

General Chiropractic Council Meeting Agenda

**18 March 2026 at 9:30 – 12:20 (In-person)
At Clarence Centre, 6 St George's Circus,
London SE1 6FE**

Item	Action	Presenter	Time
1. Welcome, apologies and declarations of interest		Chair	9.30
2. A. Council Minutes of 3 December 2025	To approve	Chair	9.35
B. Matters Arising	To note		
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report	To note	CER	9.55
5. Fitness to Practise Matters:		D of FtP	10.10
A. Regulatory Committee Appointments	To approve		
B. Fitness to Practise Performance Update	To note		
6. Finance Update – Management Accounts to February 2026	To note	D of CS	10.30
7. 2026 Business Plan update	To note	BPO	10.40
Break (15 minutes)			11.00
8. Annual Reports on Key Operational Areas:	To note		
A. Fitness to Practise Report 2025		D of FtP	11.15
B. Registration Report 2025 & Registration Review Update		Registration Manager	11.25
9. A. Annual Report from the Professional Conduct Committee (PCC)	To note	Chair of PCC	11.35
B. Annual Report from the Investigating Committee (IC)	To note	Chair of IC	11.50
10. A. Annual Report from the Audit and Risk Committee (ARC)	To note	Chair, ARC	12.05
B. Report from the Chair of the ARC	To note	Chair, ARC	12.10
11. Any Other Business		Chair	12.15

Close of meeting: 12.20

Date of next meeting: 17 June 2026 (MS Teams)



For approval

**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council
On 3 December 2025 at 10:00 am by videoconference**

Members present Jonathan McShane (Chair of Council) Fiona Hutchinson
 Aaron Porter Jennifer Adams
 Alistair Brown Keith Walker
 Catherine Kelly Paul Allison
 Elisabeth Angier Samuel Guillemard
 Fergus Devitt

Apologies Apologies were received from Annie Newsam

In attendance Nick Jones, Chief Executive and Registrar
 Joe Omorodion, Director of Corporate Services
 Penny Bance, Director of Development
 Angela Maragna, Interim Director of Change
 Hannah Fellows, Director of Fitness to Practise
 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 Kate Steele, Partner, Capsticks Solicitors Colette Higham, Professional Standards Authority
 Jess Hambly, United Chiropractic Association Alexandra Lane, Director & Barrister, Cura Law Limited
 Reji Jeyasingham, Finance and Contract Officer (agenda items 10 and 11) Amber Cosham, United Chiropractic Association
 David Collins, Capsticks

1.	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Annie Newsam.</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. Elisabeth Angier noted an additional interest in relation to agenda item 10 as to the National Centre for Chiropractic Research (NCCR) given her previous role as Trustee of the Chiropractic Research Council that on closure transferred its assets to the NCCR.</p>
2.	<p>Draft minutes of the Council meeting of 1 October 2025 and matters arising</p> <p>The Chair issued a statement: The Council wishes to clarify its position regarding comments made at the open Council meeting on 1 October 2025, which have been the subject of concern and correspondence with Jonathan Goldring.</p> <p>We wish to make it absolutely clear that the Council does not believe Jonathan Goldring was in any way responsible for delays in the scheduling of interim suspension or other formal hearings of the GCC. The process of listing and scheduling hearings was complex and involves the availability and coordination of multiple parties, including presenting officers, defence counsel, committee members, legal assessors, and witnesses. Best efforts are made by all involved to ensure hearings are scheduled as promptly as possible.</p> <p>If any suggestion was made, whether directly or by implication, that Jonathan Goldring was responsible for delays, the Council wishes to correct that impression. We recognise that such comments, even if unintended, would not be in any way fair to Mr Goldring and we regret any misunderstanding that may have arisen.</p> <p>The Council values the professionalism and commitment of all those who participate in our hearings, and we are committed to ensuring that our proceedings are conducted fairly, transparently, and with respect for all parties.</p> <p>We trust that this clarification would address the concerns raised and reaffirm our commitment to constructive and professional engagement.</p> <p>Mr Allison further stated 'at the meeting, I asked whether the availability of defence barrister Jonathan Goldring was having an impact on the GCC's ability to schedule hearings promptly. My question was intended solely to understand any logistical challenges around this issue, and I apologise to Mr Goldring if it was interpreted as a reflection on his performance or professionalism, which I know not to be the case.'</p> <p>A. Minutes</p> <p>Council agreed the minutes were an accurate record of the meeting.</p>

	<p>B. Matters arising</p> <p>The Chair confirmed the matters arising from the previous meeting were either completed or are addressed within the agenda items for this meeting.</p>
3.	<p>Chair's report</p> <p>The Chair presented the report.</p> <p>The Chair highlighted themes from member appraisals and thanked members for their engagement. Council noted the Lord Mann review into tackling antisemitism and racism in the NHS and the requirement on the GCC to provide details of current and planned actions. The CER confirmed GCC had robust mechanisms to address such allegations and was preparing a response for submission to the Department of Health by the deadline of 8 December 2025.</p> <p>Council noted the Chair's report.</p>
4.	<p>Chief Executive and Registrar's report</p> <p>The Chief Executive & Registrar (CER) presented his report.</p> <p>The CER highlighted key updates, noting the appointment of Hannah Fellows as the new Director of Fitness to Practise and thanked the Interim Director of Change for her significant contribution ahead of her departure on 12 December 2025. Council also noted the recruitment to the new post of Registration Manager and the transfer of the registration function to Corporate Services.</p> <p>The CER reported participation by the GCC at the PSA Research Conference, including a presentation on collaborative policy development.</p> <p>The CER discussed the PSA's new standards for good regulation, noting that GCC would be among the first regulators assessed under the new PSA standards from July 2026.</p> <p>In response to a query about the purpose of the quarterly defence meetings attended by the Executive, the CER explained that it was an informal forum with organisations defending Fitness to Practise cases to discuss themes and improvements, rather than individual cases. Council commended presentation at the PSA Research Conference. In response to a member suggesting hardback copies of the new Code be sent to registrants, the CER confirmed hardback copies would be issued early in the New Year.</p> <p>Council asked which changes to PSA standards would present the greatest challenge and the CER noted the new governance and culture requirements, also highlighting the area of DBS checking as requiring care.</p> <p>Council noted the report.</p>

5.	<p>Fitness to Practise Update</p> <p>The Interim Director (ID) of Change presented the report and highlighted improvements in performance. Council noted that Section 20 enquiries and Section 32 cases had reduced to zero and that the number of cases heard at the Investigating Committee (IC) had increased. The ID reported ongoing high levels of Section 20 cases and confirmed GCC performance remained consistent with other regulators. Council noted progress on the Case Management System (CMS), in final testing for IC panel use, and that lessons learned would inform future projects. Joint training with IC panel members on the new Code and case handling had been completed. PSA audit preparations were underway for January 2026.</p> <p>Council commended the improvements in FtP processes and change in the culture of the team, noting the reduction in backlog and enhanced case progression. Members noted the positive impact of technology and training.</p> <p>A member requested inclusion of longer-term trend lines in performance reports to demonstrate improvement over time. The Interim Director confirmed this data was available and would be added to future reports. Council inquired about predictability of PCC hearing numbers for the next year. The Interim Director assured Council that volumes were stable and reflected in the budget and business plan.</p> <p>Council expressed appreciation for Interim Director's leadership, recognising her role in stabilising and transforming the FtP function and supporting the team through change. The Chair thanked the ID for her contribution and confirmed her legacy was a positive one.</p> <p>Action 1: The Director of FtP to include longer-term trend lines in future performance reports.</p> <p>Council noted the report.</p>
6.	<p>Finance update – Management Accounts to October and November 2025</p> <p>The Director of Corporate Services (DCS) presented the management accounts for the period to October 2025 and provided an oral update for November 2025. The update confirmed a stronger financial position than previously forecast, with income performing above expectations, expenditure below plan, and a revised full-year outturn with a surplus projected.</p> <p>The DCS highlighted the year-to-date surplus at £192k, above the fixed forecast of £30k, resulting in an over-achievement of £162k. He added that performance reflected income to date of £43k above forecast and expenditure £119k below forecast.</p>

	<p>For the period to November 2025, the DCS noted that income continued to exceed expectations and expenditure remaining below planned levels. The DCS noted that subject to performance against forecast in December 2025 a surplus in the region of £60k was expected at year-end, compared with a projected deficit of £107k estimated previously. Council noted cash reserves were £1.147m in October, rising to £2.170m by November 2025, reflecting renewal season inflows. Council noted that reserves remain strong and provide sufficient financial resilience.</p> <p>During discussion, Alistair Brown stated his confidence in the organisation's financial management. He highlighted the early identification of the movement from a forecast deficit to a surplus position demonstrated oversight and accurate forecasting of income and expenditure.</p> <p>In response to a question regarding deferred activities, the DCS explained that underspends had arisen from adjourned Professional Conduct Committee (PCC) hearings, cancelled PCC training, delays in staff recruitment and a project not progressing due to capacity constraints. The DCS confirmed that affected cost lines would increase in the next financial year. The DCS also confirmed that funding for the National Centre for Chiropractic Research (NCCR) proposal had been included in the 2026 Budget.</p> <p>Council noted the report.</p>
<p>7.</p>	<p>Business Plan 2025 Performance update</p> <p>The Business and Projects Officer (BPO) presented the final performance update on the 2025 Business Plan.</p> <p>Council noted that the plan had met expected milestones, including approval and publication of the new Corporate Strategy, completion of actions from the coroner's report, and preparation for implementation of the Code of Professional Practice from January 2026. As to the Code, Council noted the revised Code pages on the GCC website including newly published 'explainer' videos.</p> <p>The BPO reported the relaunch of the pulse survey in the newsletter and presented the annual EDI report, confirming the integration of EDI into the 2026 business plan.</p> <p>Council commended performance noting the effective delivery of activities. Members welcomed the approach to communicating the Code.</p> <p>Council noted the report.</p>
<p>8.</p>	<p>Professional Boundaries Guidance</p> <p>The Director of Development presented the final version of the Professional Boundaries Guidance, following consultation, for approval. Council noted that the</p>

	<p>consultation was well received, with 76% of respondents agreeing the guidance would assist registrants in meeting expectations of the new Code. The final guidance incorporated feedback and the equality and Welsh language impact assessment had been updated.</p> <p>Council raised queries on clarity within specific sections of the guidance, including financial payment plans beyond the initial care plan and handling inappropriate patient behaviour when referral could pose risks. In response to a suggestion that to avoid misinterpretation guidance be expanded the Director of Development indicated this would not be appropriate. She confirmed the guidance must remain at the level of outcomes sought. Further that should more detail be required this could be provided within a 'toolkit' and explanatory videos. Members welcomed the opportunity to provide input to inform those developments.</p> <p>In response to a query, the Director of Development confirmed that whilst toolkits did not form part of statutory guidance registrants would be expected to have regard to them.</p> <p>Council commended the openness of the consultation process and the incorporation of feedback into the final Guidance.</p> <p>Council approved the Professional Boundaries Guidance and associated materials for publication.</p>
9.	<p>Strategic Risk Register November 2025</p> <p>The Chief Executive and Registrar (CER) presented the Strategic Risk Register (SRR) for review and approval. Council confirmed it was satisfied with the six risks identified in the register and the actions taken to date to mitigate cyber risk. The CER highlighted that the register reflects ongoing monitoring and that both the SRR and Operational Risk Register (ORR) are reviewed monthly by the Executive Risk Management Group (RMG).</p> <p>The Chair of the Audit and Risk Committee (ARC) noted that the Committee reviews the SRR at every meeting. He highlighted recent work on cybersecurity preparedness, including a recommendation to safely print and store hard copies of essential documents for use in the event of a cyber-attack.</p> <p>Council noted the alignment between the 2026-30 Corporate Strategy and SRR, particularly in relation to the forecast student numbers over the next five years, which informed the 2026 Budget. A concern was raised about declining student numbers, and it was suggested this risk remain under review. The CER confirmed the trend was monitored through Education Committee discussions and annual engagement with institutions albeit the role of the GCC in mitigating the risk of lower admissions was limited.</p> <p>A member asked about alignment between the SRR, the GCC corporate strategy and PSA standards. The CER confirmed that there was alignment emphasising the register was not driven solely by PSA requirements.</p>

	<p>A member observed that the cybersecurity risk was not rated as “red” and noted the level of confidence this implied. The CER explained that the current rating reflected mitigation actions already implemented. He added that scoring the risk as red may not reflect the work undertaken by the RMG and ARC to mitigate the risk. The Chair of the ARC proposed that cybersecurity risk rating be discussed at the March 2026 ARC development session, with any recommended changes reported back to Council in June.</p> <p>In response to a question about insurance and penetration testing, the DCS confirmed that penetration testing was conducted every two years (previously every 3 years). The test is additionally conducted when new systems are added to the GCC IT infrastructure. Members emphasised the importance of understanding the impact of an attack and assess minimum viable operations.</p> <p>Action 2: The ARC would review the cybersecurity risk rating at its March 2026 development session and report recommendations to Council in June 2026.</p> <p>Following discussions, Council approved the Strategic Risk Register for November 2025.</p>
10.	<p>Business Plan 2026</p> <p>The Chief Executive and Registrar (CER) and the Business and Projects Officer (BPO) presented the proposed Business Plan for 2026, outlining delivery of the first year of the new corporate strategy (2026-2030).</p> <p>Council noted the priorities proposed included strengthening the fitness to practise model, enhancing adjudication processes, and improving digital capability and cybersecurity. The BPO highlighted Annex A had detailed project descriptions, with Annex B setting out a reporting template with activity aligned to strategic aims with benefits and progress indicators to be issued to Council at its quarterly meetings.</p> <p>Council queried Strategic Aim 3 (Supporting the Profession) and that collaborative engagement appeared less defined than other aims. The BPO explained that Aim 3 was embedded across all projects as well as being less project-based. The CER noted the need for more explicit reporting on the impact of collaborative activities, including qualitative assessment of outcomes achieved.</p> <p>Regarding the proposed review of the GCC fee structure, a question was raised on whether the Council had the powers to review the fees under the current legislative framework and raised concern about raising expectations among registrants. The CER emphasised the review would not be a consideration of the registration fee payable but the extent to which the fee could be discounted considering part-year registration, for example graduates joining the Register mid-year and registrants taking leave, for example maternity leave. He noted the review would take place within the existing legislative framework, and that those considerations would be balanced with fairness; a desire to offer more flexibility; and within the rules and duties of the Equality Act.</p>

Council sought assurance that staff understood their role in contributing to delivering the plan. The BPO acknowledged the importance of that and drew attention to organisation development activity in 2026 emphasising this link.

Council expressed strong support for the business plan, noting its scope and focus. It expressed satisfaction on steps to improve fitness to practise performance that would build on recent progress.

The Chief Executive and Registrar (CER) presented the draft business case for the National Centre for Chiropractic Research (NCCR), to be hosted by Health Sciences University (HSU) highlighting its alignment with the 2026–2030 strategy and, within that, Council's commitment to support the early-phase establishment of the centre.

