respondents does not reflect the UK population or the profile of the GCC register, and we will consider how we can better engage younger registrants in future consultations.



Equality and Welsh language Impact Assessment



## Appendix 1 - Consultation Survey Questions

The following questions were asked of respondents:

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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. 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):

---

*Only answer these questions if you are a chiropractor currently registered with the General Chiropractic Council*

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

- Practising
- Non-practising

4. 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

---

*Only answer these questions if you are responding on behalf of an organisation*

5. What is your name?
  6. What is your email address? (We will only use this if we need to clarify any details in your response).
  7. What is the name of the organisation you are responding on behalf of?
  8. If you would like to give us further information about your organisation, please do so here:
- 

9. How much do you agree or disagree with the following statements about the proposed General Chiropractic Council Strategy for 2026-2030?

#### The Strategic Aims

The document clearly "makes the case for" each of the strategic aims.

- |                        |            |                                 |         |                     |
|------------------------|------------|---------------------------------|---------|---------------------|
| • Disagree<br>strongly | • Disagree | • Neither agree nor<br>disagree | • Agree | • Strongly<br>agree |
|------------------------|------------|---------------------------------|---------|---------------------|

The three strategic aims within the document are the right areas for the GCC to focus on to 2030.

- |                        |            |                                 |         |                     |
|------------------------|------------|---------------------------------|---------|---------------------|
| • Disagree<br>strongly | • Disagree | • Neither agree nor<br>disagree | • Agree | • Strongly<br>agree |
|------------------------|------------|---------------------------------|---------|---------------------|

#### Organisational Effectiveness

The document clearly "makes the case for" the changes proposed to develop organisational effectiveness.

- |                        |            |                                 |         |                     |
|------------------------|------------|---------------------------------|---------|---------------------|
| • Disagree<br>strongly | • Disagree | • Neither agree nor<br>disagree | • Agree | • Strongly<br>agree |
|------------------------|------------|---------------------------------|---------|---------------------|

The factors identified within the strategy (Sustainability, People, Commitment to EDI and Measurement) are the right factors to focus on to 2030.

- |                        |            |                                 |         |                     |
|------------------------|------------|---------------------------------|---------|---------------------|
| • Disagree<br>strongly | • Disagree | • Neither agree nor<br>disagree | • Agree | • Strongly<br>agree |
|------------------------|------------|---------------------------------|---------|---------------------|
- 

#### Strategic aim number 1:

We will uphold professional standards throughout the career of every chiropractor.

10. How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

11. Please share any further comments you may have about the strategic aim or the corresponding strategic objectives.
-



Strategic aim number 2:

We will deliver our core regulatory, registration and education activities to a high standard.

12. How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

13. Please share any further comments you may have about the strategic aim or the corresponding strategic objectives.

---

Strategic aim number 3:

We will collaborate to shape the profession's future.

14. How much do you agree or disagree that the objectives we have identified in the proposed strategy will help us to achieve this aim?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

15. Please share any further comments you may have about the strategic aim or the corresponding strategic objectives.

---

Our commitment to Equality, Diversity and Inclusion

16. Do you think that the Equality and Welsh Language Impact Assessment (E&WLIA) accurately describes how the proposed strategy 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

17. Please add any further comments or observations on the Equality and Welsh Language Impact Assessment (E&WLIA), or on how the proposed strategy could impact those with one or more protected characteristics.

---

## The Welsh Language Standards

18. Does the Equality and Welsh Language Impact Assessment describe all the impacts of the strategy?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

19. Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC strategy could have on opportunities to use the Welsh language?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

20. Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC strategy could have on treating the Welsh Language no less favourably than the English Language?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

21. Could the proposed GCC strategy be revised (beyond the changes already described in the E&WLIA) so that it would have a positive impact, or increased positive effects, on opportunities to use the Welsh Language?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

22. Could the proposed GCC strategy 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?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

23. Could the proposed GCC strategy 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?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

24. Could the proposed GCC strategy 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?

- Yes
- No
- Don't know / not sure
- I have not read the E&WLIA

25. Please add any further comments or observations on the Equality and Welsh Language Impact Assessment, or on how the proposed GCC strategy could impact opportunities to use the Welsh Language, or treat the Welsh Language less favourably than the English language.

26. 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 through our activities?

- Yes
  - No - go to page 16.
- 

27. Age:

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

28. Are you:

- Male
- Female
- Prefer not to say

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

- Yes
- No
- Prefer not to say

30. How do you describe your sexual orientation?

- Bi
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Prefer not to say

31. How do you describe your religion or belief?

- |             |                         |
|-------------|-------------------------|
| • Baha'i    | • Muslim                |
| • Buddhist  | • Sikh                  |
| • Christian | • Other and no religion |
| • Hindu     | • No religion/belief    |
| • Jain      | • Prefer not to say     |
| • Jewish    |                         |

32. 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).

- Yes
- No
- Prefer not to say

33. How do you describe your ethnic origin?

Arab or Arab British

- Arab
- Other Arab

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- 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

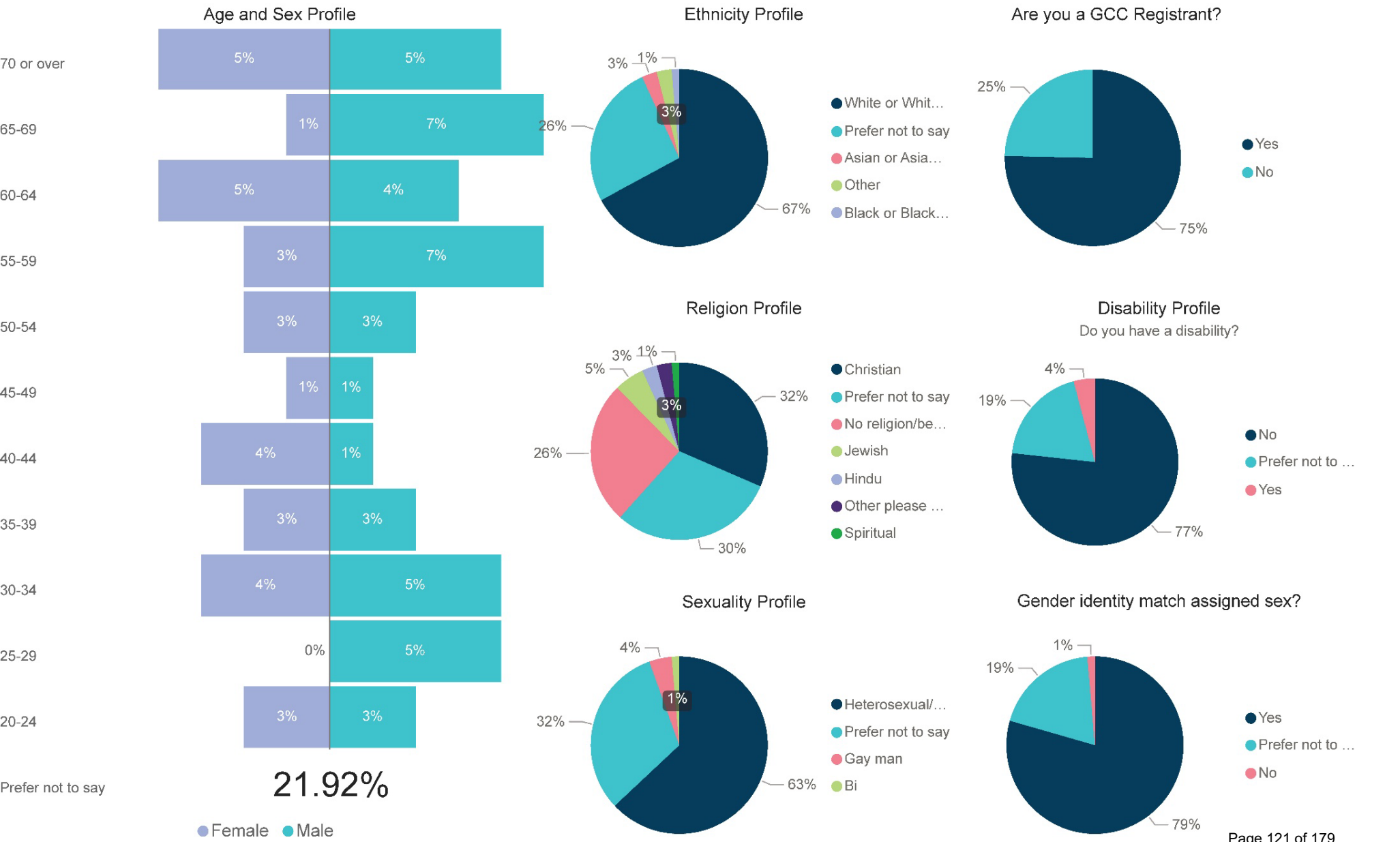
- Prefer not to say
- Other ethnic group (please specify)

---

34. Please share any further comments on the proposed GCC strategy or any further comments about this consultation:

Appendix 2 - Diversity profile of respondents

N=73



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[This document is also available in Welsh.](#)

07: Annex C: Equality and Welsh Language Impact Assessment (as amended)

GCC Strategy 2026-2030:

# Equality Impact Assessment

and Welsh Language Impact Assessment

Published by General Chiropractic Council  
to support the GCC Strategy 2026-2030