Council noted the case provided clarity on GCC's potential involvement and agreed with the CER that some further consultation with the profession would be desirable.

Council queried the rationale for selecting HSU as host, the expected financial contribution, and adequacy of the salary level in attracting a high-quality Centre Director. The CER confirmed HSU had volunteered to host the Centre – and that it would likely benefit from doing so in terms of potential status, and that it would bear substantial financial and reputational exposure as would any institution. As regards salary level the CER noted that cost projections were provided by HSU and it was a part-time role, with actual costs shown. The CER committed to explore further, recognising the need to attract high calibre leadership.

Council also queried governance, funding model, and sustainability. The CER clarified that the support of the GCC would be grant-giving, rather than an ownership stake, and oversight mechanisms would be in place, with the GCC having a place in those.

The CER acknowledged the balance between providing sufficient detail within a business case and not presenting it as a settled matter. He noted that he sought the level and type of feedback provided to inform the next iteration of a business, or value, case.

Following discussion, Council approved the Business Plan for 2026. It also agreed that the draft business case for the NCCR would be revised based on the feedback provided and circulated for agreement.

Action 3: The Executive would revise the NCCR value case incorporating Council feedback to proceed.

Action 4: Further consultation with the profession would be held to inform the value case.

	<p>Council approved the Business Plan for 2026 and agreed the draft business case for support from the GCC to the NCCR would be revised based on feedback, further stakeholder consultation, and would be circulated to Members for in principle- agreement in the New Year.</p>
<p>11.</p>	<p>Proposed Budget 2026</p> <p>The Director of Corporate Services presented the proposed 2026 Budget, funding the first-year priorities of the 2026-2030 Financial Strategy. The Director confirmed the affordability of business-as-usual activities and new priorities in the Business Plan for the 2026 financial year approved at item 10. He set out detail of income of £3.690m and expenditure of £3.643m that would deliver a planned surplus of £47k with a best-case scenario expected to generate a surplus of £192k and the worst-case scenario resulting in a deficit of £110k. The Director further noted the designated reserve of £1.3m provided sufficient cover for any budgetary shortfall and for medium-term financial resilience.</p> <p>Members sought clarity as to the proposed £120k increase in investment income, noting that hitherto investment income was £120k increasing to £300,000 annually. Members observed a potential increase of £180k rather than the proposed £120k in the paper. The DCS explained that the query was understandable, that the increase in the investment income to £300k was being proposed but that historically the annual income was at £120k, but current income was £180k per year agreed by Council in June 2025 as part of the financial forecast. The DCS confirmed that the proposed £120k increase (£180k + £120k = £300k) was correct.</p> <p>In response to a query on the worst-case scenario for PCC costs assuming an increase of only 1% rather than a corresponding 20% rise that was used under the best-case scenario, The DCS explained that the PCC hearing budget had been set at full capacity, based on 89 hearing days compared with 70 days in 2025. Given the high likelihood that not all PCC hearings would take place during the year, it was considered appropriate to assume only a minimal potential increase of 1% in PCC hearing costs for the worst-case scenario, rather than a higher increase such as the 20% reduction in costs used in the best-case scenario.</p> <p>The Chair commended the DCS and team for the clear analysis and presentation of the proposed budget.</p> <p>Council approved the proposed 2026 Budget, effective 1 January 2026.</p>
<p>12.</p>	<p>Report from the Chair of the Remuneration and HR Committee</p> <p>The Chair of the Remuneration and HR Committee presented the report highlighting the review of the staff engagement survey and non-pay benefits scheduled for April 2026. He reported the Committee would amend the pay-award</p>

	<p>policy to better take into account quarterly CPIH data and inflation forecasts to allow greater flexibility in informing inflationary uplifts going forward.</p> <p>The Committee Chair recommended to Council the approval of the 2026 inflationary uplifts using the September 2025 CPIH Index for staff and Council members, and confirmed the uplifts were reflected in the approved budget.</p> <p>Council noted the report and approved pay and remuneration awards for 2026.</p>
13.	<p>Report from the Chair of the Education Committee A. MCC Hong Kong Education Programme Approval B. Annual Report for 2025 from Education Committee</p> <p>The Chair of the Education Committee (EC) presented the report and recommended the approval of the MCC Hong Kong satellite programme.</p> <p>Members queried whether graduates from satellite programmes might become UK registrants. The Chair of EC noted this possibility and also that most students would likely remain in their jurisdiction. Another member raised concerns about the potential impact on the Test of Competence income; the Executive confirmed that such income was cost-neutral.</p> <p>Council approved the MCC Hong Kong satellite programme, and noted the Education Committee Annual Report for 2025 and the Chair's report.</p>
14.	<p>Report from the Chair of the Audit and Risk Committee</p> <p>The Chair of the Audit and Risk Committee (ARC) presented the report, noting review of the SRR, cybersecurity, and resolution of how the initial registrant fee income would be recognised in the accounts with the auditors, and its impact on future budgets.</p> <p>He acknowledged the role played by the DCS in resolving the accounting policy for, and treatment of initial registrant fee income under the updated Financial Reporting Standard (FRS) 102 (2024), effective 1 January 2026.</p> <p>Council noted the report.</p>
15.	<p>Council Work Programme</p> <p>Council noted the Council work programme.</p>
16.	<p>Any other Business</p> <p>The Chair confirmed there were no items of other business; thanked all members of the Council for their contribution; and invited comments from observers – there were none.</p>
	Date of next meeting: 18 March 2026.



For noting

Agenda Item: 02b

Subject: Matters Arising from Prior Meetings

Presenter: Jonathan McShane, Chair GCC

Date: 18 March 2026

Summary: All actions have been completed

Item	Actions	Update
Matters Arising from 3 December 2025 Meeting		
CO251203-05	<p>Fitness to Practise Update</p> <p>Action 1: The Director of FtP to include longer-term trend lines in future performance reports.</p>	<p>Completed (See agenda item 5)</p>
CO251203-09	<p>Strategic Risk Register November 2025</p> <p>Action 2: The ARC would review the cybersecurity risk rating at its March 2026 development session and report recommendations to Council in June 2026.</p>	<p>Completed (To be reported to Council in June 2026)</p>
CO251203-10	<p>Business Plan 2026</p> <p>Action 3: The Executive would revise the NCCR value case incorporating Council feedback to proceed.</p> <p>Action 4: Further consultation with the profession would be held to inform the value case.</p>	<p>Completed (See agenda item 4 - CER report for update)</p> <p>Completed (See agenda item 4 - CER report for update)</p>



For noting

Chair's report

Introduction

1. Members are welcomed to this in-person meeting of Council, our first of the year. This meeting in the business cycle has a focus on our performance last year. Council will consider the annual report and accounts in the private session later, before they are submitted to the Privy Council next month to be laid before both Houses of Parliament. That said, we will hear from the Chairs of our Investigating Committee and Professional Conduct Committee and receive reports on our registration and fitness to practise performance at this meeting.
2. Regarding our meeting, this is the second year following our adjustment last year, with our in-person meetings now taking place in March and September, and our June and December meetings held virtually. I am grateful for feedback on this on the impact on our governance arrangements such that they remain effective.
3. Our performance and financial foundations remain strong. We start the year with a new, ambitious strategy in place with good progress on the 2026 business plan delivery, and the Code of Professional Practice in place, with effect from 1 January 2026. I also draw attention to the resilience and performance of the team. Members are aware that 2025 was a challenging year with a focus on change, especially within the fitness to practise area. I am pleased to see a strong leadership team in place and a team at full strength. The team handled a 25% increase in complaints during the year yet ended the year with fewer open cases than at the start of the year. The increase in volumes is consistent with those experienced by other regulators, and we must remain alert to these external factors.

Teesside University

4. We granted approval to the MSci (Hons) Chiropractic programme at Teesside University in 2020 with the first cohort graduating in summer 2024. The quality of provision as assessed through our quality assurance is consistently good.
5. In February 2026, the University informed us of its decision to cease recruitment to the programme, citing sustained low student numbers and resulting financial unviability. As such, no new intake will be admitted from September 2026 and the programme will enter an immediate 'teach-out' phase, that is ensuring that all currently enrolled students can graduate with the qualification. Of course, the

decision is regrettable, however it is an operational matter for the University. Our interest is now focused on securing assurance that the quality, student experience and regulatory standards of the teach-out arrangements are fully protected for all remaining students.

Department of Health and Social Care – programme of reform

6. Further proposals are due in the form of a consultation to conclude the powers granted to the GMC (further to powers already granted in relation to the registration of physician associates and anaesthesia associates). The consultation is due before the local elections in May.
7. In his report, the CER outlines our response to the review Lord Mann commissioned into tackling antisemitism and other forms of racism in the NHS and healthcare professional regulatory system. It is examining how the regulatory system for healthcare professionals, from employment through to national oversight and professional regulatory bodies, supports recognition and reporting of antisemitism and other forms of racism, with it being tackled at every stage. It is possible that recommendations from the review feed into the expectations of the regulators in this next stage of the regulatory reform programme, and may contribute to delay.
8. By way of reminder, following the review of the GMC powers, the Department is prioritising the NMC and HCPC for the next tranche of reform; that is, in the same way as with the GMC commencing and concluding statutory consultation.
9. There are no plans to consider the extension of powers to any of the other professional health and care regulators, including the GCC. Clearly, the Department's limited ability to process S.60 orders is causing growing challenges for regulators who want to implement changes - many of which support broader government goals. We are considering further steps, with other bodies, to influence the Department's agenda here.

Engagements

10. Since the last meeting of Council, I have attended the RCC AGM and Winter Conference and the Institute of Regulation Chairs' Group first pilot meeting – both in London. I have also met with the CER several times to discuss operational and strategic matters and in conducting his appraisal and objective setting for the year ahead. I have shared those with Committee Chairs. My own appraisal, as reported at the last meeting is delayed but planned.

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 3 December 2025, not covered elsewhere on the agenda.

Recommendations

Council is asked to note this report with questions invited.

General update

1. Our focus has been on stabilising leadership capacity in high-risk operational areas, completing agreed organisational changes, scoping the commitments in the 2026 business plan, and preparing for year-end assurance and audit activity. I also formally note the new Code of Professional Practice is live, as from 1 January 2026.
2. Latterly, as executive, we have built on existing people and workforce arrangements to strengthen our staffing arrangements. This work reflects a deliberate choice to give people, culture and organisational capacity a focus as much as core delivery risks, recognising their central importance to delivering the corporate strategy.
3. We have brought together previously separate strands of workforce planning, HR activity and organisational development into a clearer People and HR Strategy, to be considered by Remuneration and HR Committee in April, aligned to our strategic objectives and providing a more consistent framework for decision-making, oversight and reporting.
4. We are strengthening our approach to organisational development, with greater clarity around culture, values and expectations of leadership and performance. HR policies and management practices are being refreshed and standardised to improve consistency, transparency and assurance, supported by external HR and OD expertise to provide challenge, capacity and pace. Importantly, this work

emphasises 'co-production' with the whole staff group. An all-staff awayday and follow-up activity have been used to test assumptions, surface issues and devolve responsibility and decision-making.

Responding to national developments

5. This item provides an overview of the Council's recent engagement with national policy and regulatory developments. While responding to external consultations, inquiries and legislative proposals has long been part of the GCC's role, this work is now being undertaken in a more structured, proactive and purposeful way. This reflects the Council's third strategic objective on collaboration, and is supported by increased internal policy capacity through the appointment of a Policy and Insight Officer.
6. This has enabled the GCC to engage earlier, more consistently and with greater influence, working collaboratively with other regulators, government bodies and parliamentary committees to ensure that emerging policy and legislative frameworks appropriately reflect public protection, proportional regulation and the realities of chiropractic practice. In this period we have contributed to the following – a summary of our response to each is annexed.
 - **Joint regulator workforce race equality commitments:** Developed collaboratively by UK health and social care regulators following a regulator roundtable in June 2025, building on national anti-racism principles. A joint, voluntary initiative rather than a statutory consultation.
 - **Lord Mann Review / DHSC correspondence:** Request from the Department of Health and Social Care as part of evidence-gathering for the Lord Mann Review, seeking assurance on regulatory handling of antisemitism and racism.
 - **National Commission into the Regulation of AI in Healthcare:** An open national Call for Evidence issued by the National Commission into the Regulation of AI in Healthcare to inform future regulatory frameworks.
 - **Health, Social Care and Sport Committee (Scotland) – Non-surgical Procedures Bill:** Proactive GCC correspondence addressing comments made during Scottish parliamentary scrutiny of the Bill regarding potential exclusion from the healthcare provider exemption.
 - **House of Lords Industry and Regulators Committee – Regulation and growth:** Written request from Baroness Taylor seeking regulatory perspectives on economic growth within the Committee's inquiry.
 - **Royal College of Chiropractors consultation on outcomes for chiropractic graduates:** Consultation to update the document in line with changes that have occurred over the past 4 years, particularly the new GCC Education Standards and Code of Professional Practice.
 - **Joint statement on AI in education:** We are signatories to this.

- **The government's consultation on reform of veterinary legislation:** We are developing a response to this, relevant to our work on animal chiropractic and 'title.'

Island of Jersey

The Government of the Bailiwick of Jersey has signalled that they wish the GCC to regulate chiropractors on the island and we are working with them towards that end. The work is at early stages and links to the work underway in considering reduced fee registration, that chiropractors on Jersey hold.

National Centre for Chiropractic Research

7. The National Centre for Chiropractic Research (NCCR) is a collaborative research centre hosted by Health Sciences University and supported by UK chiropractic education providers and professional stakeholders. It is intended to operate as a national focal point for chiropractic research, providing leadership, coordination and infrastructure to support high-quality, independent research activity. The Centre will be led by a director and governed through agreed arrangements that safeguard academic independence and manage conflicts of interest. Its role is to facilitate collaboration, attract external research funding, and support the development of research capacity across the profession, rather than to direct or control specific research outputs.
8. Following Council's earlier consideration of the proposal to support the National Centre for Chiropractic Research (NCCR), I circulated a revised Value Case to Council members for final comment providing further assurance on governance, independence, affordability and value for money. The feedback received is strongly supportive with members noting the case for the establishment of the NCCR, and for the GCC's proposed, time-limited (3-5 years) contribution; that issues previously raised by Council — including financial affordability, safeguarding the GCC's neutrality in relation to research content, securing broad support from stakeholders, and encouraging wide engagement from education providers - have been appropriately addressed.
9. Further, that the proposed level of funding is modest, finite and manageable, with appropriate safeguards, including a break clause and clear review points; and that governance arrangements, including conflict-of-interest safeguards and stakeholder oversight, are robust and proportionate.
10. This is an important and positive step. The NCCR represents a significant opportunity for the profession and for public protection: establishing a national hub for high-quality chiropractic research, strengthening the evidence base, supporting collaboration across providers, and helping to position the UK as a credible and influential contributor in this field. The GCC's role is deliberately catalytic rather than directive - supporting leadership and infrastructure, not

influencing research outcomes - and reflects a proportionate, strategic contribution aligned with our statutory objectives.

11. Accordingly, and in line with the approach previously outlined to Council, I will now proceed with implementation of the proposal. We will report further to Council as implementation progresses.

Meetings and engagements

December 2025

- 5 December - Catch-up with Matthew Redford (GOsC) CER
- 10 December - attended GCC all-staff orientation session led by Francis Wilson on the chiropractic profession
- 11 December – Meeting with ECCE Executive
- 12 December - Meeting of the Chief Executives of Reg bodies
- 15 December – Catch up with Ross McDonald, Scottish Chiropractic Association
- 16 December – Meeting with PSA following Council meeting
- 18 December – Meeting with Martin Saville, Mayvin, to plan all-staff engagement event in February
- 22 December – Quarterly catch-up meeting with Phil Harper, DHSC

January 2026

- 7 January – spoke at Academy of Physical Medicine - webinar in-person
- 13 January – attended Christina Cunliffe’s OBE Investiture after-party, Windsor
- 16 January – attended the PSA, Regulatory Data and AI Group Meeting
- 20 January – attended Professional Conduct Committee training at GCC offices
- 22 January - Meeting of the Chief Executives of Reg bodies
- 27 January – GCC/RCC catch-up meeting
- 28 January – attended the UK Chiropractic Forum meeting

February 2026

- 4 February - attended the RCC AGM and Winter Conference
- 6 February – attended the Health and Social Care Regulators Forum
- 26 February – attended the GCC all-staff awayday

Nick Jones

Chief Executive & Registrar

Annex to CER report

Responding to national developments

- 1. Joint regulator workforce race equality commitments:** Developed collaboratively by UK health and social care regulators following a regulator roundtable in June 2025, building on national anti-racism principles. A joint, voluntary initiative rather than a statutory consultation.

We contributed to, and signed up to, a shared set of workforce race equality principles developed collaboratively with other health and social care regulators. These commitments build on national anti-racism principles and collective learning from regulator roundtables. The document sets out nine principles, including explicitly naming racism, valuing lived experience, strengthening leadership accountability, improving data and insight, and using regulatory powers effectively to advance equity. Importantly, it emphasises collective influence, shared learning and transparency across regulators. The commitments provide a common framework while recognising that each regulator must implement them proportionately, reflecting their size, remit and statutory role, and report on progress and impact over time.

- 2. Lord Mann Review / DHSC correspondence:** Request from the Department of Health and Social Care as part of evidence-gathering for the Lord Mann Review, seeking assurance on regulatory handling of antisemitism and racism.

In responding to correspondence from the Department of Health and Social Care linked to the Lord Mann Review, the GCC set out how its regulatory framework already addresses antisemitism and racism, while acknowledging areas for continued development. The response highlighted strengthened Education Standards, the revised Code of Professional Practice, and guidance reinforcing expectations around equality, dignity and professional conduct. It also described how allegations relating to discrimination are treated as particularly serious within fitness to practise processes, and how data on such concerns is now captured and published. The response balanced assurance about existing safeguards with openness to further joint regulatory action and learning.

- 3. [National Commission into the Regulation of AI in Healthcare](#):** An open national Call for Evidence issued by the National Commission into the Regulation of AI in Healthcare to inform future regulatory frameworks.

We submitted evidence to the National Commission into the Regulation of AI in Healthcare, focusing on the implications of AI regulation for a profession largely operating in private practice. The response emphasised the need for regulatory

frameworks that do not rely solely on NHS infrastructure and that are accessible to smaller providers. Key issues raised included assessing clinical effectiveness of AI tools, risks of bias in training data, regulation of AI-driven marketing and patient interactions, and challenges around post-market surveillance. The response also highlighted unresolved questions of liability and the potential impact of AI on therapeutic relationships and professional judgement.

- 4. Health, Social Care and Sport Committee (Scotland) – Non-surgical Procedures Bill:** Proactive GCC correspondence addressing comments made during Scottish parliamentary scrutiny of the Bill regarding potential exclusion from the healthcare provider exemption.

The GCC wrote to the Scottish Parliament's Health, Social Care and Sport Committee regarding the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill. The letter supported the Bill's public protection aims while raising concerns about proposals that could exclude chiropractors from the healthcare provider exemption. It clarified the statutory status, training and scope of chiropractic practice, and warned that excluding professions by regulator could create regulatory inconsistency and public confusion. The correspondence argued that decisions should be based on clinical risk and patient protection, not misconceptions about professional roles.

- 5. [House of Lords Industry and Regulators Committee – Regulation and growth](#):** Written request from Baroness Taylor seeking regulatory perspectives on economic growth within the Committee's inquiry.

In correspondence with Baroness Taylor and the House of Lords Industry and Regulators Committee, we set out our perspective on regulation and economic growth. The letter explained how the GCC's statutory role differs from a growth or promotional function, while noting its duty to develop the profession. It highlighted the economic and public health impact of musculoskeletal conditions, the predominantly private-sector nature of chiropractic practice, and the increasing complexity of small healthcare businesses. It also outlined how our strategy seeks to modernise regulation and reduce unnecessary administrative burden while maintaining public protection.

- 6. [Royal College of Chiropractors consultation on outcomes for chiropractic graduates](#):** Consultation to update the document in line with changes that have occurred over the past 4 years, particularly the new GCC Education Standards and Code of Professional Practice.

We welcomed the comprehensive guidance and recognised the work that had gone into the document. While our suggestions do not indicate unmet outcomes within current approved curricula, our intention was to support the Forum of Chiropractic Deans in their ongoing discussions and to help the final document highlight to programme providers where there are areas of particular importance to the regulator, the profession, and patients. We made specific suggestions around consistency in the ability to provide personalised and equitable care to distinct populations (sports, pregnant, elderly and paediatric). We highlighted the importance of developing a culture of safety, and of learning, and suggested a stronger understanding of professional boundaries including practical skills in maintaining those boundaries.

7. **Joint statement on AI in education**: We are signatories to this.

The statement, developed through the education inter-regulatory group (IRG), sets out a shared position on how AI should be considered within approved health and care programmes. It recognises that AI is increasingly being used by learners and can enhance education when applied appropriately. At the same time, it highlights the importance of managing associated risks, including overreliance on technology, biased or misleading outputs, and potential impacts on patient safety. We are co-signatories along with the General Optical Council, General Osteopathic Council, General Pharmaceutical Council, the Health and Care Professions Council, and the Royal College of Veterinary Surgeons.

8. **The government's consultation on reform of veterinary legislation**: We are developing a response to this, relevant to our work on animal chiropractic and 'title.'

The consultation is seeking views about potential reforms to the Veterinary Surgeons Act 1966, and could include:

- regulating all professions in the veterinary team
- protecting the titles of professions in the veterinary team
- regulating veterinary and animal healthcare businesses to protect both the public, consumers and animal health and welfare
- updating the regulator's structure, to ensure it's fit for purpose and aligns with the government regulation action plan



For approval and
noting

Fitness to Practise update

Purpose

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

- Part A Regulatory Committee reappointments
- Part B Fitness to Practise Update
 - Operational update
 - Fitness to Practise performance report

Recommendations

Council is asked to:

Part A Approve the re-appointment of seven Investigating Committee members

Part B Council is asked to note this update

A. Regulatory Committee Appointments

1. Re-appointment of members of Investigating Committee

1. There are several members of the Investigating Committee (IC) whose terms are due to expire on 31 August 2026.
2. Those whose terms are due to expire were approached for expressions of interest in being put forward for a second term. All indicated they wish to renew their term, have completed satisfactory appraisals by the IC overall Chair and are proposed to Council for reappointment. Their biographies can be found in Annex B.
 - Lay Chair - Peter Wrench – 3 years
 - Lay - Emma Moir – 3 years
 - Lay - Fahmina Begum – 3 years
 - Lay - Gillian Seager – 3 years
 - Registrant - Fay Waiting – 3 years
 - Registrant - Laura Beaumont-Perry – 3 years
 - Registrant - Suzanne Le Voi – 3 years

3. Under *The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009*, Rule 5(1) and 11(1), Council is asked to approve the reappointments of these members for the terms proposed. If approved, extended terms will commence from 1 September 2026 and run to 31 August 2030. Council is asked to note that appointments will be subject to acceptance of a supplier agreement between each member and the GCC, ensuring compliance with expectations around worker status.

B Fitness to Practise Update

Operational update

Staffing issues / internal resources

4. Angela Maragna, the Interim Director of Change, left the GCC in December 2025 with our best wishes.
5. I joined the GCC at the beginning of December 2025 as the Director of Fitness to Practise (FtP) and had the pleasure of joining the Council meeting in December. Since joining the organisation, I have spent my time assessing the capacity of the team including undertaking recruitment, assessing the processes used to identify streamlining opportunities, dealing with investigations and adjudications operationally whilst we await a new FtP Operations Manager and optimising use of the new CMS system. I have also met with many of our stakeholders and developed a broader understanding of Chiropractic.
6. The Investigation team is using the CMS system satisfactorily, this has helped staff to manage new complaints more easily, with no current backlog of new enquiries awaiting a s.20 decision.
7. CMS is currently being trialled with the Investigating Committee (IC) with full implementation due by the end of March 2026. With CMS being used up to the IC decision point data collection will become much quicker, it will avoid other manual processes and will have an improved and more secure bundle sharing facility.
8. We have undertaken a lesson learned review of the implementation of CMS to assist us with the development of the next phase for Adjudication. We have had some initial discussions to look at bringing CMS in for cases post IC. However, we need to be clear on the process we want to be followed before we develop the CMS we want and need for the management of cases once referred by the IC.
9. We have redesigned the FtP Manager role to include responsibility for operational delivery end to end to include oversight of Adjudications. This important leadership role will be pivotal in ensuring operational performance is maintained and improved. The successful candidate will be in post in early March

2026. We will also be recruiting to a permanent Case investigator role in due course.

End to end process review

10. We are in the initial stages of completing a review of processes end to end. With feedback from the annual training for the IC and the PCC, from liaison with the team and with external stakeholders we have collated a comprehensive list of activities for improvement.
11. We are in the initial scoping stages of updating the Guidance on Sanctions. This guidance was last published in 2018 and is due for review and updating. The areas we will be exploring are:
 - Current and ongoing risk
 - Right-touch principles
 - Sanctions ladder
 - Insight, remediation & contextual factors
 - Case types linking to seriousness indicators & indicative sanction pathways
 - Linking the guidance with GCC's current standards framework
12. We will be working with a small sub-group of Council to develop a draft for Council's consideration in June. We plan to consult on the draft guidance over the summer with a view to launching the updated guidance in late 2026/early 2027 once Council has had the opportunity to review the responses to the consultation and suggested finalised Guidance on Sanctions.
13. Council will note the figures within the FtP annual report and the quarterly performance report detailed below which indicates a significant rise in the number of complaints to the organisation (23.8%) in 2025, compared with 2024. Productivity of the investigation team and the IC in 2025 is demonstrated by a 40% increase in the number of decisions undertaken. However, due to the increase in complaints which we believe will be sustained into 2026, and the increase in adjourned cases from 2025, there are now 18 cases post IC awaiting resolution.
14. The new CMS has allowed the team to absorb some of this increase of work pre-IC, but we will be reviewing capacity to ensure the team has the right support in the right places to ensure cases are progressed in a timely manner to a resolution. Ultimately, we will need to schedule an increased number of hearings in 2026 to ensure hearings are heard within KPI and this will require more capacity.

Performance report

15. This section provides Council with an update on the operational performance of the FtP team in the latest completed quarter, the period September to end of December 2025 (Q4), that is covering 2025.

Summary

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

- i. *New enquiries*: There was 1 enquiry open at the end of Q4. The streamlined system for consideration of new enquiries using CMS has assisted the team to either close or promote cases for s.20 investigation within the month in which they were received.
- ii. *New complaints*: The higher-than-expected level of incoming complaints continued into Q4 2025. The more consistent flow of cases each month is primarily down to the swift review of enquiries within each month. The team was able to finalise a large number for investigations for the IC to consider with 26 cases determined, the highest number for the year.
- iii. *PCC Referrals*: There were six referrals to the PCC in Q4 which are planned to be scheduled to be heard in 2026. As stated in the FtP Annual report, during the whole of 2025, 18 cases were referred from the IC to PCC; two of those were heard during the year with the other 16 planned for 2026. The remaining cases heard in 2025 had been referred to the PCC/HC prior to 2025. Unfortunately, three cases were adjourned in 2025 which means a higher number of cases to be scheduled in 2026 than we had predicted. There are likely to be further referrals in 2026 for hearings to be heard in 2026 – we assume the volume for budgeting purposes. In conclusion, due to the high number of referrals from the IC in 2025 along with a high number of adjournments and an increasing trend towards IC referrals to the PCC/HC we anticipate a busy 2026. Once our FtP Operations Manager is in post, we will be devising a strategy for listing more cases than usual in 2026.
- iv. *Interim suspension hearing (ISH)*: No ISH hearings were held in this period. This remains a key focus for the team and despite the staffing issues, we continue to deal with high-risk cases promptly, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
- v. *PCC and HC hearings*: Three substantive hearings were held and determined in Q4, with one concluding UPC. The end-to-end median for cases determined in Q4 was 128 weeks.

- vi. Our performance in managing s.32 (protection of title) complaints in this period was good due to the assistance of a temporary staff member dedicated to s.32 matters. Only 8 cases remain open at the end of Q4 2025.

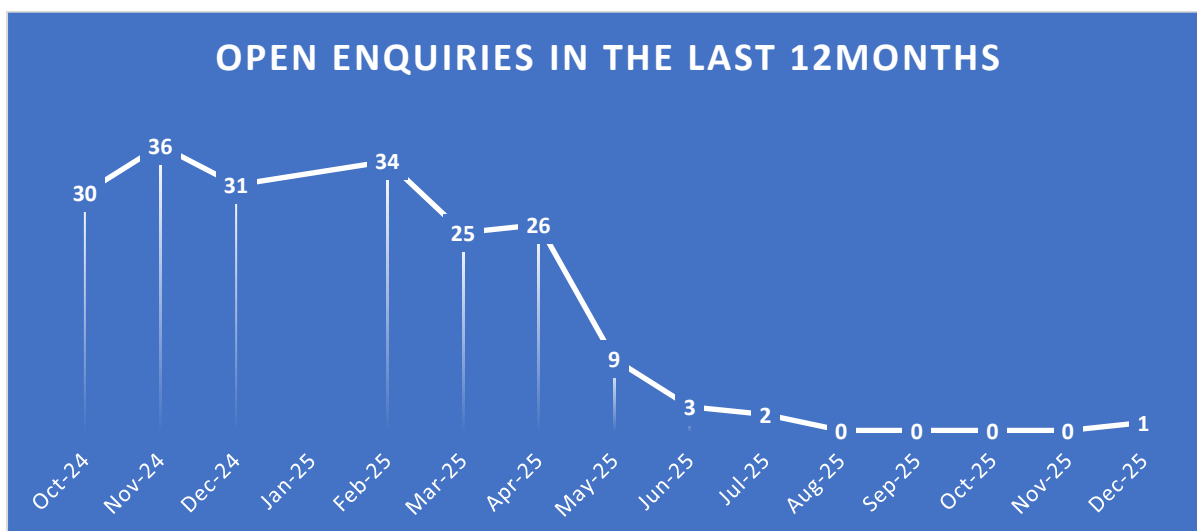
Despite the challenges in the year, including much staffing change, and a 23.8% increase in concerns reported to us we ended it with a 6% decrease in the number of open cases (65) compared with the end of 2024 (69). The hard work of the team, the consistent use of CMS, some quality improvements and streamlining of investigative steps has assisted with moving cases to conclusion at an earlier stage. This is a significant and notable achievement

06A: Annex 1: Performance report

A. Enquiries

Open enquiries in last 12 months

Chart 1



Across the year, there has been a steady reduction in open enquiries, with near-zero by the end of Q4 2025, with one enquiry open carried over into 2026.