October 2025



## GCC Strategy 2026-2030

### Equality and Welsh Language Impact Assessment

#### Step 1 – Scoping the Assessment

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	
GCC Strategy 2026-2030	
Is a new or existing policy/activity?	
This is a new strategy to replace the previous strategy (2022-2024). This assessment has been updated following a public consultation in July and August 2025.	
What is the main purpose and what are the intended outcomes of the policy/activity?	
<ul style="list-style-type: none"> <li>Set the strategic direction and aims for the General Chiropractic Council to 2030.</li> <li>Identify specific objectives that will deliver those aims.</li> <li>Direct the priorities for each year's business plan to 2030.</li> <li>Identify key factors supporting organisational effectiveness to support the delivery of the objectives and aims.</li> <li>Highlight changes and developments to these key factors.</li> </ul>	
Who is most likely to benefit or be affected by the policy/activity	
The strategy will impact all aspects of how the GCC carries out our work, and therefore will affect all GCC stakeholders. As a strategic approach it is unrealistic to identify the specific impacts of all possible changes. Any substantive changes to policy or process will be subject to a further Equality and Welsh language Impact Assessment.	
Who is doing the assessment?	
Andrew Fielding, Policy and Insight Officer	
Dates of the Assessment	
<ul style="list-style-type: none"> <li>When did it start?</li> </ul>	May 2025
<ul style="list-style-type: none"> <li>When was it completed?</li> </ul>	September 2025
<ul style="list-style-type: none"> <li>When should the next review of the policy/activity take place?</li> </ul>	When the strategy is next reviewed



## Useful Information

<b>What information would be useful to assess the impact of the policy/activity on equality?</b>
<p>In developing the strategy, we have been led by concerns regularly raised with the GCC around the fairness, proportionality, accessibility and equity of our work. These have been evidenced in the Pulse Survey, in other research and surveys, in feedback from our stakeholders and partners, and in external assessments of our performance.</p> <p>Core to the strategy is a bold approach to balance the needs of modern regulation against the expectations of our legislation. The intention is to actively push the boundaries of our legislation where we perceive that it negatively impacts on equality and accessibility.</p>
<b>Is there data relating to people with any/each of the protected characteristics?<sup>1</sup></b>
<p>We have considered the diversity of the GCC register, and the diversity of the current cohorts of students studying at accredited UK institutions to qualify as chiropractors.</p> <p>We have also considered the attitudes to equality, diversity and inclusion within the current register using data from the 2023 Attitudes to EDI survey, and the 2023-2024 reflective CPD requirements.</p> <p>We have considered the patient views through the 2023 Attitudes to EDI (patients) survey, and the findings of the five Patients Perspective research reports.</p>
<b>Where can we get this information and who can help?</b>
<p>The public consultation on the strategy explored whether this impact assessment accurately describes how the strategy could impact (positively or negatively) individuals or groups with one or more of the protected characteristics.</p> <p>During the consultation we also spoke with the EDI working group to gain further insight into the impact of the strategy.</p>

<sup>1</sup> 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), the Isle of Man (The Equality Act (2017)) and Gibraltar (The Equality Act (2006)). The Northern Ireland legislation additionally identifies Political Opinion and having (or not having) children as protected characteristics.

## 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.**

We have privately discussed the ideas within the strategy with the Royal College of Chiropractors, education providers and other healthcare regulators.

During the consultation process we sought more structured engagement with all our stakeholders, and the finding of the consultation are available as a separate report.

**If you have identified gaps in the data that you need to inform your policy or activity development, how will these data gaps be addressed?**

We identify that we require further information from patients and the public around the impact of our strategy, and will specifically look to fill these data gaps during the implementation of the strategy.

## Step 3 – Data collection and evidence

**What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?**

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

In developing the strategy we have identified best practice and research from academics and other regulators into developing fair and equitable regulation.

We have looked at the “High Impact Regulatory Decisions” model being implemented by the General Medical Council. This model looks for the risks of bias (even when no bias can be identified) within decision making, and applies mitigation (and measurement of the mitigation) to reduce that risk of bias. We are keen to apply a similar model within the GCC and believe that this could make our processes more transparent as well as more equitable.

**What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?**

As identified above, each substantive change as we deliver the strategy will require a new (and specific) impact assessment.

We consider that the new strategy could raise “regulatory uncertainty” in how we approach and deliver our functions, and that uncertainty may disproportionately affect individuals with protected characteristics. We will seek evidence on this potential impact, and how it can be mitigated.

#### Step 4 – assessing impact and strengthening the policy

<p>What is the likely impact of the policy on individuals with specific protected characteristics? How has it been strengthened in response?</p>
<p>The strategic approach will allow us to reconsider statutory rules that are identified as impacting specific groups disproportionately, where we have previously been constrained by our legislation.</p> <p>We have not yet considered the scope of what this could include, and would seek further input from the profession and patients before considering any rules.</p> <p>Any substantive changes would also be subject to a specific Equality and Welsh Language impact assessment.</p>

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

<p><b>Welsh Language speakers – understanding the impact</b></p> <p>In line with the GCC's duties under standard 42 of <a href="#">Welsh Language Standards</a> 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.</p>
<p>The new strategy is likely to require reconsideration of many aspects of GCC policy and process which have not yet been reviewed, and are therefore not yet published in the Welsh Language.</p> <p>The detailed impact of any substantive changes would be subject to a specific Equality and Welsh Language impact assessment.</p> <p>There were no material comments on the impacts of the strategy on our Welsh language duties emerging from the consultation.</p>
<p><b>Welsh Language speakers – creating positive impacts</b></p> <p>In line with the GCC's duties under standard 43 of the <a href="#">Welsh Language Standards</a> 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.</p>
<p>The opportunity to create positive impacts through the introduction of any substantive changes to policy or process would be subject to a specific Equality and Welsh Language impact assessment.</p>
<p><b>Welsh Language speakers – decreased adverse impacts</b></p> <p>In line with the GCC's duties under standard 44 of the <a href="#">Welsh Language Standards</a> 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.</p>

The opportunity to decrease adverse impacts through the introduction of any substantive changes to policy or process would be subject to a specific Equality and Welsh Language impact assessment.

## Step 6 – Other identified groups

### Socio-economic group and income

The consultation identified a need for greater focus on inequality caused by economic factors (patients, and new graduates).

### 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 have not identified any interactions with the legal and cultural frameworks of the countries in which we operate that cause any specific impacts.

## Step 6 – Summary of analysis

The consultation highlighted a number of areas where respondents felt there was a need for greater focus or prominence within the strategy:

- Maternity and parental leave (registrant – particularly around fees and non-practising)
- Neurodivergence and disability (both registrant and patient)
- Inequality caused by economic factors (patients, and new graduates).

## Step 7 – Action Plan

### Summary of action plan

In response to the concerns raised in the consultation, the issue of maternity (and other career breaks for childcare reasons) has been specifically identified in the strategy as an area where the inflexibility of our rules affect people unfairly. This will be responded to within projects in the strategy.

We have introduced a new objective to consider the financial burden for new graduate registrants, and those taking a break from practice.

We will enhance our understanding of the public and patient perspective through research, including with people who have lived experience of barriers to accessing care and services. We will also measure and understand how attitudes towards inclusivity within the profession change over time. We will use these insights to shape our policies and decision-making and will share our findings with the profession.

As we develop the policies and processes set out in the strategy, we will seek out and hear diverse perspectives, to benefit from the lived experience of those that face challenges interacting with us and use their insight to challenge bias in ourselves and others.

We intend to do this early in our development process – we want patients, students and registrants (particularly those with protected characteristics, and those who are directly impacted by a policy) to help us define the scope of the change being considered – not just its eventual impact.

#### **What is the impact of the policy/activity over time?**

#### **Where/how will this EIA be published and updated?**

The EIA has been updated and reviewed following this consultation to reflect the insights received from respondents. We will review the impact of the strategy as it is delivered.

#### **Feedback on EIA from consultation responses**

As reported in the consultation report, the majority of respondents had no view on the Equality and Welsh Language Impact Assessment.

Within the comments, a small number questioned the focus on EDI and suggested it was politically or ideologically motivated, however many recognised its importance and made positive suggestions for further areas of focus for the GCC.

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Published by the GCC: 01 October 2025.

**For approval**

# Business Plan 2026 Outline

## Purpose

This paper presents the proposed outline of priorities set out within the 2026 Business Plan, the first year of delivery of the new Strategy. It enables feedback and a steer as necessary, in advance of Council considering the full and detailed costed business plan proposal at its meeting in December 2025.

## Summary

This is our outline of the 2026 Business Plan, which aligns with the corporate strategy for 2026 – 2030. It is the first-year plan for the strategy period although several activities will extend over more than a single year. The theme of the plan is exploration and review.

To achieve the long-term vision set out in strategic aims, we must reassess our operational and regulatory framework within a modern, rapidly evolving landscape and seek to deliver right-touch regulation. While undertaking this work, we must and will continue to carry on our core duties as a health and care professions regulator well through our business-as-usual activities.

This work lays the foundations to ensure the GCC remains responsive, resilient and relevant in the years ahead.

## Alignment to strategy, risks and budget

- This is aligned to the Corporate Strategy 2026-2030.
- There are some risks identified at this stage. As a small organisation, we are limited to our resources and capacity, any impact to this would have a consequential impact on delivery. However, we believe this is mitigated by ensuring that resources are used proportionally throughout the year. Details of timeline will be presented in December 2025.
- The proposed budget is £171k and is accounted for in the 2026 budget forecasts.

## Recommendations

Council is asked to approve the outline of the 2026 Business Plan to enable further planning, And

- Confirm the proposed activities are the right priorities and reflect our strategic intent
- Flag areas where risks are high with an expectation of more detailed business cases coming forward
- Note the outline plan for subsequent years of the strategy period.

**Mary Nguyen**

**Business and Project Officer**

## Background

1. Subject to decision, the GCC Corporate Strategy 2026 – 2030 sets out to achieve three aims:
  - We will uphold professional standards throughout the education and career of every chiropractor
  - We will deliver our core regulatory and registration activities to a high standard
  - We will collaborate to shape the profession's future
2. To achieve these aims, we identified key enabling elements for an effective organisation: organisational sustainability, our people, and our commitment to equality, diversity and inclusion.
3. We are now developing the business plan to implement the first year of delivery of the new Strategy. This is an opportunity for Council to consider and offer feedback on our proposed priorities.

## Business Plan 2026

4. The 2026 Business Plan represents a foundation year for the new Corporate Strategy.
5. While we will carry on our core duties as a health and care professions regulator through the business-as-usual work, we will be exploring, researching and reviewing activities to position the GCC, and the profession, for longer-term effectiveness and resilience.
6. Several of the proposed activities cross over several years as projects that will begin with exploratory or scoping phases in 2026, with development and implementation continuing in subsequent years. An overview of this is provided in **Annex A**.
7. The proposed activities of each strategic aim are:

### ***Aim 1: We will uphold professional standards throughout the education and career of every chiropractor***

- Review and develop a new Enforcement Policy on S.32 and Protection of Title to ensure clarity and proportionality
- Develop toolkits on Professional Boundaries, Safeguarding, and wellbeing interventions to support registrants in maintaining professional standards
- Undertake a scoping review of the CPD framework



***Aim 2: We will deliver our core regulatory and registration activities to a high standard***

- Explore the development of an early resolution model for concerns, to improve efficiency and fairness in fitness to practise (FtP) processes
- Incorporate the adjudication process into the case management system, streamlining FtP workflows
- Review the registration fee structure, including engagement with non-practising chiropractors, to get a better understanding of their decisions and explore future solutions.

***Aim 3: We will collaborate to shape the profession's future***

- Engage with registrants through public consultations, webinars and social media
  - Support the early-phase establishment of the National Centre for Chiropractic Research (NCCR) to enable the development of coordinated and collaborative research across the UK education institutions
8. To enable the GCC in succeeding our ambitions listed above, the additional proposed activities to be undertaken include:
- Develop a **Financial Strategy** that leverages our strong reserve position to enable investment in the objectives set out in the strategy
  - Develop a **Digital Strategy** (encompassing AI and IT) to drive improvements in safer care and operational efficiency
  - Explore how the GCC can apply the model of **High Impact Regulatory Decisions** (developed by the General Medical Council) to its own framework
  - Include **Equality Impact Assessment** across all relevant activities
  - Engage with patients and registrants early in the development process of projects
  - Make our services more accessible where possible
  - Introduce a '**Speak Up Guardian**' role or similar, offering a safe and confidential way for staff and partners to raise concerns
  - Upskill the team in regulation and legal knowledge
9. An infographic of key activities and projects proposed for the 2026 Business Plan is at **Annex B**.
10. The start dates of activities will be phased throughout the year and of course we will balance scheduling the work programme against resource availability.
11. Council is to note that (as we have done in previous years) a detailed business plan proposal with budget and timelines will be presented at its meeting in December 2025 for approval.

## 08: Annex A: Business Plan 2026 Outline

### Overview of Multi-Year Activities

The diagram below illustrates how our key strategic initiatives and projects progress from one year to the next, highlighting the multi-year nature of several initiatives.

As these activities expand from two to three years, the full benefits of these projects will generally be realised from 2028 and onwards. As such, the focus will be on building the evidence base, frameworks and engagement with stakeholders required for successful implementation.



## 08: Annex B: Business Plan 2026 Outline

## An infographic of GCC Business Plan 2026

**Aim 1**

**Uphold professional standards throughout the education and career of every chiropractor**

Developing an Enforcement policy on S.32 and Protection of Title

Developing a toolkit on Professional Boundaries

Developing a toolkit for Safeguarding and wellbeing interventions

Scoping and reviewing the CPD framework

**Aim 2**

**Deliver our core regulatory and registration activities to a high standard**

Exploring the adoption of an early resolution model for concerns

Incorporating the adjudication process into the case management system

Researching to better understand the decisions of non-practising chiropractors and then in turn, consider the registration fee structure

**Aim 3**

**Collaborate to shape the profession's future**

Exploring approaches to engage registrants and patients, and build their trust, in the development of our processes.

Considering contributing to short-term core funding towards the early-phase establishment and operational costs of a shared chiropractic research centre



Our people



Our sustainability



Equality, diversity and inclusion



Develop a Financial Strategy	Develop a Digital Strategy (AI and IT)	Explore applying the model of High Impact Regulatory Decisions	Include Equality Impact Assessment across key activities/projects
Make our services more accessible where possible	Introduce 'Speak Up Guardian' role	Upskill team in regulation and legal knowledge	Review the Fitness to Practise operating process and model



For approval

# Professional Boundaries Guidance

## Purpose

Council is asked to consider the proposed GCC Guidance for Registrants on Professional Boundaries; the proposed consultation documents; and the draft Equality and Welsh language impact assessment.

## Summary

During 2025, the GCC is updating all the registrant guidance to support the implementation of the Code of Professional Practice from 1 January 2026.

The proposed new guidance on professional boundaries replaces the previous “Maintaining Sexual Boundaries Guidance” published in 2016. The new guidance is substantially expanded to include:

- Financial and emotional boundaries
- Power imbalance
- Respect and dignity
- Boundary crossing by patients
- Expectations when a chiropractor is the recipient of inappropriate behaviour

As agreed by Council in June 2025, feedback from the RCC, four Professional Associations and the GCC EDI working group has informed this draft.

We must consult, and in in English and Welsh. We will do so for four weeks from 2 October 2025. The consultation materials are enclosed.

## Alignment to strategy, risks and budget

- This work is aligned with an objective of GCC Strategic Aim 1:  
*Supporting registrants to meet the new standards within the Code of Professional Practice with learning, guidance and information.*
- Alongside the EDI Working group we have considered how the guidance may impact individuals with protected characteristics, and the use of the Welsh Language, in the Equality and Welsh language impact assessment (Annex C).
- During 2024 we conducted research with 36 patients, across a range of demographics and chiropractic experience. Participants considered a series of

scenarios concerning professional boundaries and discussed emerging themes in focus groups. These findings have informed the guidance.

- The have identified a risk that, to deliver the guidance in 2025, the consultation period is shorter than usual. However, the document has already benefited from comments from the profession.
- The development of the guidance, and the consultation, are budgeted for within the 2025 business plan in the project to implement the Code of Professional Practice.

## **Recommendations**

Council is asked to approve the proposal to consult on the GCC Guidance for Registrants on Professional Boundaries.

**Penny Bance**

**Director of Development**

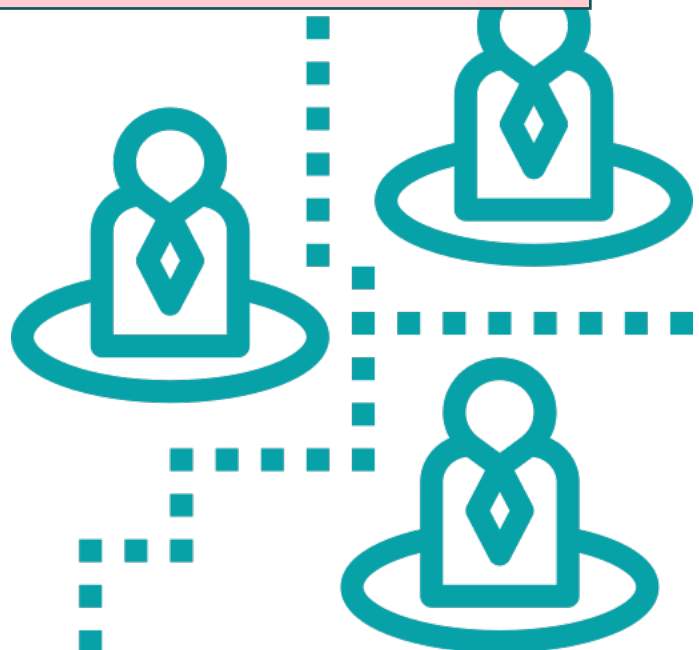


9A: Annex A: Proposed Boundaries Guidance

The General Chiropractic Council  
Guidance for Registrants:

# Professional Boundaries

Proposed Guidance published for  
consultation, October 2025



## Guidance for Registrants

Guidance for registrants is supplementary to the Code of Professional Practice and supports registrants in meeting the expected Principles and Standards.

Whilst there is an expectation that guidance will be followed unless there is a good reason not to do so, there may be other acceptable ways to secure the same outcome required under the Code of Professional Practice.

If a chiropractor's Fitness to Practise is questioned, both the Code of Professional Practice and the relevant supplementary guidance will be considered to assess any breach of professional standards.

Each year (as part of the process to retain registration) all chiropractors are asked to confirm that they are keeping up to date with the supplementary guidance published by the General Chiropractic Council.