Total number of enquiries closed/promoted in 2025

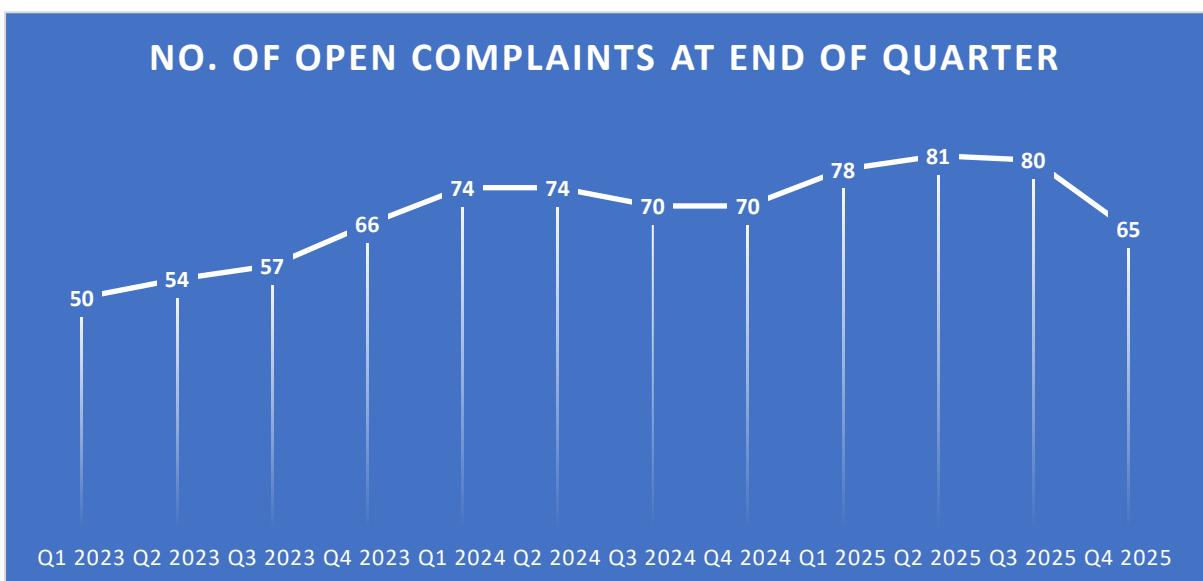
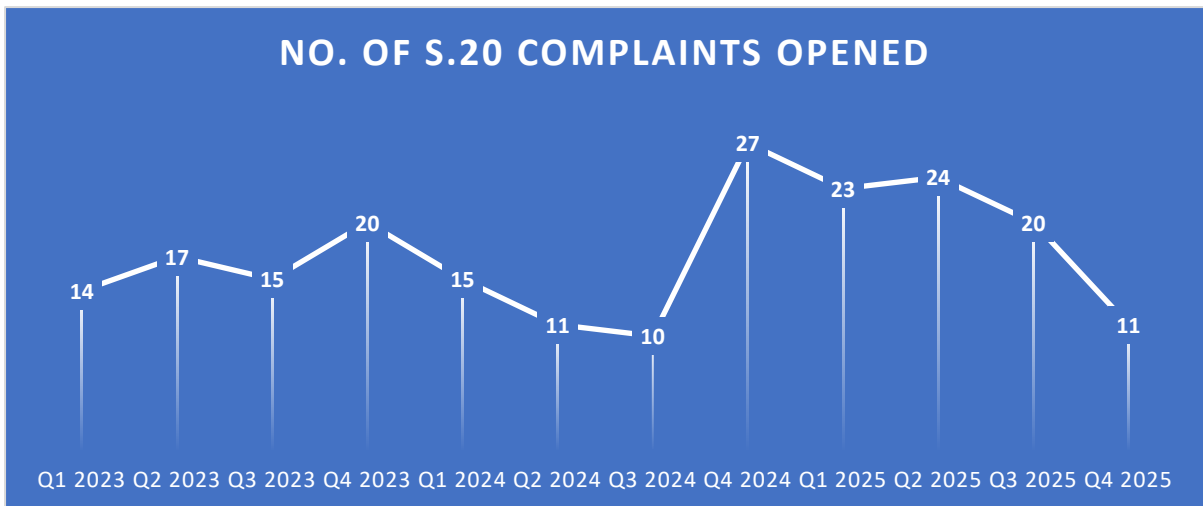
Table 1

	2025			
	Q1	Q2	Q3	Q4
Closed with no further action	4	33	14	3
Promoted to s.20	11	13	21	11
Total closed	15	46	35	14

S.20 (IC) Complaints in 2025

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

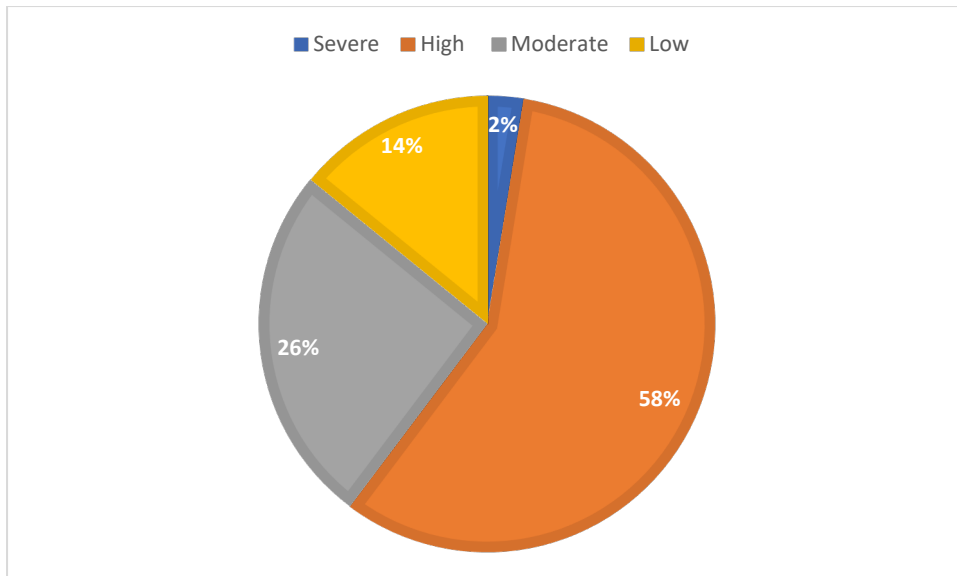
Chart 2



In the past, it was forecasted to receive an average of 4 complaints opened per month. For complaints opened in 2025, the average was to 6.33 cases.

Risk rating of open IC complaints

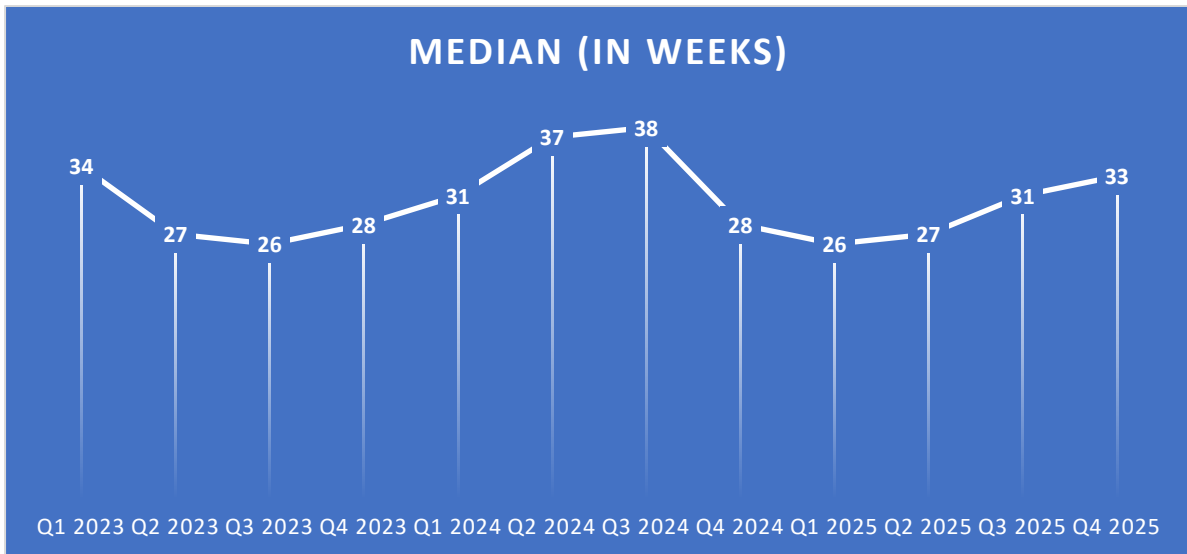
Chart 4



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.

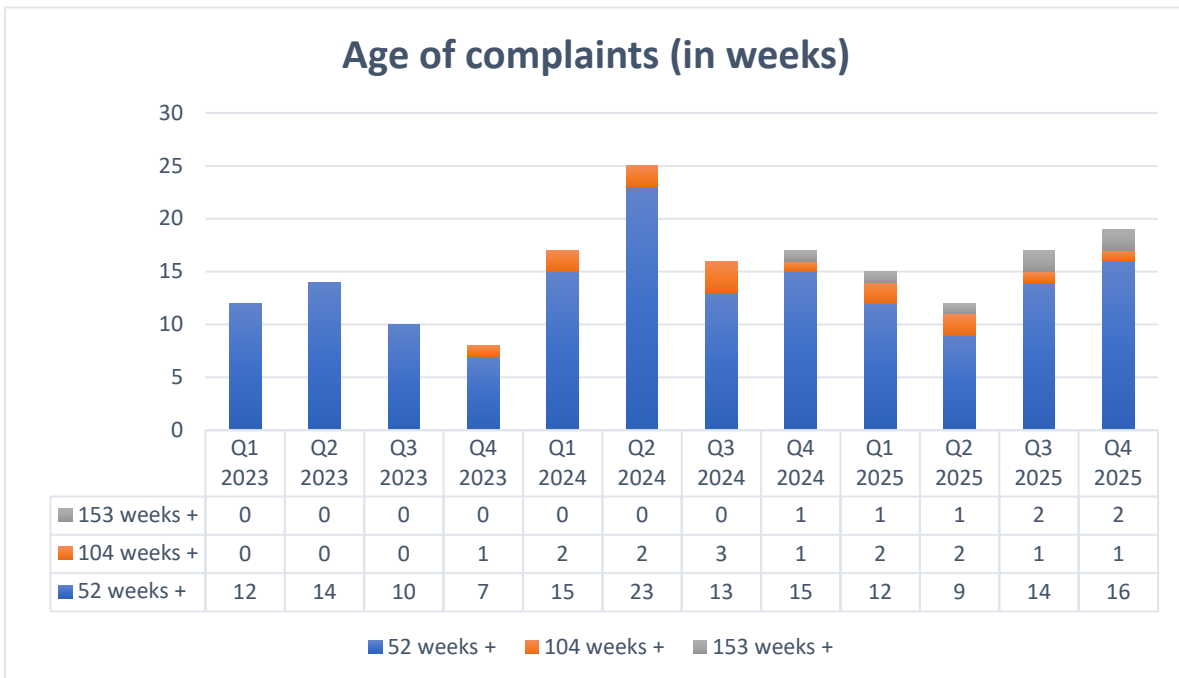
Time complaints have been open: median weeks

Chart 6



Of the total number of open complaints, the median slightly increased by 2 weeks from the previous quarter.

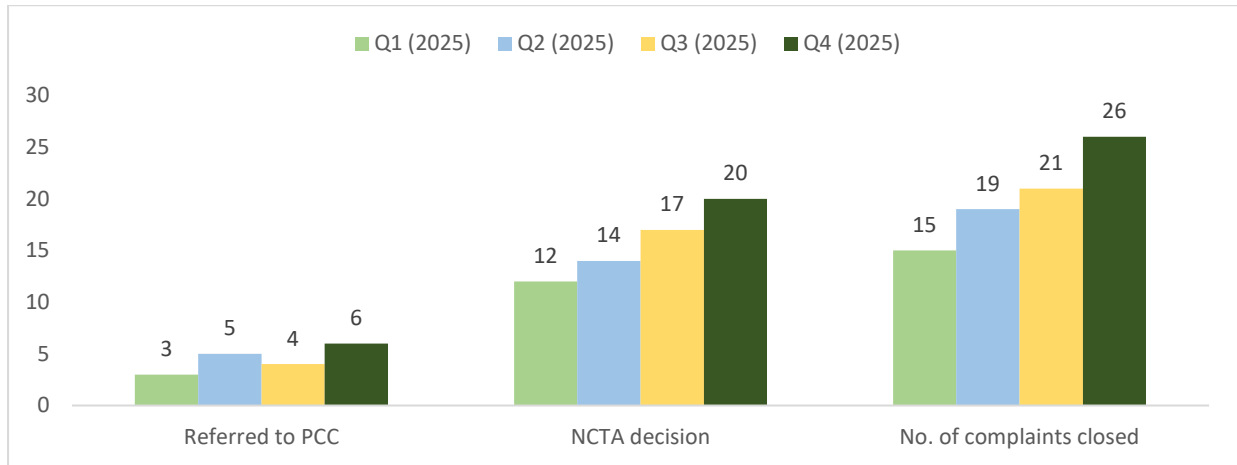
Breakdown of open current complaints



At the end of Q4 2025, the number of complaints open for over 52 weeks increased slightly compared with the previous quarter, rising to 16 cases. The number of cases for over 104 weeks remained stable at 1 case, and those open over 153 weeks increased slightly to 2 cases.