### The Purpose of this Guidance

This guidance will assist registrants to meet the expectations of the Code of Professional Practice in relation to Professional Boundaries.

It covers:

- Power Imbalance
- Sexual Boundaries (including Intimate Examinations)
- Emotional Boundaries
- Respect and Dignity
- Financial Boundaries (including Conflicts of Interest)
- Specific Risks of Social Media and Digital Communication
- Speaking up

### Publication History

This proposed guidance is published 01 October 2025 for consultation.

#### Changelog

Date	Change
October 2025	This proposed edition is expanded to include other types of professional boundaries in line with the principles and standards within the Code of Professional Practice.
April 2016	<a href="#">Guidance on Maintaining Sexual Boundaries</a> published.



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## Relevant Principles, Standards and Definitions in The Code of Professional Practice

**Principle E:**

You must establish and maintain clear professional boundaries

As a chiropractor you must

**Standard E1:**

recognise the power imbalances that come with being a healthcare professional. You must not abuse the position of power and trust which you occupy as a professional. You must not pursue or encourage improper financial, emotional or personal relationships. You must not cross any professional boundary: this includes sexual boundaries.

The following Principles, Standards and Glossary definitions may also be relevant:

**Principles:**

**Principle C:** You must act with honesty, and integrity, and maintain the highest standards of professional and personal conduct

**Principle H:** You must foster collaborative healthcare, effective professional relationships and safe, supportive workplace practice.

**Standards:**

C9, C10, E2, E4, G6, H5,

**Glossary definitions:**

Abuse; Advocate; Boundaries; Bullying, harassment or intimidation; Chaperone; Child/children; Complexity; Consent; Dignity; Discriminate (discrimination); Diversity; Employ, manage or lead; Equality; Escalate (concerns); Financial payment plan; Health Literacy; Improper; Inducement; Interest(s); Intimate Procedure; Personal bias(es); Power imbalance;

The following Guidance for Registrants may also be relevant:

- Consent
- Advertising
- Social media

## Introduction

1. You occupy a position of power and trust, with respect to patients and others. Patients, and those close to them, must be able to trust that those involved in their care will behave professionally towards them. Power imbalances between colleagues can also exist and must not affect professional conduct (this includes when training or supervising others).
2. Recognising and maintaining clear professional boundaries is fundamental to safeguarding the therapeutic relationship with the patient, upholding professional integrity, and ensuring ethical, respectful, and safe care for all individuals.
3. This guidance sets out our expectations in relation to personal and professional boundaries, respect for others, trust and vulnerabilities within the healthcare environment. The same principles of behaviour apply whether you are interacting in a face to face, telephone or online setting (including [social media](#)).
4. Dependent on circumstances, the chiropractor may be the perpetrator in an improper or abusive relationship, or the person being harmed by an improper or abusive relationship.
5. A person harmed, or at risk of harm, in an improper or abusive relationship may not recognise their situation. Their awareness may also be shaped by the perpetrator's actions or behaviour. They may:
  - be unaware that a professional boundary exists or has been crossed
  - disagree that a boundary was crossed or that harm (or risk of harm) occurred
  - believe they consented to, encouraged, or were responsible for the crossing of the boundary

The perpetrator remains accountable, regardless of the belief or awareness of the person being harmed.

## Understanding Power Imbalance

6. Power imbalance occurs when one person holds, or is perceived to hold, more authority or influence than another. When one person occupies a position of greater power this is positively associated with trust on the part of others. A power balance is not inherently improper or abusive, but exploitation of a power imbalance or vulnerability will cross a professional boundary.
7. Power imbalance can be influenced by several factors – these can be contextual or personal, real or perceived, and can be consciously manipulated or unconsciously present. Power imbalances are not fixed and can change over time.
8. Examples of factors that may affect power imbalance within any relationship include:
  - protected characteristics: differences in age, sex, gender, sexual orientation, relationship status, race, religion or belief, disability, pregnancy or maternity
  - differences in education, experience or qualification
  - employment, contracts, disparities in wealth
  - vulnerability
  - language barriers or other difficulty communicating

These factors will intersect and overlap, so power imbalance must be considered in the context of the full identity, life experience and background of the people involved.

### Power imbalance in your relationship with patients:

9. It is your responsibility to be aware of the potential for power imbalance between you and your patient, to identify the vulnerability of a patient and to maintain professional boundaries to protect you and them.
10. Examples of factors and biases that may affect the power imbalance between a chiropractor and a patient can include, but are not limited to:

#### **The patient:**

- may be in an unfamiliar situation and not know what is appropriate in terms of physical interactions and treatment
- may choose to, or must, share personal information
- may be experiencing pain, illness, stress or emotional vulnerability
- may be influenced by environmental clinical cues such as:
  - the wearing of a white coat or other uniform
  - the use of the courtesy title “doctor of chiropractic”
  - the clinic setting
  - the use of screening or diagnostic devices
  - being expected to remove clothing or wear a gown

## The chiropractor

- knows what constitutes appropriate professional practice and behaviour
- has access to the knowledge and any resources that the patient needs
- controls the level of intimacy and/or physical contact during the therapeutic process
- can influence the number and regularity of treatment, and how information about risks and benefits is framed
- may be charging for their services

## Vulnerability

11. Some patients may be more vulnerable than others due to factors such as illness, physical or mental health conditions, disability, frailty or challenging life circumstances. Vulnerability may be either temporary or long-term. An emotionally strong person can feel vulnerable in certain situations, such as during a clinical visit. All children and young people under the age of 18 should be regarded as vulnerable.
12. The more vulnerable a patient is, the more likely it is that forming a personal relationship with them would represent an abuse of power and a breach of your professional responsibilities.

## Power imbalance in your relationship with colleagues:

13. Power imbalances will exist between junior and senior colleagues, and between students and supervisors. You must be mindful of these dynamics and ensure that you do not misuse your position to exert undue influence or take advantage of others.
14. Relationships between colleagues that are consensual and mutually agreed are a private matter. However, it is essential that professional boundaries are always respected, and that the existence, development, or ending of such relationships does not negatively affect clinical practice or the wider working environment. Power imbalances between colleagues make this more important to manage.
15. Relationships where there is a significant power imbalance (for example between a supervisor and a student, or where one person has influence over another's training or career opportunities) carry a higher risk of being perceived as non-consensual, either during the relationship or after it has ended. Caution is necessary to ensure professionalism is maintained and individuals are protected.

## Chaperones and advocates

16. Chaperones and advocates add a layer of protection for both you and the patient - especially in sensitive contexts where there is a risk (or perceived risk) of a professional boundary being crossed (see Guidance for registrants: Consent<sup>1</sup> paragraphs 49-54).
17. It is your responsibility to offer a chaperone or advocate when you consider that it may be needed or advisable.

## Professional Boundaries

18. Patients must be able to trust that chiropractors involved in their care will behave appropriately towards them during consultations and not see them as a potential sexual partner, or as a target for exploitation, abuse or harassment.
19. Patients are protected when you ensure that all your conversations and interactions with a patient are confined within the limits set by proper boundaries for the professional relationship. This includes ensuring that a patient, and others who accompany them, are treated respectfully and with dignity.
20. It is important to maintain professional boundaries with colleagues, students and others with whom you have a professional relationship. Professionalism and mutual respect among colleagues are fundamental to fostering a positive workplace culture. Everybody must feel safe, valued, and respected within their working environment.

## Sexual Boundaries and Sexual Misconduct

### Inappropriate sexual behaviours

21. All forms of sexual misconduct, including all forms of sexual harassment, are always unacceptable and can be criminal in nature.
22. You must not engage in any form of sexual advance or display sexual behaviour towards a patient or colleague.
23. In England, Scotland and Wales, an employer has a positive legal duty to take reasonable steps to prevent sexual harassment of their workers<sup>2</sup>.
24. In its guidance on maintaining personal and professional boundaries<sup>3</sup>, the General Medical Council list inappropriate and unacceptable sexual behaviours. Examples include:
  - sexual assault or rape
  - voyeurism or stalking
  - sexual or sexist comments, jokes, innuendo and 'banter'
  - suggestive looks or leering
  - groping or repeated unwelcome touching
  - sexual gestures
  - a person discussing their own sex life
  - intrusive questions about a person's private or sex life
  - sending sexually explicit emails, text messages or posts on social media
  - displaying sexually graphic pictures, posters or photos
  - spreading sexual rumours about a person
  - propositions and sexual advances
  - making promises in return for sexual favours
  - excessive or unwanted compliments on a person's appearance

25. Inappropriate and unacceptable sexual behaviour does not need to be sexually motivated – it can have the effect of threatening, intimidating, offending, undermining, humiliating or coercing a person or group.
26. Inappropriate and unacceptable sexual behaviour can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

### Sexual behaviour by a patient

27. If a patient displays sexual behaviour towards you and you feel it is safe to address the situation, you should inform them clearly that their behaviour is inappropriate and request that they stop.
28. If the behaviour continues, or if you do not feel safe to challenge the patient or proceed with the interaction, you should remove yourself from the situation and seek assistance. The incident should be reported in accordance with your local procedures, and you should consider if you require further support.
29. You should keep a record of the incident. This can be helpful if you are ever asked to justify your actions in the event of a future complaint.

### Intimate examinations/treatment

30. You must take particular care to obtain valid consent when there is a clinical need for clothing to be removed or if an assessment or care involves an intimate area. This is to avoid crossing (or being perceived to cross) a sexual boundary (see Guidance for registrants: Consent<sup>1</sup> paragraphs 43-48).
31. If assessment and/or care involves an intimate area, you should offer the patient the option of having a chaperone or advocate present, wherever possible (see Guidance for registrants: Consent<sup>1</sup> paragraphs 49-54).
32. The presence of a chaperone or advocate, who is acceptable to both the chiropractor and patient, can provide emotional reassurance to the patient and serve as a safeguard to both parties (see Guidance for registrants: Consent<sup>1</sup> paragraphs 49-54).

## Relationships with patients

33. Chiropractors must not pursue a sexual or inappropriate emotional relationship with a current patient or their carer.
34. While feelings of attraction may arise, it is your professional responsibility never to act on them. Doing so risks causing harm, undermines patient trust, and compromises the integrity and public confidence in the chiropractic profession.
35. You must take steps to ensure you maintain appropriate professional boundaries. If you do not believe you can remain objective and professional, you must discontinue care for the patient in line with the appropriate standards and guidance.

## Discontinuing care

36. If you choose to refuse or discontinue care for a patient you must record your decision, including a reasonable justification and the actions you have taken. You should:
  - find, or help the patient to find, an alternative chiropractor or other appropriate healthcare professional
  - ensure a proper transfer to that chiropractor or healthcare professional takes place
  - transfer care in a way that does not make the patient feel that they have done anything wrong

## Relationships with former patients

37. Sexual relationships with any former patient (or their carer) are often inappropriate and are strongly discouraged. The inappropriateness will be increased by factors such as:
  - how long the professional relationship lasted and how recently it ended
  - whether the former patient was particularly vulnerable at the time of the professional relationship (see [Vulnerability](#)), and whether they might still be considered vulnerable
  - the nature of the previous professional relationship
  - whether you will be caring for other members of their family
  - whether an exploitation of power, trust or knowledge obtained whilst there was a professional relationship has influenced the development or progression of a sexual relationship
  - whether you would be abusing your professional position
38. You must give serious consideration to the factors above before pursuing a relationship with a former patient.



## Emotional Boundaries

39. It is essential to maintain clear emotional boundaries to ensure that the therapeutic relationship remains focused on the care and wellbeing of the patient.
40. Crossing emotional boundaries can undermine objectivity, distort professional judgement, and may lead to a misuse of the power and influence held by the chiropractor.

### Inappropriate emotional behaviour by the chiropractor

41. Crossing of emotional boundaries often occurs when power imbalances are not acknowledged or are exploited, even unintentionally. You must be especially aware in recognising when your own emotional needs or attachments begin to influence your interactions with a patient.
42. Crossing emotional boundaries may involve engaging in conversations or behaviours that shift the relationship from professional to personal. This includes sharing personal emotional struggles, expressing affection or personal feelings toward the patient, or encouraging emotional reliance beyond what is appropriate in a clinical setting. These actions can confuse the nature of the relationship, compromise the care of the patient, and potentially cause emotional harm.
43. When strong emotions arise, whether in response to a patient's situation or from one's own circumstances, it is important to seek colleague support or professional advice. Do not seek or solicit emotional support from a patient or their carer.

### Inappropriate emotional behaviour by the patient

44. You must be alert to signs that the boundary between a chiropractor and patient is becoming emotionally blurred for a patient. Examples include:
  - Gifts (particularly if repeated, regular or excessive in value).
  - Flirtatious, suggestive or teasing comments, notes, texts or calls
  - Invitations to meet socially.
  - Inappropriate or excessive interest in your personal or private life.
  - Requests for care outside of your usual practice (for instance out of hours or at home).
  - Seeking emotional support outside of the scope of your practice.
45. If you are concerned about a patient's emotional attachment to you or a colleague, you must act to restore the professional boundaries in the relationship. You should clearly inform them that their behaviour is inappropriate and request that they stop. Ignoring inappropriate behaviour can be taken as encouragement or condoning the behaviour.
46. If the behaviour continues, or if you do not feel safe to challenge the patient or proceed with the interaction, you should remove yourself from the situation and seek

assistance. The incident should be reported and recorded in accordance with your local procedures, and you should consider if you require further support.

47. If you do not believe the professional relationship can be restored, you must discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

### Providing care to friends, colleagues or family members

48. The principles and standards within the Code of Professional Practice continue to apply when providing care to patients who may also be friends, colleagues or family.
49. This guidance is not intended to limit your practice towards them, but to highlight that you should consider any pre-existing emotional relationship, and how it may impact your usual practice and the relationship between the chiropractor and patient.
50. You must be alert to the inherent risks when providing care to friends, colleagues or family. Examples include:
- The patient feeling obliged to consent to treatment.
  - The potential for breaches of confidentiality.
  - Reduced objectivity in your clinical judgement.
  - The temptation to provide care in informal or inappropriate settings.
  - Incomplete or inadequate record-keeping.
51. If you do not believe you can remain objective and professional in the best interests of the patient, you must discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

## Respect and dignity

52. You must ensure that you, and any person you employ, lead or manage, treat all patients, their carers or others accompanying them, with respect and dignity. You must treat others in the workplace fairly and with respect.
53. You should be alert to the risks of crossing a professional boundary by sharing your personal beliefs or personal information. You must take care when those beliefs are political, ethical or religious in nature, or when they conflict with the beliefs of the other person. Your conduct should remain appropriate to your role as a healthcare professional by respecting the person's choices, diversity and culture.
54. It may be clinically or professionally appropriate to ask about another person's culture or personal beliefs. However, you must not put pressure on them to discuss or justify their beliefs, or the absence of them.
55. A patient may also cross a professional boundary by expressing beliefs or behaviours that are unacceptable in a healthcare setting.
56. Examples of behaviours that could cross professional boundaries by not treating a person with dignity and respect, include:
  - Expressing religious hatred or racist, sexist, transphobic or homophobic views
  - Refusing to provide or receive care due to an individual's protected characteristics
  - Asking excessive, probing or personal unwanted questions when not clinically relevant
  - Showing or sharing images, videos or other material with the intention to shock, intimidate, or provoke a reaction when it is unwanted, or not clinically relevant
  - Providing excessive or unwanted personal information.
  - Purposefully addressing an individual against their expressed preference (by being overly familiar, or overly formal, by misgendering or using a previous name).

### Inappropriate personal expression by the chiropractor

57. When caring for a patient you should try to keep the discussion relevant to their care and treatment. If you disclose personal information or beliefs to a patient, you should be mindful of the professional boundary that exists between you. These boundaries are essential to maintaining a relationship of trust between a healthcare professional and a patient.
58. You should not impose your beliefs and values on others, or cause distress by the inappropriate or insensitive expression of your views or beliefs.

## Inappropriate personal expression by the patient

59. If a patient expresses unacceptable beliefs or behaviour towards you, a colleague, or another patient, you can speak up and express that it is inappropriate. If you choose to speak to them, you should identify the specific behaviour that is unacceptable and the consequences if it continues. You should record the incident and your actions.
60. If the unacceptable behaviour persists, or is of such severity that you do not believe you can remain objective and professional in the best interests of the patient, you can discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

## Financial Boundaries and Conflicts of Interest

61. You must maintain clear financial boundaries to ensure that clinical decision-making remains independent of financial considerations. Patients place significant trust in the expertise of the chiropractor, and the power imbalance in the relationship means that recommendations about care must always be based solely on clinical need and not financial incentive.
62. Conflicts of interest can arise in situations where your judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest <sup>4</sup>.
63. You must determine and share a clinical plan of care for the patient separately (and independently) from any financial payment plan.
64. A patient may feel obliged to accept financial arrangements or purchase items because of the trust they place in you, rather than from informed, voluntary choice. This makes it essential that any financial decisions are free from pressure, clearly explained, and in the best interest of the patient.
65. You must be alert to inappropriate or unacceptable behaviours that could cross financial boundaries. Examples include:
  - Failing to provide a clear contract for any financial payment plan.
  - Offering a financial payment plan that extends beyond the amount of care set out in your initial clinical plan of care for the patient.
  - Charging for unnecessary treatments.
  - Exploiting a patient's vulnerability or lack of health knowledge.
  - Recommending products or services from which you receive a personal gain without disclosure.
  - Making repeated suggestions for extended care plans without clear clinical justification.
  - Incentivising others to persuade a patient to commit financially to long term treatment, or to sell products or services that are not supported by clinical need.
66. The offer of preferential pricing, discounts, or credit arrangements based on personal relationships can compromise professional integrity and lead to perceived or actual conflicts of interest.
67. To avoid crossing financial boundaries, you must ensure that any recommendations are clinically justified, clearly explained, and not linked to sales pressure or personal financial gain. Full disclosure of any financial interest is essential to maintain transparency, trust, and professional integrity.
68. All financial discussions should be conducted with honesty, clarity, and professionalism. The patient must be provided with accurate, written information about costs and payment plans before treatment begins, including arrangements for refunds

and unused care. Transparency in financial matters is not only a legal requirement but a core aspect of maintaining trust and safeguarding patients from potential harm.

69. You must keep accurate financial records and be able to justify all charges if questioned.

## Financial Vulnerability

70. You should recognise that some patients may face financial vulnerability that places them at greater risk of exploitation or feeling pressured when making decisions about their care.