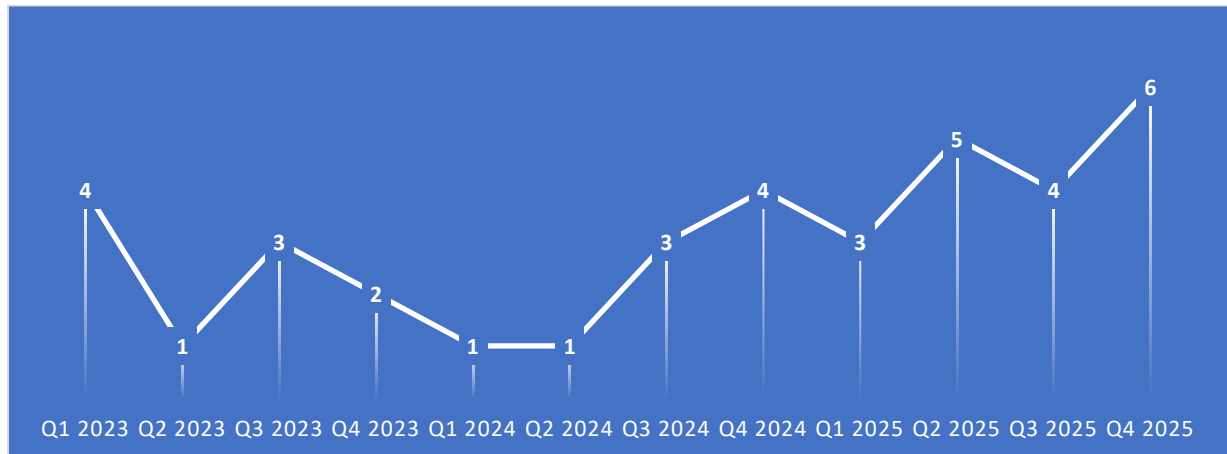
Number of complaints closed by the Investigating Committee in 2025

Chart 7



Of the 26 complaints closed in Q4, 20 were closed as ‘no case to answer’ and six 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.

Number of cases referred from IC to PCC

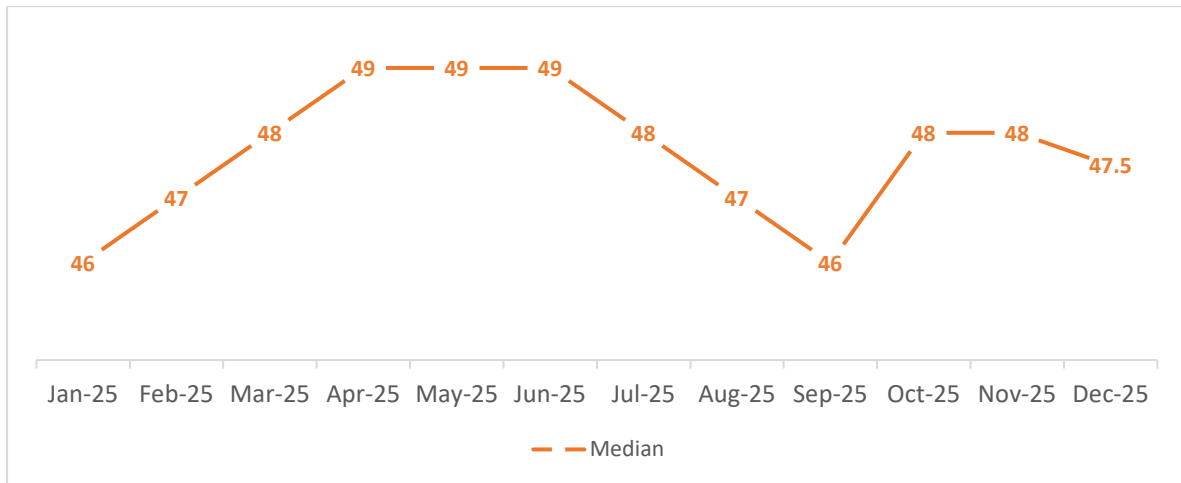


The data above shows the referrals have increased with Q4 showing the highest number (6 cases). In 2023 and 2024, the average number of cases referred was around 2.25-2.5 cases. In 2025, the average doubled with 4.5 cases referred. This is above our planning assumption of one referral per month, demonstrating a higher-than-expected flow of cases into adjudication at the end of the year.

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.

B. Interim Suspension Hearings

Table 5

	2025											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ISH hearings	0	1	1	0	0	2	1	1	1	0	0	0
Suspension imposed	0	0	1	0	0	2	0	1	0	0	0	0
Suspension not imposed	0	1	0	0	0	0	1	0	1	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 no IC interim suspension hearings (ISH) held in Q4 2025.

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 for 2024. Based on the cases heard in 2025, the median time was 9 weeks.

D. Professional Conduct Committee

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

Table 6

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
No. of cases brought forward	8	8	9	10	10	11	11	12	13	14	15	15
No. of Referrals from the IC	0	1	2	1	2	2	2	1	1	1	1	4
PCC hearings held	0	1	1	1	2	1	1	0	0	0	1	1
Part heard	0	0	0	0	0	0	1	0	0	0	0	0
PCC Cases Closed	0	0	1	1	2	1	0	0	0	0	1	1

Final decisions of PCC cases concluded in 2025

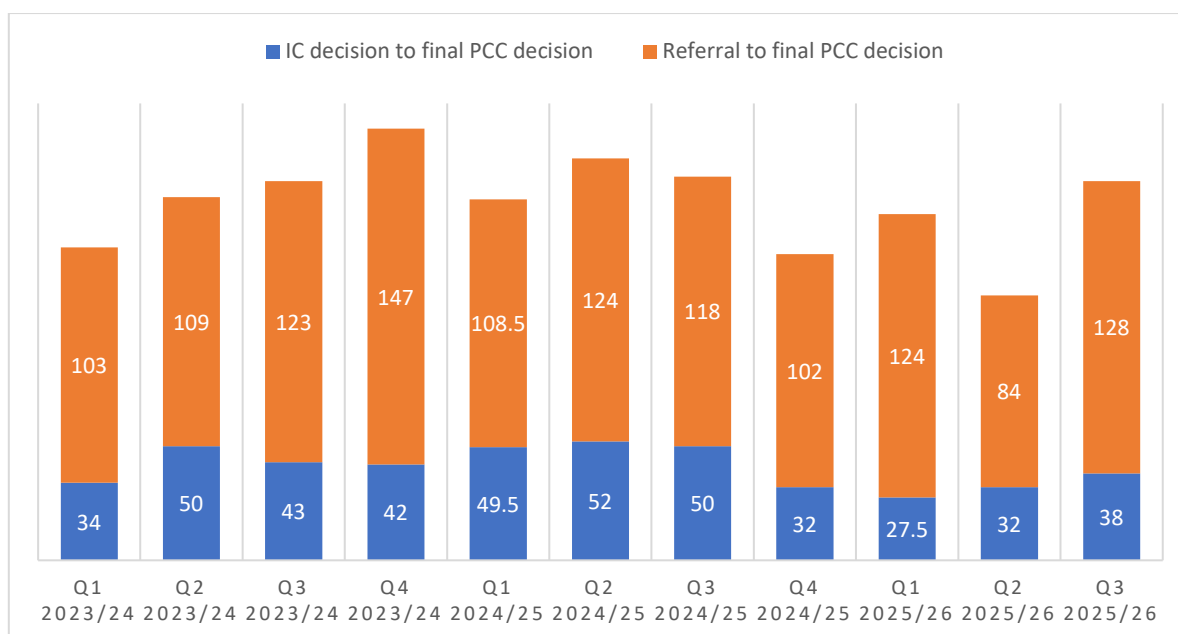
Table 7

Decision	Number
Removal from Register	0
Suspended	1
Conditions of Practice Order	1
Admonishment	0
No UPC	5
Discontinuance	1

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

Median (in weeks) of PCC cases concluded

Chart 9



The timeliness of PCC cases concluded is reported to the PSA every quarter. In the last quarter, the median duration (from IC decision to final PCC decision) had fluctuated around our 35-week target, with a 3-week exceedance. Looking at the end-to-end median (referral to final PCC decision), the data shows that cases take longer during the investigation stage, driven by various reasons including complexity and readiness factors.

Open PCC cases: Listing progress

There were 18 open PCC cases open at the end of Q4 2025. Our KPI is that, once referred by the IC, a case should be listed before the PCC within 35 weeks. The table below uses a RAG (Red-Amber-Green) rating to show how well each case meets this target, where:

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

Table 8

RAG rating (listed within (≤35 weeks) at end of quarter)	No. of open PCC cases
Red	2
Amber	2
Green	14
Total	18

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

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

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 27 weeks.

Table 11

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Number of cases (at beginning of the month)	13	17	18	18	19	16	16	20	20	4	6	6
Number of new cases in a month	4	2	5	2	2	0	4	1	1	2	3	2
Number of cases closed in period	0	1	5	1	5	0	0	1	17	0	3	0

05: Annex 2

Glossary

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

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

Annex B – IC member biographies

Peter Wrench

Peter Wrench has held regulatory, governance and adjudication roles with a wide range of organisations in different sectors. He is currently the Convener of Disciplinary Tribunal Panels for the Institute and Faculty of Actuaries, and an independent assessor of complaints against the Department for Transport and its public bodies. He chairs the Insolvency Licensing Committee of the Institute of Chartered Accountants in England and Wales and is a disciplinary assessor for the Association of Chartered Certified Accountants. Peter previously spent thirty years with the Home Office, twenty of which were at Senior Civil Service level. After heading its counter terrorism unit, he was the Deputy Director General in charge of immigration and nationality policy, before moving to work on the resettlement of offenders.

Emma Moir

Emma works as a Director in the NHS with a focus on delivering critical services. She is a qualified solicitor and has had a successful career in the public sector, including the Civil Service for over 30 years, holding a number of senior roles. Emma has considerable experience of judicial and quasi-judicial roles and sits on a tribunal, as well as professional conduct and advisory committees.

Fahmina Begum

Fahmina Begum currently holds a number of lay regulatory positions. Fahmina sits as a lay member of the General Pharmaceutical Council's fitness to practise panel and the General Chiropractic Council's investigating panel. She is also a lay member of the Conduct Committee, at the Institute of Chartered Accountants in England and Wales.

Fahmina is a lay faculty member with the Royal College of Obstetricians and Gynaecologists, and a lay examiner for the MRCS Part B with the Royal College of Surgeons of England.

Fahmina volunteers as an independent member of Secondary School admissions appeal panels with two London boroughs.

Fahmina has previously largely worked within the higher education sector. Most recently, she worked as a Senior Education Manager within postgraduate studies at Anna Freud mental health charity for children and families. In this role she was responsible for overseeing the development and ongoing delivery of a stream of employment development training mental health programmes and ensuring compliance with university academic regulations.

Alongside this, Fahmina actively contributed to Anna Freud's Equality, Diversity and Inclusion (EDI) strategy. Fahmina was Co-chair of the organisation's Interfaith network. She was one of the EDI induction trainers for new staff joining Anna Freud. Fahmina was previously also a Community Organiser, working closely with colleagues internal and external to Anna Freud, and Citizens UK, to work on social justice campaigns. She co-led a Citizens UK campaign on transforming the race dialogue at work and study spaces.

Gillian Seager

Gillian initially qualified as a dietitian and carried out a range of roles which included community work in the UK and research and work overseas.

She held a range of positions including management roles with regulators such as the Solicitors Regulation Authority, the Independent Police Complaints Commission and the Bar Standards Board. Former roles in healthcare regulation include Lay Fitness to Practise Member of the Health and Care Professions Tribunal Service and the Nursing and Midwifery Council and Lay Case Examiner for the General Dental Council. Other roles in regulation have included for example Lay Panel Chair for disciplinary hearings for the Royal Institution of Chartered Surveyors and Vice-Chair of the Regulatory Tribunal Steering Committee, Lay Member of the Investigation Panel for the Architects Registration Board and Disciplinary Assessor for the Association of Chartered Certified Accountants.

Gillian currently holds a number of roles which includes being Case Examiner for the General Optical Council and Social Work England. She sits on police misconduct hearings and is a Lay Adjudication Panel Member for the Council for Licensed Conveyancers. She has been a magistrate since 2009 and sits in the adult criminal and family courts.

Fay Waiting

Fay has been in clinical practice in South Manchester for 16 years after graduating from the University of South Wales in 2010. She has been a PRT trainer for the Royal College of Chiropractors for the last 10 years and has recently become CPD co-ordinator for the RCC Public Health Society. Fay has been a Test of Competence assessor since 2021 and a panel chair since 2023. Fay has been a member of the Investigating Committee since 2023.

Laura Beaumont-Perry

Laura knew at the age of 10 that she wanted to be a chiropractor. So when she graduated in 2015, she couldn't wait to be able to help people. She opened her practice in 2021 and is excited to be able to continue working with the General Chiropractic Council. Alongside running her busy and vibrant practice, in her free time, she loves to look after her own health – She has several marathons under her belt and loves to test her bodies boundaries (She has two ultra marathons booked for 2026!). Her hobbies include self development practices, learning, running seeing live sports events.

Suzanne Le Voi

Suzi has extensive experience of working in multidisciplinary MSK teams, working with many other professions and in environments varying from small private clinics to large field hospital settings at international sporting events. She specialises in sports injuries and was awarded a Fellowship of the Sports Faculty of the Royal College of Chiropractors in 2020 having gained International Certification of Sports Chiropractic.

Since 2005, Suzi has mentored and supported many new Chiropractic graduates through the RCC PRT scheme, focusing heavily on patient centred care, evidence-based practice and professional ethics and standards. She has also trained over 20 Chiropractors, Physiotherapists and Sports Therapists in the specialist field of immediate trauma management in sports as part of their career development. She has held the position of Lead Sports Medic at Trojans RFC and Hampshire Rugby since 2010 and 2012 respectively.

Suzi has always been involved in raising money and awareness for many charities, becoming a Trustee for Rugby Against Cancer in 2023.



For noting

Finance Update - GCC Management Accounts to 28 February 2026

Purpose

This paper updates the Council on our financial performance as of February 2026. It highlights key variances against the year-to-date (YTD) budget and ensures we remain on track to deliver our strategic priorities for the year.

The Audit and Risk Committee reviewed and noted the management accounts report on 4 March 2026. The Committee comprises two qualified accountants and three members with substantial governance, risk and financial experience.

The Council is asked to review and note this paper for assurance regarding our ongoing financial performance and resilience. Detailed breakdowns are included in:

Annex 1: Income & Expenditure

Annex 2: Balance Sheet

Income and Expenditure Summary

At the end of February 2026, we achieved a surplus of £144k. This is £12k more than the budgeted surplus of £132k.

This positive variance is made up of several small underspends across our main budget lines, each of which is less than £10k. It reflects a series of minor temporary savings rather than a significant reduction in any single area (see **Annex 1**).

Balance Sheet as at 28 February 2026

Lease Accounting (Financial Reporting Standard, FRS, 102 – effective 1 January 2026)

We have implemented the revised lease accounting requirements under FRS 102, effective 1 January 2026. On transition, we recognised a Right-of-Use asset of £323k on the balance sheet, together with a corresponding lease liability.

This reflects the present value of our future lease commitments and improves transparency by presenting lease obligations on balance sheet rather than as off-balance sheet commitments. The change has no impact on our cash position.

From January 2026 onwards, lease costs will be presented as depreciation and interest rather than as a single rental expense. This affects the accounting presentation but does not change the underlying cash outflows.

Investments and Cash

The value of our investment portfolio increased by £248k (4.9%) in the period, boosted by £254k in 'paper gains' (that is, market value of the investment less its book value).

Our cash position remains healthy at £2.165m. This is the balance we are expected to maintain at this time of the year, following the peak collection period for registration renewals in December.

Liquidity and Resilience

- **Liquidity:** Our adjusted liquidity ratio stands at £3.24. This means for every £1 we owe in the short-term, we have £3.24 in liquid assets that are immediately available. This represents a stable and safe position for our day-to-day operations.
- **Reserves:** Total reserves remain strong at £4.282m. Importantly, our General Reserve (included in the total reserves) is sufficient to cover six months of operating costs. This ensures we can maintain operations for that period even if we face a significant drop in registrant funding.

In summary, these results demonstrate that the GCC remains financially resilient. Detailed commentary on our balance sheet movements is provided in **Annex 2**.

Alignment to Strategy, Risks and Budget

Ongoing Council oversight ensures close monitoring of performance across all budget holder areas, managing the risk of both underspend and overspend against approved budgets. This enables timely action on material variances, supports operational efficiency, and ensures delivery remains aligned to our regulatory priorities.

No equality, diversity or inclusion risks have been identified.

Recommendation(s)

The Council is asked to review and note the financial position as at 28 February 2026.

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

Joe Omorodion
Director of Corporate Services

Annex 1 – Income & Expenditure Account to 28 February 2026

Commentary

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

Income

Year-to-date income is currently performing exactly in line with the budget.

Expenditure

Total expenditure shows a favourable underspend of £12k.

- This variance is the result of minor temporary savings across several key budget lines rather than a single event.
- As no individual cost centre has a variance exceeding our £10k materiality threshold, no further detailed commentary is required at this stage.

Annex 1

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

MONTH					YEAR-TO-DATE (YTD)				Full Year BUDGET 2026	
INCOME / COST CENTRES					February 2026					
Dept		Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance	£
	INCOME	£	£	£		£	£	£	%	£
72	Initial Regn Fees - Practising	11,250	11,428	-178	-2%	42,750	42,928	-178	0%	240,890
72	Initial Regn Fees - Non-practising	200	0	200	100%	200	100	100	100%	100
72	Retention Fee- Practising	255,350	255,350	0	0%	509,100	509,100	0	0%	2,986,661
72	Retention Fee- Non Practising	1,525	1,525	0	0%	3,450	3,450	0	0%	14,375
72	Non- Practising to Practising	1,600	800	800	100%	1,600	2,044	-444	-22%	11,200
72	Restorations	3,850	2,855	995	35%	9,100	8,855	245	3%	25,693
	Total Registrant Fees	273,775	271,958	1,817		566,200	566,477	-277		3,278,919
74	ToC Income	0	0	0	0%	2,250	2,250	0	0%	78,250
33	Investments	25,000	25,000	0	0%	50,000	50,000	0	0%	300,000
33	Other	5,706	7,457	-1,751	-23%	10,797	10,647	150	1%	32,739
	Total Investments & Other	30,706	32,457	-1,751	-5%	63,047	62,897	150		410,989
	TOTAL INCOME	304,481	304,415	66	0	629,247	629,374	-127	0%	3,689,908
	GOVERNANCE									
10	Council	11,758	12,118	360	3%	23,787	23,787	-0	0%	160,626
11	Audit & Risk Committee	0	0	0	0%	220	220	-0	0%	1,850
12	Remuneration Committee	0	0	0	0%	-	-	0	0%	1,730
	Total Governance	11,758	12,118	360		24,008	24,007	-1		164,206
	CER OFFICE / SHARED COSTS									
30	CER's Office	17,794	16,102	-1,692	-11%	33,991	32,204	-1,787	-6%	195,030
31	Technology	29,033	25,689	-3,344	-13%	47,478	46,378	-1,100	-2%	284,161
32	Human Resources	6,274	6,552	278	4%	18,755	18,604	-151	-1%	70,723
33	Corporate Services	41,281	44,305	3,024	7%	82,542	89,610	7,068	8%	566,997
34	Property	11,459	11,611	152	1%	24,104	24,432	328	1%	151,425
72	Registration	849	1,583	734	46%	3,116	3,166	50	2%	57,200
74	Test of Competence	307	175	-132	-76%	3,607	3,650	43	1%	59,754
	Total Shared Central Costs	106,998	106,017	-981		213,594	218,044	4,451		1,385,290
	FITNESS TO PRACTISE									
50	FIP Team	31,721	36,959	5,238	14%	67,799	73,918	6,119	8%	463,514
51	Investigating Committee	7,537	7,500	-37	0%	15,824	16,685	861	5%	193,801
52	Professional Conduct Committee	50,634	46,024	-4,610	-10%	90,436	89,624	-812	-1%	724,287
53	Interim Suspension Hearing	2,060	1,982	-78	-4%	2,060	4,964	2,904	59%	33,784
54	Protection of Title	-1,313	1,665	2,978	179%	3,940	3,330	-610	-18%	19,980
	Total FTP	90,639	94,130	3,491		180,060	188,521	8,461		1,435,366
	DEVELOPMENT									
70	Development Team	30,851	30,393	-458	-2%	62,672	61,786	-886	-1%	492,811
73	Quality Assurance	0	1,500	1,500	100%	151	1,500	1,349	90%	56,325
75	Policy and Development	2,455	1,614	-841	-52%	4,232	3,228	-1,004	-31%	94,888
13	Education Committee	0	0	0	0%	232	-	-232	100%	14,210
	Total Development	33,306	33,507	201		67,287	66,514	-773		658,234
	TOTAL OPERATING COSTS	242,701	245,772	3,071		484,949	497,086	12,138		3,643,096
	HEADLINE SURPLUS/-DEFICIT	61,780	58,643	3,137		144,298	132,288	12,010		46,812
	GAINS/-LOSSES ON INVESTMENTS	254,129				254,129				
	SURPLUS/-DEFICIT BEFORE TAX	315,909				398,427	132,288	12,010		46,812
	UNDERLYING SURPLUS/-DEFICIT)	61,780				144,298	132,288	12,010		46,812
	SURPLUS/-DEFICIT MARGIN					23%				1%

Annex 2 – Balance Sheet as at 28 February 2026

As at 28 February 2026, our net assets total £4.282m. The reserves position remains robust, providing a secure foundation for our continued operational resilience:

- **General reserve:** £1.8m
- **Designated reserve:** £1.3m
- **Restricted reserve:** £23k
- **Revaluation reserve:** £777k
- **Investment gains/surplus for period:** £398k

Commentary

Item	Commentary
Fixed Assets	Increased by £559k, driven mainly by the treatment of the office lease as an asset (£316k) and the increase in portfolio value (£248k)
Current Assets	Down by £185k due to the net effect of the use of cash and increase in debtors in the period.
Current Liabilities	Decreased by £340k as we released 2026 pre-paid registration fees into the income statement for the month.
Net Assets	Increased by £398k, reaching £4.282m due to the surplus and unrealised investment gains for the period.
Liquidity	The current ratio is 71 pence per £1 owed. However, our adjusted ratio is £3.24, confirming a strong cash position and liquidity levels that align with our seasonal trends.

Reserves remain strong and will ensure our continued operational resilience.

GCC Balance Sheet					Annex 2
As at 28 February 2026					
	31 December 2025		28 February 2026		Movement
	£	£	£	£	
Fixed Assets					
Intangible Assets - Lease	0		316,237		↑ £316,237
Intangible Assets - CMS	55,426		52,347		↓ -£3,079
Intangible Assets - CRM	11,444		10,808		↓ -£636
Tangible Assets - Computers	21,724		20,818		↓ -£906
Investments	5,105,296		5,353,204		↑ £247,907
		5,193,891		5,753,414	
Current Assets					
Debtors	61,737		108,450		↑ £46,712
Bank	2,396,039		2,164,643		↓ -£231,396
Total Current Assets		2,457,776		2,273,093	↓ -£184,683
Current Liabilities					
HMRC and pensions	57,751		44,489		↓ -£13,262
Payments in advance	3,067,800		2,555,750		↓ -£512,050
Trade creditors	32,369		90,332		↑ £57,963
Corporation tax payable	85,872		85,872		
Other creditors	320,764		447,674		↑ £126,910
Total Current Liabilities		3,564,556		3,224,118	↓ -£340,439
Current Assets less Current Liabilities		-1,106,780		-951,025	
Total Assets less Current Liabilities:		4,087,111		4,802,389	↑ £715,279
Long Term Liabilities		203,698		520,549	↑ £316,851
Total Assets less Total Liabilities (Net Assets)		3,883,413		4,281,841	↑ £398,428
Funds of The Council					
General Reserve	1,821,548		1,821,548		
Designated Reserve	1,262,412		1,262,411		↓ -£1
Restricted Reserve	22,573		22,573		
Revaluation Reserve	776,881		776,882		↑ £1
Gains/(Losses) on Investments	-1		254,129		↑ £254,130
Surplus/(Deficit) on Operating Activities	0		144,298		↑ £144,298
Total Funds/Reserves		3,883,413		4,281,841	↑ £398,428
Current ratio		-		0.23	



For noting

Business Plan 2026 Update

Purpose

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

Summary

Ten projects are included in the revised 2026 Business Plan. Six have commenced and are progressing as planned, with the remaining four scheduled to begin later in the year.

No significant delivery risks have been identified at this stage.

Alignment to strategy, risks and budget

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

Recommendations

Council is asked to note the report.

Mary Nguyen

Business and Projects Officer

Business Plan Performance Summary

1. This is the first performance report on the 2026 Business Plan to Council, covering the period up to end of February 2026.
2. It is worth noting that there was one 2025 Business Plan project not yet complete at the time of Council's final meeting last year. That is, the implementation of the Code of Professional Practice. This is to confirm that the Code officially went live on 1 January 2026, with the resources to support registrants made available on the GCC website.
3. The 2026 Business Plan initially included 12 activities to be delivered throughout the year, each aligned to one of the strategic aims. In January, the Executive met to review performance and progress against the Plan. Following the review, it was agreed that the following projects would be amended, as, whilst they remain objectives, they were deemed to be ongoing, and consistent with extant projects or business as usual operational activities rather than standalone projects:
 - 2C: Timeliness during the investigation stage
 - 4C: Business efficiencies
4. To avoid confusion of project no. referencing, the list of projects have been updated to reflect the revised list and removal of the two activities above.
5. Additionally, in consideration of the resource capacity and competing priorities within the Fitness to Practise (FtP) directorate, it was agreed that project 2D (review of the FtP early resolution process) would be re-scheduled to Q3 2026.
6. Following Council's feedback on strengthening the link between each project and Strategic Aim 3 (collaboration), the reporting template (annex B) is revised to show how our intention to collaborate is incorporated into each project.
7. There are three annexes to this report:
 - **Annex A** displays summary information on progress made in delivering the projects in the 2026 business plan.
 - Of the 10 projects in the 2026 business plan:
 - **6 projects** – have started and are progressing
 - **2 projects** – will start in Q2 2026
 - **2 projects** – will start in Q3 and Q4 2026
 - **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.

8. A summary of communications activity is at **Annex C**.

Annex A: Business Plan 2026 Dashboard

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

Annex A: Business Plan Dashboard				
No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1A	Review of CPD framework	Started		High
	Key milestones: Q4 2026	5%		
1B	Development of toolkits	Started		High
	Key milestones: Q1, Q2, Q3, Q4 2026	5%		
2A	Explore resourcing model for Fitness to Practise (FtP) hearings	Started		Medium
	Key milestones: Q1 and Q2 2026	5%		
2B	Incorporate adjudication process into FtP case management system (CMS)	Starting in Q3		Medium
	Key milestones: Q3 and Q4 2026	0%		
2C	Review FtP early resolution process	Starting in Q3		High
	Key milestones: Q3 and Q4 2026	0%		
2D	Review Enforcement Policy on S.32 Protection of Title	Started		High
	Key milestones: Q2, Q3 and Q4 2026	5%		
2E	Understanding non-practising chiropractors and those paying the reduced fee (research)	Started		High
	Key milestones: Q1, Q2 and Q4 2026	5%		
2F	Review of fee structure (post-research)	Starting in Q4		High
	Key milestones: Q4 2026	0%		
4A	Digital Strategy Development	Starting in Q2		Medium
	Key milestones: Q2, Q3 and Q4 2026	0%		

Annex B – Business Plan 2026 Projects

Strategic Aim One: We will uphold professional standards throughout the education and career of every chiropractor					
<i>What benefits are we expecting to achieve? These projects will ensure the standards we set, and expectations placed on registrants are up-to-date, clear and supported by practical tools. There will be clearer guidance for the profession and improved consistency in registrants' understanding of their responsibilities. This work will help safeguard the public by making sure registrants understand what good practice looks like and how to meet it.</i>					
No.	Project	Timeline	Multi-year / Stage	Measures (KPIs, PSVs, milestones)	Progress Update (February 2026)
1A.	Review of CPD framework (Project Lead: EA)	Q1 2026 – Q4 2026	Y / Stage 1	A longitudinal reporting mechanism will be implemented to inform EC as project progresses Q1-4. 1. Stage 1: Research findings - Draft research and review findings presented to Education Committee (EC) Q4 2026 2. Stage 2: Working model ideas for consultation - Draft plans presented to EC Q4 2026 3. Stage 3: Process improvements Draft plans presented to EC Q4 2026 4. Stage 4: Patient and Public Involvement and Engagement strategy – Partner identified and supported by project team Q4 2026 and Q1 2027	<ul style="list-style-type: none"> • External consultants formally contracted to support the CPD review. • Initial meeting held with external consultants to discuss scope, sequencing and intended outputs. • Agreement to establish a Steering Group for the project. • Communications and engagement plan in development. 25/02/26 • A review of the Chiropractors Act (1994) and Rules (2004) is underway to ensure that proposed interpretations relating to the CPD model fall within the GCC's statutory remit. Capsticks will support the necessary legal review within the next 6–8 weeks.
Link to Strategic Aim 3 (Collaboration)					

				<ul style="list-style-type: none"> Initial engagement and feedback from registrants gathered via attendees at the RCC winter conference. Invites sent to Education Committee/Council members to join a CPD steering group, with three positive responses to date.
1B.	Development of toolkits: <ul style="list-style-type: none"> Professional Boundaries Safeguarding and wellbeing <p><i>(Project Lead: AF)</i></p>	Q1 2026 – N Q4 2026		<ol style="list-style-type: none"> Research into requirements and best practice for Professional Boundaries Toolkit Q1 2026 Publication of Professional Boundaries Toolkit Q2 2026 Research into requirements and best practice for Safeguarding and Wellbeing Toolkit Q3 2026 Publication of Safeguarding and Wellbeing Toolkit Q4 2026 <ul style="list-style-type: none"> Professional Boundaries Toolkit is on target. Brief for professional boundaries toolkit developed. Will be circulated to interested parties by mid March.