71. Examples of factors that may affect financial vulnerability include:

- Living on a low or unstable income or being financially dependent on others.
- Limited ability to manage personal finances, which may be affected by health conditions such as fluctuating mental health.
- Limited financial literacy or understanding of complex payment structures.
- Preferences or restrictions around payment methods, such as reliance on “pay as you go” payments, cash transactions, or difficulty navigating online or contractual cancellation processes.
- Social or cultural expectations that affect decision-making about spending on healthcare.

Being alert to these factors can help you maintain appropriate financial boundaries and support patients in accessing care.

72. When you identify financial vulnerability, you should take extra care to ensure that:

- treatment plans and costs are explained clearly and transparently
- payment arrangements are fair, appropriate, and proportionate to clinical need
- patients do not feel pressured into financial commitments they may not fully understand or be able to sustain

## Specific Risks Associated with Digital Communication

73. When used responsibly and appropriately, social media sites and messaging applications can offer benefits for chiropractors. However, the characteristics of social media can make it easier to cross a professional boundary deliberately or inadvertently. (See GCC guidance on Social Media and Messaging).
74. You must use these tools responsibly, ensuring that your conduct upholds public trust, maintains professional boundaries, and reflects the values and standards of the profession.
75. Your online interactions should reflect the same standards of respect, confidentiality, and impartiality expected in face-to-face settings.
76. Examples of inappropriate or unacceptable social media behaviours that could cross professional boundaries include:
  - Searching for, or profile browsing, a patient or former patient (or carer);
  - Initiating or developing a personal relationship with a patient or former patient (or carer);
  - Discussing clinical matters (where a patient could be identified) in a public forum.
77. Examples of social media behaviours that could encourage the blurring of professional boundaries include:
  - Following, liking or accepting a friend request from a patient or former patient (or carer).
  - Engaging with a patient's personal profile.
  - Messaging outside of usual clinic hours, on platforms outside of your usual professional channels, or using your personal profile.
  - Using casual language and humour where it may be misinterpreted by someone outside of the intended audience.
  - Responding quickly without the pause for reflection you might have in email or more formal channels.

## Speaking up and reporting incidents

78. Chiropractors have a professional and ethical responsibility to contribute to a safe, respectful, and supportive working environment. This includes taking appropriate action when witnessing behaviours that cross professional boundaries, whether sexual, financial, emotional, or related to bullying, harassment, or intimidation.
79. You must treat colleagues and others in the workplace fairly and with respect. When you become aware of behaviour that may compromise the safety, dignity, or wellbeing of others, you are required to report, follow up, and escalate concerns through the appropriate procedures in your workplace. This applies to all forms of misconduct, including:
  - inappropriate sexual or emotional involvement with patients, former patients, their carers or colleagues
  - financial exploitation or conflicts of interest
  - bullying, intimidation, or discriminatory behaviour.
80. If a concern is raised with you, or if you witness such behaviour, you must act promptly and appropriately, with the aim of keeping everyone involved safe.
81. You should be familiar with and follow your organisation's local policies for reporting and resolving concerns.
82. If you employ, manage or lead others you must ensure that you develop appropriate workplace policies that outline the procedures and actions that will be followed in the event of boundary violations/incidents, including procedures for reporting.
83. Chiropractors are also expected to promote a culture where speaking up is supported and encouraged. This means creating an environment where colleagues feel able to raise concerns without fear of reprisal, and where those who do so are treated with respect and taken seriously.



## References

1. **Guidance for Registrants: Consent** - General Chiropractic Council (GCC). (Accessed September 2025).  
[https://www.gcc-uk.org/assets/publications/GCC\\_Consent\\_guidance\\_\(July\\_2022\).pdf](https://www.gcc-uk.org/assets/publications/GCC_Consent_guidance_(July_2022).pdf)
2. **Sexual harassment and harassment at work: technical guidance** - Equality and Human Rights Commission (EHRC). (Accessed September 2025).  
<https://www.equalityhumanrights.com/guidance/sexual-harassment-and-harassment-work-technical-guidance>
3. **Maintaining personal and professional boundaries** - General Medical Council (GMC). (Accessed September 2025).  
<https://www.gmc-uk.org/professional-standards/the-professional-standards/maintaining-personal-and-professional-boundaries/maintaining-personal-and-professional-boundaries#paragraph-23>
4. **Joint Statement on Conflicts of Interest** - Statutory Regulators of Health and Care Professionals. (Accessed September 2025).  
[https://www.gcc-uk.org/assets/publications/Conflicts\\_of\\_Interest\\_Joint\\_Statement\\_ENGLISH\\_WELSH\\_1.pdf](https://www.gcc-uk.org/assets/publications/Conflicts_of_Interest_Joint_Statement_ENGLISH_WELSH_1.pdf)

## Other Useful Links

1. **Speaking Up** - General Medical Council (GMC). (Accessed September 2025).  
<https://www.gmc-uk.org/professional-standards/ethical-hub/speaking-up>
2. **What should I do if I am sexually assaulted at work?** – British Medical Journal (2023). (Accessed September 2025).  
<https://www.bmj.com/content/382/bmj.p2098>
3. **Identifying and Tackling Sexual Misconduct – help and support** General Medical Council (GMC). (Accessed September 2025).  
<https://www.gmc-uk.org/professional-standards/ethical-hub/identifying-and-tackling-sexual-misconduct>
4. **How do I deal with a racist patient?** – British Medical Journal (2023). (Accessed September 2025).  
<https://www.bmj.com/content/380/bmj.o2856>
5. **Professional Boundaries - the Patients' Perspective** – General Chiropractic Council (GCC). (Accessed September 2025).  
[https://www.gcc-uk.org/assets/downloads/Professional\\_Boundaries\\_patient\\_community\\_report\\_Jan\\_2025.pdf](https://www.gcc-uk.org/assets/downloads/Professional_Boundaries_patient_community_report_Jan_2025.pdf)

Please share your insights and views on this guidance by taking part in the consultation between 1 and 31 October 2025



We are keen to understand your insights and views on our proposed guidance on professional boundaries.

Please visit the [website](#), or scan the QR Code to share your views.

<https://www.smartsurvey.co.uk/s/HJT0TD/>



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This document is [also available in Welsh](#).

**9B: Annex B: consultation webpage**

## Consultation: The GCC Guidance for Registrants: Professional Boundaries

The General Chiropractic Council (GCC) is holding a consultation to gather insights and views on proposed guidance for registrants on Professional Boundaries. This consultation opened on 1 October 2025, and will close at midnight on 31 October 2025.

[Complete the Consultation](#)

### What is the consultation about?

The [new Code of Professional Practice \(2026\)](#) comes into effect on 1 January 2026 and includes changes to the standards expected of chiropractors in relation to professional boundaries.

During the development of the new standards, we identified that [our current guidance \(from 2016\)](#) is narrowly focused on sexual boundaries and does not consider emotional or financial boundaries.

We have prepared new guidance to more accurately reflect the standards within the Code of Professional Practice (2026).

The new guidance highlights the need to maintaining respectful personal and professional boundaries with patients and colleagues. It covers:

- unacceptable behaviours and their impact on individuals and patient safety
- how to report if you become aware of a breach of boundaries by a colleague or patient
- improper relationships are not confined to sexual boundaries but also encompass financial and emotional relationships
- The new knowledge-based requirement to recognise power imbalances and their impact

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.

Separately, we also have a [legal duty to comply with the Welsh Language Measure](#) and must consider the impact of the proposed guidance on opportunities to use the Welsh language.

Our consideration are published in the Equality and Welsh Language Impact Assessment..

## Read the Documents

- **Proposed General Chiropractic Council Guidance for Registrants: Professional Boundaries**
- **Equality and Welsh Language Impact Assessment**
- While not part of the consultation documentation, you may also be interested in our [research into patient attitudes to professional boundaries](#) published in January 2025.

## How to respond to the consultation

If you would like to comment on the consultation, please complete the online consultation questionnaire:

**Complete the Consultation**

The consultation questionnaire consists of five sections:

- About you and your interest in chiropractic
- Your views on the proposed GCC Guidance for Registrants: Professional Boundaries.
- Your views on the proposed Equality and Welsh Language Impact Assessment.
- About you (optional Equality and Diversity monitoring)
- Final Comments

At the bottom of each page you can save your progress in the questionnaire and return to it at a later date.

You are able to print or save a copy of your responses as a document (for your own records) at the end of the consultation.

If you cannot complete the online questionnaire, you can also [download and complete the PDF version](#) of the questionnaire and send it to [enquiries@gcc-uk.org](mailto:enquiries@gcc-uk.org) before the closing date.