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

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

No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (February 2026)
2A.	Explore resourcing model for Fitness to Practise (FtP) hearings <p><i>(Project Lead: HF)</i></p>	Q1 2026 – N Q2 2026		<ol style="list-style-type: none"> Review FtP hearing process Q1 2026 Produce a recommendation report (if any) Q2 2026 Implement recommendations Q2 2026 	<ul style="list-style-type: none"> Not yet started
2B.	Incorporate adjudication process into FtP case	Q3 2026 – Y Q1 2027		<ol style="list-style-type: none"> Discovery stage Q3 2026 	<ul style="list-style-type: none"> Met with the CMS supplier to receive a demo of the

	management system (CMS) <i>(Project Lead: HF)</i>			<ol style="list-style-type: none"> 2. Develop and implement the adjudication module Q4 2026 3. User testing of CMS Q4 2026 4. Go live Q1 2027 	adjudication product, however, the project does not technically start until Q3.
2C.	Review FtP early resolution process <i>(Project Lead: HF)</i>	Q3 2026 – N Q4 2026		<ol style="list-style-type: none"> 1. Explore whether mediation is within the remit of the GCC FtP Q3 2026 2. Collaborate with association bodies to improve complaint resolution at the point of complaint Q3 2026 3. Review and amend the GCC investigation/FtP webpage to provide better clarity Q3 2026 	<ul style="list-style-type: none"> • We have developed improvements on the website to guide and signpost complainants
2D.	Review Enforcement Policy on S.32 Protection of Title <i>(Project Lead: AF)</i>	Q1 2026 – Y - Stage 1 Q4 2026 (Scoping)		<ol style="list-style-type: none"> 1. Pre-engagement and research Q1 2026 2. Present report to Council for discussion Q2 2026 3. Seek Council approval for consultation Q3 2026 4. Launch consultation Q4 2026 	<ul style="list-style-type: none"> • Project scope and research areas identified. • Preliminary conversations with stakeholders organised. • Brief for patient impact research developed and shared.
<p>Link to Strategic Aim 3 (Collaboration)</p> <ul style="list-style-type: none"> • Approached Animal organisations for initial meetings • Met with Community Research to discuss public/patient research 					
2E.	Understanding non-practising chiropractors and those paying the reduced fee – research project <i>(Project Lead: AF)</i>	Q1 2026 – N Q3 2026		<ol style="list-style-type: none"> 1. Develop research brief Q1 2026 ✓ 2. Conduct data and qualitative analysis (using iMIS, pulse survey and other systems) Q1 2026 3. Develop and test survey Q2 2026 4. Launch survey Q3 2026 5. Research published Q4 2026 	<ul style="list-style-type: none"> • Advisory group members identified • Brief for research project developed and proposal received.
<p>Link to Strategic Aim 3 (Collaboration)</p>					

		<ul style="list-style-type: none"> • At the RCC Winter conference, we <ul style="list-style-type: none"> ➤ Sought views on CPD from attendees ➤ Met with RCC Patient Voice ➤ Spoke to members of the Animal Faculty and Sports Faculty with a view to closer collaboration. • Attended the Royal College of Veterinary Surgeons briefing on DEFRA regulatory reform. • Met with the Register of Animal Musculoskeletal Practitioners (RAMP) • Attended Graduate Recruitment event at WIOC, University of South Wales • Planning with Jersey Government to bring chiropractors into GCC regulation and hold engagement events in April. • Director of Development invited to be a co-author on a project investigating key characteristics of chiropractic degree-granting programs worldwide, titled "International chiropractic training requirements, degrees, and accreditation: A cross-sectional analysis."
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Supporting the strategic aims					
<p><i>What benefits are we expecting to achieve? These projects will improve the organisation’s underlying capability to deliver the Strategy. There will be optimised use of technology, more efficient internal processes, stronger focus on financial sustainability, and effective governance. This will reduce operational risk and building long-term organisational resilience.</i></p>					
No.	Project	Timeline	Multi-year	Measures (KPIs, PSVs, milestones)	Progress Update (February 2026)
4A.	<p>Digital Strategy Development</p> <p><i>(Project Lead: JO)</i></p>	Q1 2026 – Q4 2026	N	<p>1. Rollout use of the Microsoft 365 Business Copilot to all staff for work purposes. Staff will be discouraged from using other AI tools, such as ChatGPT, from then onwards. Q1 2026 ✓</p>	<ul style="list-style-type: none"> • 365 Copilot was rolled out to all staff in February – encouraging all staff to only use that as their AI tool to support their work.

2. Commission IT company to train staff on the use of Microsoft 365 Business Co-pilot **Q2 2026**
3. Commission specialist IT company to review current infrastructure **Q2 2026**
4. IT company to produce gap analysis **Q2 2026**
5. IT company to draft Digital Strategy **Q3 2026**
6. Present Digital Strategy to ARC for approval **Q4 2026**
7. Implement strategy **Q4 2026**

Annex C – Communications Update

Summary

Since the last Council meeting, communications and engagement activity has focused on supporting the implementation and embedding of the Code of Professional Practice, delivering regular communications to registrants and stakeholders, strengthening engagement with education providers and the profession, and progressing major improvements to public-facing information (including the redevelopment of the “Concerns about a chiropractor” section of the website). Work has also progressed on targeted campaigns to support public understanding of registration and professional standards.

Communications and Engagement Activity

1) Code of Professional Practice – implementation and embedding

Work during the period has focused on strengthening awareness and supporting practical application of the Code through clear, accessible resources.

- **Code hub and supporting resources:** Continued development and promotion of the Code webpages and supporting materials, ensuring registrants can access guidance, themed resources and explainer content in one place.
- **Video content and channel management:** Supported the ongoing use of short explainer video content and a structured approach to using video channels to provide accessible, non-clinical regulatory information for registrants, students and the public.
- **Practical checklists:** Commissioned and progressed practical checklists to complement existing guidance and tools and support day-to-day application of the standards.
- **Paid digital promotion:** Prepared and launched paid digital advertising to drive awareness and engagement with Code resources and videos. Early performance monitoring indicates strong visibility through LinkedIn. Where Google advertising has faced platform constraints, budget has been redirected to channels that allow more precise targeting of registrants.
- **Newsletter and digital signposting:** Continued signposting to Code resources through newsletters and ongoing digital communications.

2) Registrant communications – newsletters and targeted updates

- **Monthly newsletters:** Planned, drafted and issued monthly newsletters to registrants, providing regular updates on regulatory activity, events,

education, CPD and the Code. Recent newsletters have included prominent signposting to Code resources and related practical information.

- **Targeted reminders and service information:** Issued targeted updates to support registrants with practical actions (for example, ensuring contact details are up to date and directing registrants to relevant online resources).

3) Public-facing information – “Concerns about a chiropractor” website redevelopment

A major strand of work since the last Council meeting has been the redevelopment of the “Concerns about a chiropractor” section of the website to improve clarity, accessibility and user experience for members of the public and registrants.

- **Content and structure completed:** Finalised the core written content and page structure for the refreshed section.
- **Design and build underway:** Progressed the design and build phase with external digital partners, with a brief to align presentation more closely with Code pages.
- **Supporting assets in development:**
 - A short explainer video describing how to raise a concern.
 - A new witness leaflet to support people asked to provide evidence.
 - A redesigned investigation flow chart explaining key stages in the process.
- **Planned coordinated launch:** Once design is signed off, the updated section will be supported by coordinated communications across website, newsletter and social channels.

4) CPD communications and engagement

- **CPD theme support:** Continued communications activity to support the current CPD theme (Safety and Quality in Practice), including content that reinforces reflective practice and signposts registrants to CPD resources.
- **Registrant feedback at professional events:** Collected structured CPD feedback from registrants at the RCC Winter Conference and produced an executive summary of findings to inform future CPD review work.

5) Engagement with the profession and education providers

Engagement activity has continued through a combination of structured events and direct liaison.

- **Professional events:** Supported GCC presence at sector events, including the RCC Winter Conference, to enable direct dialogue with registrants and gather feedback to inform future work.

- **Education provider engagement:** Supported engagement with education providers and student-facing events (including HSU and WIOC careers activity), promoting understanding of the GCC's role, professional expectations under the Code, and the transition from education into registration.
- **Student-facing materials:** Developed and refreshed student-facing materials to support a consistent GCC presence at education and careers events.

6) Campaigns and public understanding

- **Best practice / "I'm Registered" campaign:** Continued delivery activity to promote public understanding of registration and reinforce professional standards. This has included further development of campaign planning and preparatory work for case-study and ambassador-led content.

7) Cross-regulatory and sector collaboration

- **AI in education:** Supported cross-regulator communications activity relating to the use of artificial intelligence in education and training, including the preparation of a GCC news item and associated messaging for education providers.

8) Internal coordination and assurance

- Worked closely with internal teams and external partners to coordinate messaging and ensure appropriate governance, clearance and sign-off for all public-facing communications.

Forward Look

Over the coming period, communications and engagement activity will continue to focus on:

- Sustaining support for Code implementation through clear resources, digital communications and targeted promotion.
- Completing and launching the refreshed "Concerns about a chiropractor" website section, supported by coordinated public-facing communications.
- Continuing stakeholder engagement with registrants, professional bodies and education providers, including student-facing activity.
- Maintaining regular, high-quality communications to registrants through newsletters and targeted updates.
- Delivering campaign activity that supports public confidence and understanding of registration and professional standards.



General
Chiropractic
Council

For noting - CO260318-08A

Fitness to Practise Annual Report 2025



General Chiropractic Council [Fitness to Practise Annual Report 2025](#)

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General Chiropractic Council [Fitness to Practise Annual Report 2025](#)

Introduction

This report published annually sets out information relating to the various stages in the fitness to practise process, the volume and type of complaints received and our performance in managing those complaints.

About Fitness to Practise (FtP)

The Code

The Code represents the benchmark of conduct and practice against which chiropractors are measured.

The Code became effective from 30 June 2016 replacing the Code of Practice and Standard of Proficiency (2010).

The Code is arranged around eight principles that require chiropractors to:

- Put the health interests of patients first
- Act with honesty and integrity and maintain the highest standards of professional and personal conduct
- Provide a good standard of clinical care and practice
- Establish and maintain a clear professional relationship with patients
- Obtain informed consent for all aspects of patient care
- Communicate properly and effectively with patients, colleagues and other healthcare professionals
- Maintain, develop and work within professional knowledge and skills
- Maintain and protect patient information



Investigating complaints

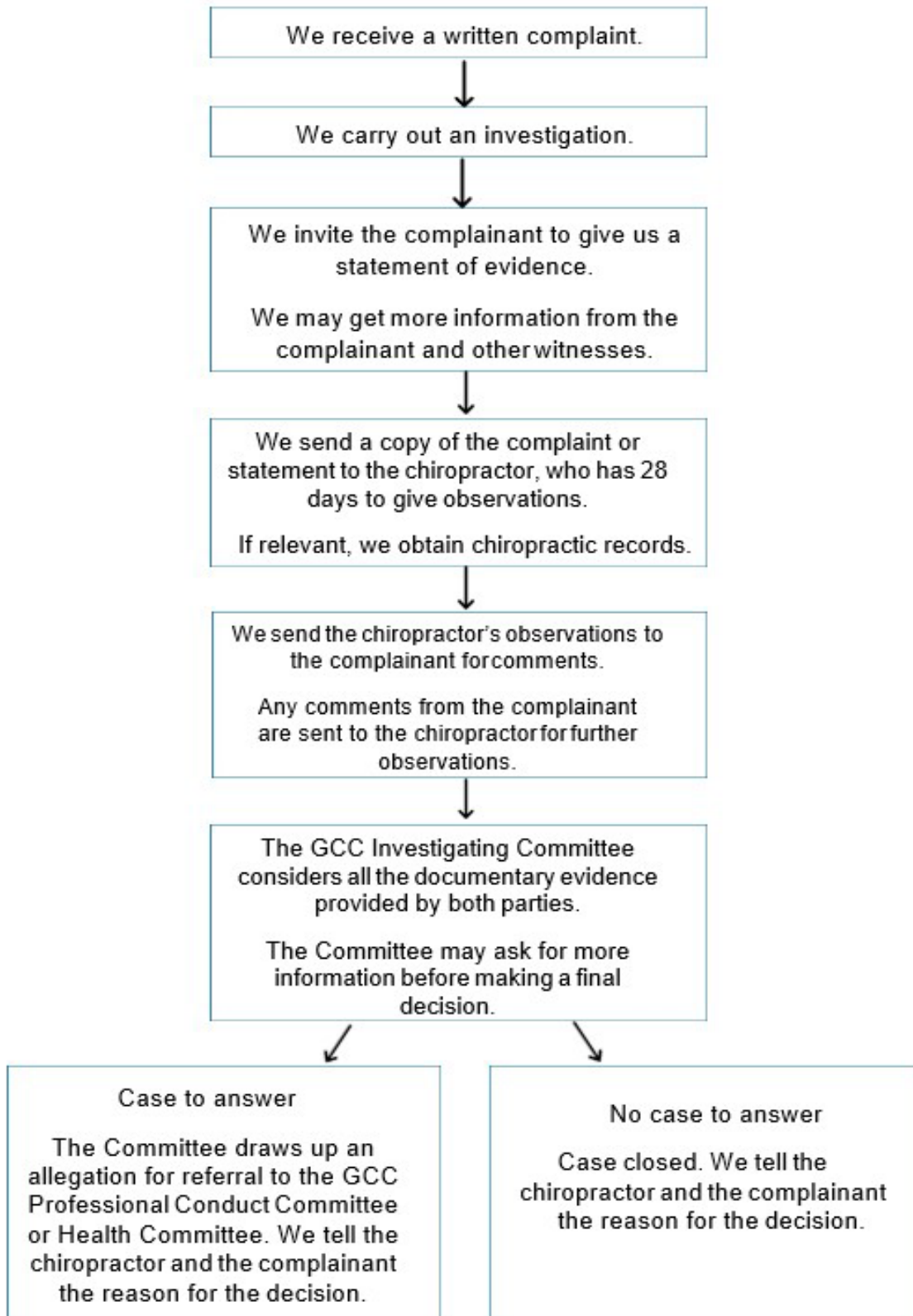
The GCC must investigate any complaint made about a registrant. The types of complaint it can investigate are:

- Treatment, care or advice given by a chiropractor
- The professional or personal behaviour of a chiropractor
- Serious impairment of fitness to practise due to the physical or mental health of a chiropractor

What complaints are the GCC unable to investigate?