09: Annex C: E&WLIA

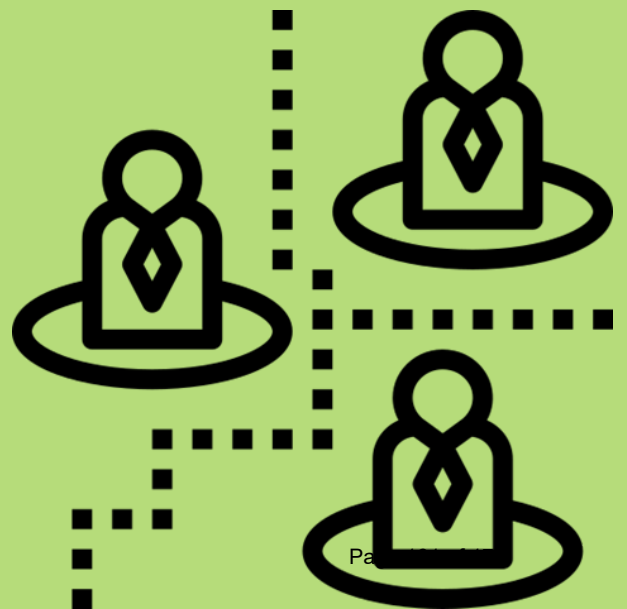
Proposed GCC Registrant Guidance –  
Professional Boundaries:

# Equality Impact Assessment

and Welsh Language Impact Assessment

Published by General Chiropractic Council  
to support the publication of the  
Proposed GCC Registrant Guidance – Professional Boundaries

October 2025



## Proposed GCC Registrant Guidance – Professional Boundaries – 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 Maintaining Sexual Boundaries Guidance, and creation of new guidance on Professional Boundaries.
Is a new or existing policy/activity?
Existing policy
What is the main purpose and what are the intended outcomes of the policy/activity?
<ul style="list-style-type: none"> <li>We are reviewing and updating our guidance to ensure it remains relevant, comprehensive, and aligned with the new Code of Professional Practice.</li> <li>The existing Maintaining Sexual Boundaries guidance was developed in 2015–2016 and focuses primarily on sexual boundaries.</li> <li>Our preparatory work has identified that this narrow focus no longer reflects the full range of professional boundary issues that arise in practice. Breaches of professional boundaries (sexual and emotional) continue to represent a significant proportion of fitness to practise concerns. We also identify the risk of breaches of financial boundaries; and the importance of recognising boundaries beyond the patient/chiropractor relationship (for instance with colleagues or employees).</li> <li>In response, we are broadening the scope of the guidance to address professional boundaries more holistically, ensuring it supports practitioners in maintaining safe, respectful, and ethical relationships with patients and others across a range of contexts.</li> </ul>
Who is most likely to benefit or be affected by the policy/activity
<p>The primary beneficiaries of the revised professional boundaries guidance will be chiropractors and their patients. For chiropractors, the expanded guidance will provide clearer, more comprehensive support in navigating a wider range of issues that may arise in practice, including inappropriate behaviour from patients. This will help build confidence in professional judgement, reduce the risk of boundary breaches, and support compliance with the new Code of Professional Practice.</p> <p>Patients will also benefit through strengthened safeguards that promote respectful, safe, and person-centred care.</p>

Additionally, the updated guidance will benefit educators, employers, and professional bodies by providing a consistent framework for teaching, supporting, and assessing professional conduct within chiropractic practice.

### Who is doing the assessment?

Elizabeth Austin, Education and Standards Officer

Andrew Fielding, Policy and Insights Officer.

### Dates of the Assessment

• When did it start?	May 2025
• When was it completed?	October 2025
• 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?<sup>1</sup>

#### Registrants

The GCC registrant database has provided us with information regarding [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](#)).

<sup>1</sup> 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.

## Patients

We do not have data on the protected characteristics of chiropractic patients, but have considered [UK Census statistics](#).

The GCC was keen to better understand the patient perspective and their expectations during the development of the Code of Professional Practice and conducted research with 36 patients, representing a range of demographics and chiropractic experience. Participants considered a series of scenarios concerning professional boundaries and discussed emerging themes in focus groups. The GCC subsequently published a report into [patient attitudes to professional boundaries](#).

## Where can we get this information and who can help?

We provided an early draft to the Royal College of Chiropractors and Professional Associations for further comment.

We also sought guidance from the GCC EDI Working Group. Members of the group are registrants with expertise in EDI and lived experience. The GCC EDI Working group particularly suggested the addition of the section on respect and dignity.

We will seek feedback from patients and patient groups through the consultation period.

## 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 boundaries 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 include:

- Professional bodies
- Registrants
- Education providers
- EDI working group
- Patients and patient interest groups
- GCC partners
- Students

We will carry out a consultation that will include a draft of the new guidance. The consultation will ask respondents to reflect on how the draft guidance will impact the service they receive/provide.



### Step 3 – Analysis by protected characteristic

The updated guidance requires registrants to recognise the power imbalances that come with being a healthcare professional; to be aware of the potential impact of their position on others; to take an active role in maintaining professional boundaries; and to not leverage their position to pursue personal, financial, sexual or emotional relationships with patients and/or carers. Differences in protected characteristics may lead to a power imbalance that could be exploited to the point of crossing a professional boundary.

The guidance recognises that a series of factors combine to shape vulnerability including an individual's personal characteristics (health conditions, capability and protected characteristics) and life circumstances (e.g. finances, mental health) and inherent features of chiropractic care (e.g. knowledge imbalance, stressful situations, pain). It acknowledges the intersectionality of these circumstances.

By expanding the guidance beyond sexual boundaries to include emotional (social), respect and dignity, and financial boundaries, the proposed updates aim to protect individuals across the full range of protected characteristics.

We anticipate and intend that people with protected characteristics are likely to be positively impacted by the guidance.

#### Age

(include children and adults)

The guidance specifically identifies that children and young people under the age of 18 should be regarded as vulnerable, and the role of chaperones and advocates in protecting both the patient and the chiropractor.

The guidance highlights that a carer (for instance of a child) should be considered as equivalent to the patient when considering if a behaviour is inappropriate.

It also identifies the role of age (and related “life experience”) in creating a power imbalance within a relationship.

Our guidance may support registrants to adapt their practice to support both younger and older patients.

#### 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).

The guidance identifies the role of disability in creating a power imbalance (and possibility of vulnerability) within a relationship.

The guidance highlights that a carer should be considered as equivalent to the patient when considering if a relationship is inappropriate.

Our guidance may support registrants to adapt their practice to support patients and colleagues with a disability or access needs.

### **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 draft boundaries guidance lists example inappropriate and unacceptable sexual behaviours – including sexual assault, groping or repeated unwelcome touching (which is disproportionately aimed at people who have undergone gender reassignment).

The guidance highlights that inappropriate sexual behaviour is always unacceptable, and does not need to be sexually motivated to be unacceptable. It explicitly highlights that it can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

The section of the guidance on respect and dignity specifically identifies misgendering and using a previous name (“deadnaming”) as behaviours that could cross a professional boundary.

The guidance may support trans and non-binary chiropractors and patients in preventing inappropriate crossing of personal and professional boundaries.

### **Marriage and civil partnerships**

(include same-sex unions)

The new Code of Professional Practice identified that an inappropriate emotional relationship (even if not sexual) could cross a professional boundary.

Anecdotally, these inappropriate relationships often develop following the breakdown of a marriage or romantic relationship involving one or other party.

The guidance may support chiropractors in maintaining appropriate professional boundaries when they require emotional support, or the professional chiropractor/patient boundary is becoming emotionally blurred for a patient.

The guidance highlights that the Principles and standards within the Code of Professional Practice continue to apply when providing care to patients who are also a family member (including a spouse).

### **Pregnancy and maternity**

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

The guidance identifies pregnancy and maternity as factors that may impact a power imbalance. The guidance also highlights that the factors that affect a power imbalance are not fixed, and may change over time (pregnancy is a changing characteristic).

It is not envisaged that the draft guidance should impact those who are pregnant or on maternity leave. While the guidance would be secondary to employment law, it does highlight that the relationship with colleagues (including employment) are considered professional boundaries.

### **Race**

(include nationality, citizenship, ethnic or national origins)

Of the 109 responses to the GCC Attitudes to EDI registrant survey that described circumstances where the respondent had experienced discrimination, 23% (n=29) described discrimination related to their race or immigration status.

A follow up question asked about reporting the incident. Only 15 of the 109 reported definitively that they had felt able to report their experience, and of these only 3 reported a positive outcome from their report.

The draft guidance supports the creation of workplace policies in regard to boundary violations/incidents, including reporting procedures.

The guidance also considers cessation of care if a chiropractor is subject to racist or otherwise unacceptable behaviour from a patient.

### **Religion or belief**

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

The guidance includes a section on respect and dignity which highlights that a chiropractor should be alert to the risks of crossing a professional boundary by sharing personal beliefs or personal information.

The guidance considers the expectations around cessation of care if a chiropractor is subject to a patient expressing beliefs or behaviours that are unacceptable within a healthcare environment (including expressing religious hatred).

The guidance is intended to support chiropractors and patients in maintaining appropriate professional boundaries around differing religious beliefs.

## Sex

(Male and female)

Of the 109 responses to the GCC Attitudes to EDI registrant survey that described circumstances where the respondent had experienced discrimination, 30% (n=38) described discrimination related to their sex (being female).

A follow up question asked about reporting the incident. Only 15 of the 109 reported definitively that they had felt able to report their experience, and of these only 3 reported a positive outcome from their report.

The draft guidance supports the creation of workplace policies in regard to boundary violations/incidents, including reporting procedures.

## 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 draft boundaries guidance lists example inappropriate and unacceptable sexual behaviours – including “asking intrusive questions about a person’s private or sex life” (which is commonly aimed at LGBT people) and “spreading sexual rumours about a person” (which would include “outing” an individual).

The guidance highlights that inappropriate sexual behaviour is always unacceptable, and does not need to be sexually motivated to be unacceptable. It explicitly highlights that it can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

The guidance also acknowledges that an inappropriate emotional relationship (even if not sexual) may cross a professional boundary, and the expectations of the chiropractor in these situations.

The guidance may support lesbian, gay and bisexual chiropractors and patients in maintaining appropriate professional boundaries.

## 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 their experience may be positively impacted by chiropractors following 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 standards. We did not identify any Welsh language impacts arising from the new standards. As this is guidance, it is intended to support compliance with our standards but does not restrict a registrant's professional judgement, nor does it place any restrictions on opportunities to use Welsh nor lead to unfavourable treatment.

The provision of Welsh Language services in healthcare in Wales is already required by legislation and therefore we do not believe that the guidance on maintaining appropriate professional boundaries 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

The guidance identifies the risk of financial exploitation and expectations of professionalism around financial boundaries. The guidance may help support patients that are on lower incomes, or are less able to manage their finances, by ensuring that a chiropractor's clinical decision-making remains independent of financial considerations.

### 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.

We acknowledge that some of the guidance relating to workplace relationships is also covered by employment law.

The aspects of this guidance relating to protected characteristics are also subject to the legal framework of the 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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Published by the GCC: 01 October 2025.



For noting

# Report from the Chair of the Remuneration and HR Committee

## Purpose

This paper provides an update to Council from the Chair of the Remuneration and HR Committee.

## Recommendations

The Council is asked to note the report.

## Committee Meetings

1. The Committee met once, on 18 July 2025, since the last Council meeting.

## CER Operational Report

2. The CER updated the Committee on:
  - Staffing matters
  - The proposed draft GCC Strategy
  - The hybrid working framework
  - Staff engagement survey
  - Employee engagement survey
3. A confidential item was discussed at the end of the meeting and a separate note of this was made by the Chief Executive and Registrar (CER).
4. The Committee **noted** the report.

## Review of Non-pay Staff Benefits: Relevance and Effectiveness

5. The Committee considered the proposal to review the current non-pay staff benefits, noting that of the 19 benefits offered, only the discount scheme showed a low uptake.

6. The Committee discussed the feasibility and risks of the proposals, including improving communication around existing benefits, exploring broader health packages and identifying quick wins to show visible progress.
7. The Committee noted that the Executive would consult staff on the proposed changes and return with an updated proposal to the November 2025 Committee meeting.

### Council and Independent Members: Remuneration Policy

8. The Committee reviewed the draft Remuneration Policy for Council and Independent Committee Members and proposed a three-year review cycle to align with best practices outlined in the UK Corporate Governance Code and the Nolan Principles.
9. The Committee noted that the next benchmarking review report would be completed ahead of the November 2025 Committee meeting, with any approved changes taking effect from 1 January 2026.
10. The Committee approved the Council and Independent Members Remuneration Policy, with amendments to address conflicts of interest in the policy and align annual reviews with inflation using the CPI index.

### Executive Directors' Remuneration Policy

11. The Committee reviewed the Executive Directors' remuneration policy. Committee members raised concerns about timing, workload and flexibility.
12. The Committee agreed to defer the review of the policy to allow the Executive to develop a more flexible approach, reflecting the feedback provided.
13. The Committee agreed to defer the review of the Executive Directors' Remuneration Policy to a future meeting.

### Review of RemHR Terms of Reference

14. The Committee noted the terms of reference (with no amendments).

### Council Effectiveness Review 2025 Update

15. The Committee reviewed the action plan from the June 2025 Council effectiveness review report.
16. Members requested the inclusion of contingencies for the Council Chair's absence under action 25.



17. The Committee noted the report.

### Succession Plan

18. The Committee noted the update on succession planning, including the departure of the Committee Chair.

19. The Committee noted the report.

### Remuneration and HR Committee Work Programme

20. The Committee reviewed the work programme.

21. The Committee requested the addition of Council remuneration to the November 2025 meeting agenda and agreed to include health and safety policy review in the Chief Executive and Registrar's report.

22. The Committee approved the work programme, subject to these amendments.

### Next Meeting

23. The next meeting will take place on 12 November 2025 (in-person).

### Recommendation

The Council is asked to note the report.

**Nick ones**

**Chief Executive and Registrar**

*For* **Chair of Remuneration and HR Committee**



For noting

# Report from the Chair of the Education Committee

## Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee, following its meeting on 10 July 2025.

## Updates from Education providers and programmes

1. The Committee noted the substantive change form from the Welsh Institute of Chiropractic (WIOC), developments at Coventry University and South Essex College, and the appointment of an approval panel for the autumn 2025 visit to MCC's Hong Kong satellite campus.

## Plymouth Marjon Stage 2 Outline Business Case

2. The Committee considered Plymouth Marjon's Stage 2 Outline Business Case for offering a part-time MSc Pre-Registration degree programme from September 2026.
3. Representatives from the University gave a presentation and the Committee considered whether the information provided met Stage 2 of the recognition process and could proceed to Stage 3.
4. The Committee agreed that the submission met Stage 2 of the recognition process and agreed progression to Stage 3, with the agreed feedback to be provided.

## Clinical Placement Strategy Update

5. The Committee received an update from Daniel Moore on the implementation of the GCC's Clinical Placement Strategy. Members noted the successful training session for Education Visitors, the development of a new clinical placement toolkit, and positive stakeholder feedback.

6. The Committee commended the quality and robustness of the toolkit. Discussion highlighted its design, implementation and alignment with the Education Standards, while also considering the importance of ensuring varied clinical placements and the potential value of individual learning agreements without being overly prescriptive.
7. The Committee agreed to review its impact once providers and education visitors had had experience of its use.

### CPD Update

8. The Committee received a preliminary update on the CPD review project, ahead of a full proposal in November 2025. The Project Leads outlined the review's scope, including alignment with the GCC's new corporate strategy, public and patient involvement, and insights from other regulators.
9. The Policy & Insight Officer presented proposed CPD activities for the next cycle, focusing on embedding Principle B of the Code of Professional Practice. Members supported the move toward practical, demonstrable activities but expressed concerns about introducing significant changes ahead of a broader CPD review.
10. The Committee advised the Executive to refine language for clarity and inclusivity, offer registrants flexibility between reflective and activity-based CPD, and ensure clear communication.
11. In light of the discussion, the Executive agreed to continue with the reflective question approach for 2025–26. The additional activities already developed will be used to support the focus on Principle B. Rather than publishing monthly scenarios in the newsletter, these activities would be used to encourage participation in the theme and to support registrants in meeting the standards set out in the Code of Professional Practice

### GCC Proposed Corporate Strategy

12. The Committee received the proposed Corporate Strategy from the Chief Executive & Registrar. Members expressed strong support for its aims, including collaboration with education providers, professional bodies and other regulators and the refinement of CPD, recognising the opportunity to develop a system that delivers real benefits for patients and the public.
13. Members further noted the importance of public and patient engagement, equality, diversity and inclusion, and measuring achievement. The Committee agreed that quality assurance and proportionality in programme approval and monitoring would remain central to its work.
14. Members endorsed the strategic direction and agreed it represented a strong framework to guide future work and welcomed ongoing engagement as implementation progresses.

### Committee Effectiveness Review

15. The Committee discussed the forthcoming Effectiveness Review and survey and recommended the inclusion of open-text responses and a 5 point Likert scale (strongly agree-strongly disagree) to capture both quantitative and qualitative data.
16. A deadline of late September 2025 was agreed for responses.

**Catherine Kelly**

**Chair of the Education Committee**

## Council – Work Programme

For noting

### Purpose

This table outlines the key activities that will be coming to Council meetings for the remainder of 2025 and meetings of 2026. This enables Council to have sight of annual standing items as well as strategic items which will require Council's approval, discussion or noting.

### Recommendation

That Council is asked to note the work programme.

## Council Work Programme – 2025/2026

### Strategic Items for discussion or approval

Item	October 2025	December 2025	March 2026	June 2026	September 2026
Business Plan	To <b>discuss</b> – first draft BP for 2026	To <b>approve</b> – final draft			To <b>discuss</b> – first draft BP for 2027
Draft Budget 2026		To <b>approve</b>			
Strategic Risk Register		To <b>approve</b>		To <b>approve</b>	
Financial Strategy 2026 - 2030	To <b>approve</b>				
Regulatory Reform	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)

## Performance Reporting and Review

Item	October 2025	December 2025	March 2026	June 2026	September 2026
Periodic Management Accounts	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>
Financial Forecast				To <b>approve</b>	
Business Plan Update Report	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>
Fitness to Practise Performance Update	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>
Professional Standards Authority Review	To <b>note</b> - report on the outcome review	To <b>note</b> – finalised report			To <b>note</b> - report on the outcome review
Committee Chair Update Report – Education	To <b>note</b>	To <b>note</b>		To <b>note</b>	To <b>note</b>
Committee Chair Update Report – Audit and Risk		To <b>note</b>	To <b>note</b>	To <b>note</b>	
Committee Chair Update Report – Remuneration and HR	To <b>note</b>	To <b>note</b>		To <b>note</b>	To <b>note</b>
Operational Update (private session)	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>	To <b>note</b>

## Annual Reporting

Item	September 2025	December 2025	March 2026	June 2026	September 2026
GCC Annual Report and Accounts 2025			To <b>approve</b>		
Annual Report – IC			To <b>note</b>		
Annual Report – PCC			To <b>note</b>		
Annual Report – EC		To <b>note</b>			
Annual Report – ARC			To <b>note</b>		



Annual Report – Registration Annual Report – Audit and Risk			To note		
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