- The GCC can only investigate registered chiropractors
- The GCC regulates individual chiropractors and does not accept complaints against clinics
- The GCC cannot resolve matters that relate solely to payment
- The GCC has no power in relation to compensation whatsoever

The investigating process followed by the GCC fitness to practise team is as follows:



Fitness to Practise in 2025 - summary

Our focus in 2025 was to successfully implement our new Case Management System (CMS) including migrating all data onto the new platform whilst maintaining timely progression of both new complaints and existing investigations. CMS was brought into use in early 2025, with the team adopting use of the system for all complaints, both new and existing.

The data shows that as of 31st December 2025 the Fitness to Practise team were investigating an open caseload of 65 cases. This represents a 6% decrease from 69 open investigations in December 2024. The open investigation caseload gradually increased throughout 2025. However, due to various improvement workstreams it has not built to a level matching the 23.8% increase in complaints received in 2025, due in part to the increased volume of cases considered by the Investigating Committee (IC) throughout 2025.

The number of complaints received in 2025 totalled 78 representing a 23.8% increase from 2024. To put this in context, the GCC has seen a steady number of complaints on average 64 per year since 2021. The increase in 2025 represents a significant rise not previously seen at GCC.

We have not been able to discern a clear reason for the increase in complaints. Patients and relatives of patients remain the single highest source of complaint. However, in 2025 the number of complaints from patients did not increase significantly from 2024. The areas where we have seen more complaints have been from other healthcare professionals, from anonymous complainants and from self-referrals.

In 2025, the GCC continued to routinely use clinical advisers to provide clinical input into investigations at a very early stage. The use of experts at the investigation stage continues given the nature of the clinical complaints raised.

The IC concluded 81 cases in 2025, compared with 58 in 2024. Of those cases the IC determined that 63 had no case to answer (78%) and 18 (22%) had a case to answer and should be referred to the Professional Conduct Committee (PCC) for consideration. In 2024, just 9 cases (16%) of the matters considered by the IC were referred to the PCC.

The IC considered 7 separate applications for an Interim Suspension Order at an Interim Suspension Hearing (ISH). A suspension order was imposed against 3 registrants (one registrant received 2). Based on the cases heard in 2025, the median time (from the date there was sufficient information received indicating risk, to the date of the ISH) was 9 weeks.

In 2025, 8 cases were concluded by the PCC and one case by the Health Committee (HC). The median number of weeks taken from the receipt of the complaint to consideration by the PCC was 121 weeks.

Performance summary

		2025	2024	2023	2022
Number of cases concluded by Investigating Committee		81	58	52	60
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	63	49	42	48
	Referral to Professional Conduct Committee	18	9	10	12
Number of cases concluded by Professional Conduct Committee and Health Committee		9	11	11	10
Number of registrants removed ('erased') from the register		0	1	1	1
Number of registrants suspended from the register		1	0	1	1
Number of registrants receiving a conditions of practice order		1	1	2	0
Number of registrants receiving an admonishment		0	3	1	3
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	50	57	58	48
	Longest case	102	133	111	163
	Shortest case	5	15	9	11
Time from receipt of initial complaint to the final PCC decision (in weeks):	Median	121	123	102	94
Number of open cases (at the end of the year) which are older than:	52 weeks	16	15	7	10
	104 weeks	1	1	1	0
	156 weeks	2	1	0	0

Key points

- In 2025, the number of complaints received about chiropractors' fitness to practise increased by 23.8% compared to the previous year.
- A higher number of cases were concluded by the Investigating Committee in 2025 compared to 2024.
- Of the 78 complaints made, they were made about 75 chiropractors.
- Most complaints were received from patients or relatives of patients.

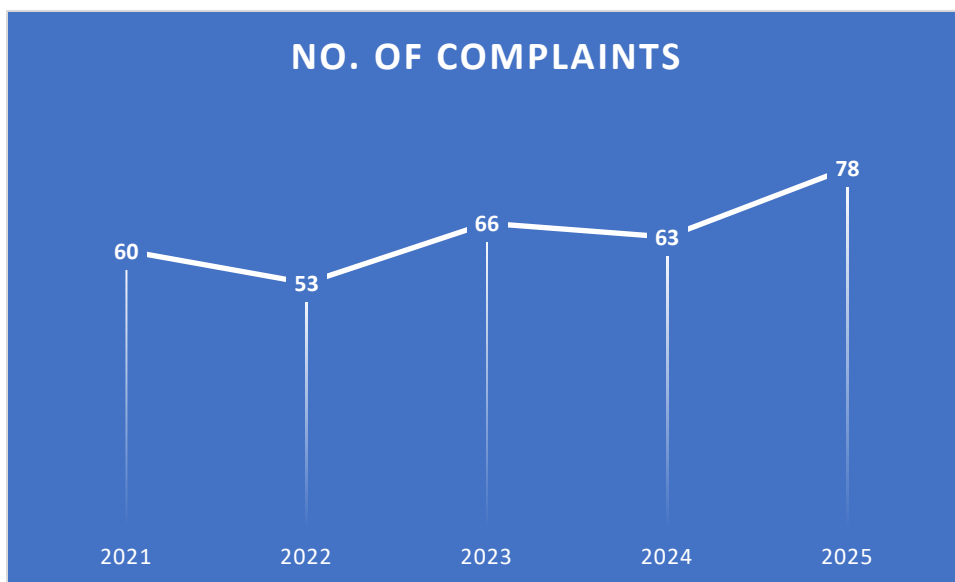
General Chiropractic Council **Fitness to Practise Annual Report 2025**

- Most complaints related to clinical care and conduct.
- Of the cases concluded by the Investigating Committee, 18 of these were referred to a Professional Conduct Committee hearing.
- Two chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

Complaints received

In 2025, the GCC received 78 complaints about chiropractors, a 23.8% increase in complaints compared to the previous year. Over the last five years, the GCC has, on average, received 64 complaints per year.

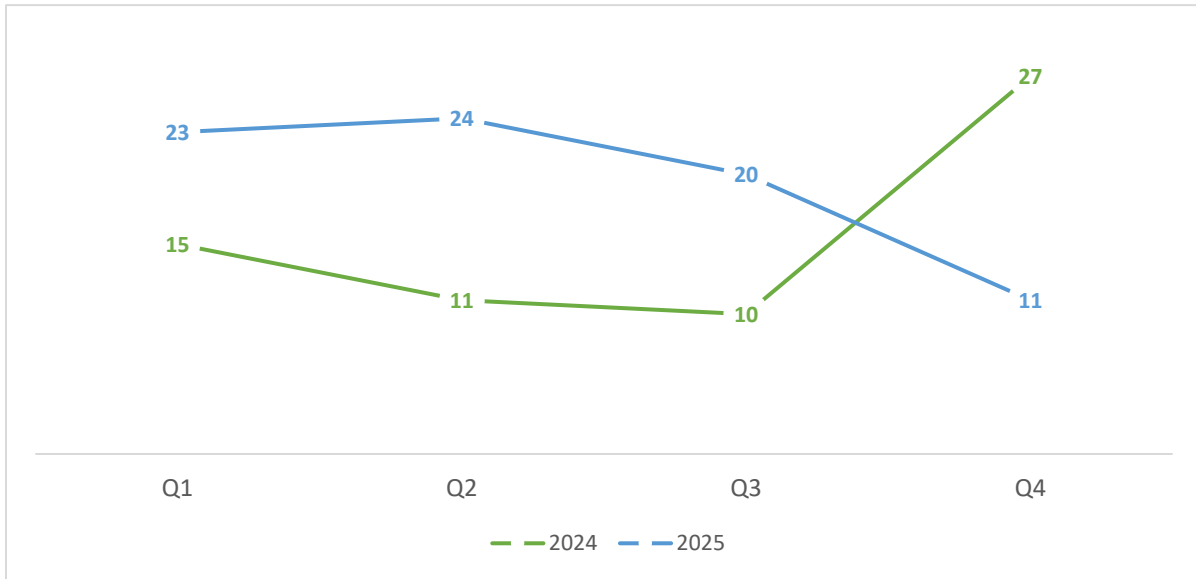
The complaints related to 75 registered chiropractors.



Complaints received by quarter

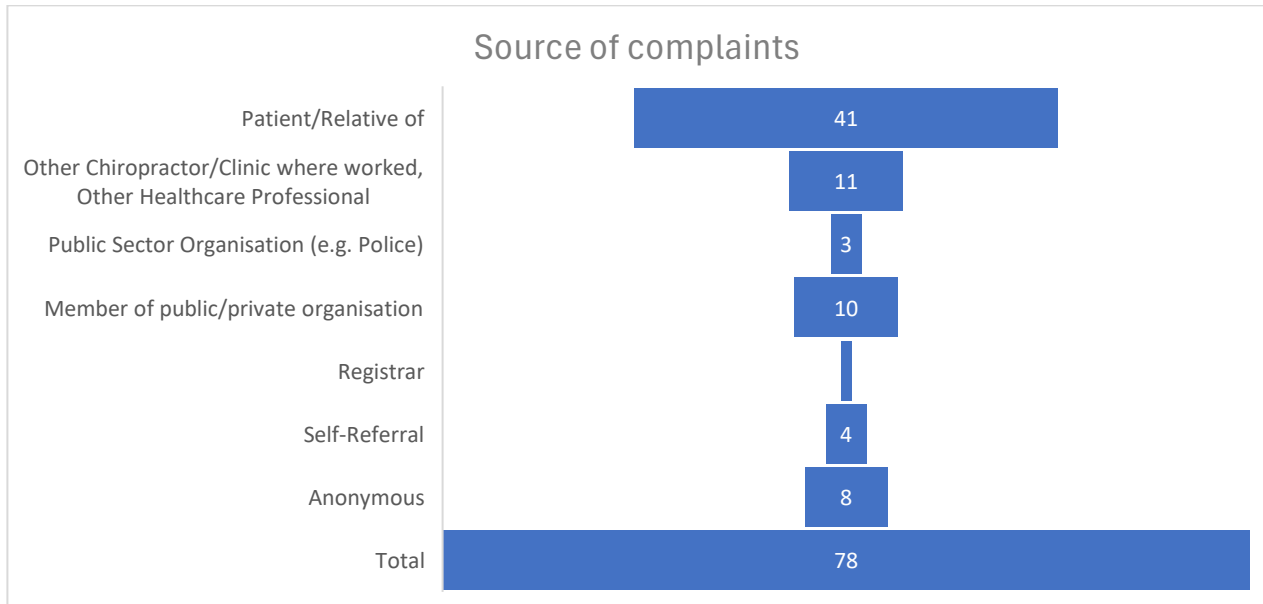
On average we received 6.5 complaints per month, an increase from an average of 4 complaints in previous years. Although Q4 2024 saw a significant spike in complaints, the overall number of complaints increased in 2025 compared to previous years, with higher complaint volumes in the first three quarters of the year.

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Source of complaints

Most complaints are made by a patient or a relative of a patient, accounting for 52.6% of the complaints received in 2025.



Nature of complaints

Understanding the nature and volumes of complaints contributes to the development of the profession. We want to support the profession by being transparent about complaints and

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where necessary provide guidance where there are common themes or trends – so that the learning shared informs practice.

Importantly, allegations raised are just that, *allegations*. Whether or not these are proven is not a consideration in this section of the report, and in highlighting serves to aid understanding where complaints have been made.

Commonly occurring allegations in 2025

The most commonly occurring allegations in 2025, in no particular order, were:

1. Concern about treatment techniques/approach/dissatisfied with treatment
2. Inappropriate/contraindicated/excessive treatment/lack of clinical justification
3. Rough or aggressive treatment causing injury or pain to the patient
4. Misdiagnosis/No diagnosis
5. Failure to work within limits of knowledge, skills and competence
6. Failure to cease treatment
7. Failure to refer, when appropriate
8. Inadequate assessment/case history
9. Sexual boundaries - inappropriate contact with patient's body/intimate areas
10. Inappropriate personal/sexual relationship with patient

Investigating Committee

The GCC Investigating Committee (IC) investigates complaints made to the GCC about a chiropractor’s conduct, professional incompetence or health, to establish whether there is a ‘case to answer’. If there is a case to answer, the IC will refer the complaint for consideration by the GCC Professional Conduct Committee (PCC) or Health Committee (HC).

IC meetings are not held in public. The Committee sits with a Legal Assessor to advise them on points of law and procedure, but the Legal Assessor has no decision-making role.

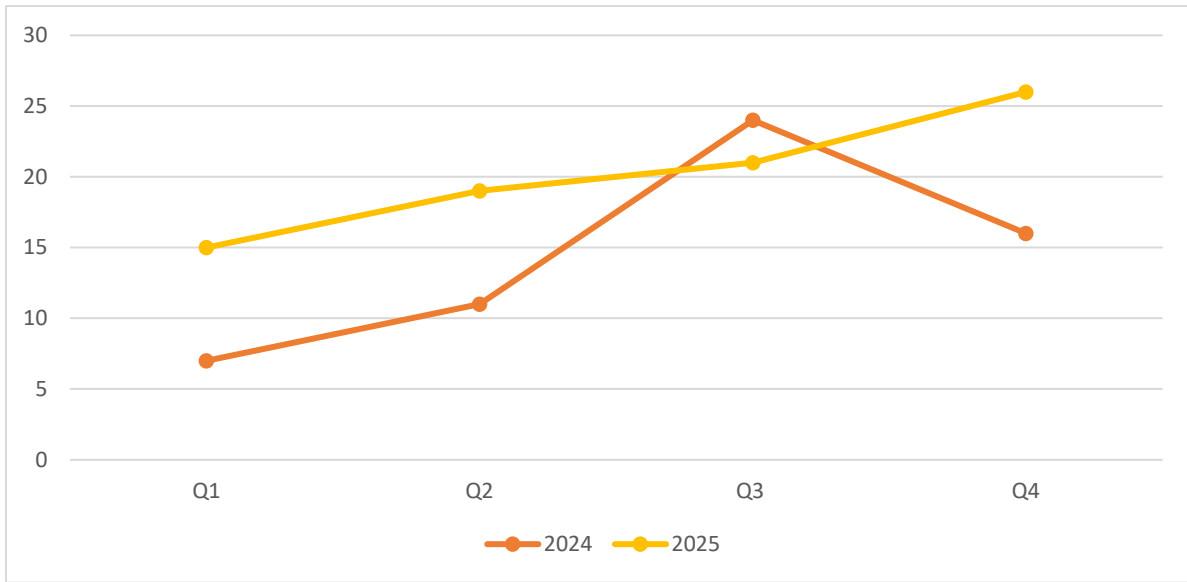
In 2025, the IC determined 81 cases compared to 58 (+23) cases in the previous year.

	2025	2024	2023	2022	2021
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General Chiropractic Council **Fitness to Practise Annual Report 2025**

Cases determined	81	58	52	60	82
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Cases determined by quarter



Decisions of the Investigating Committee

Overall, the IC determined 81 cases in 2025, which is the highest number since 2021, and a substantial increase compared with 58 cases in 2024.

Although the total number of cases determined increased, the proportion of cases referred to the PCC remained broadly consistent with previous years percentage wise.

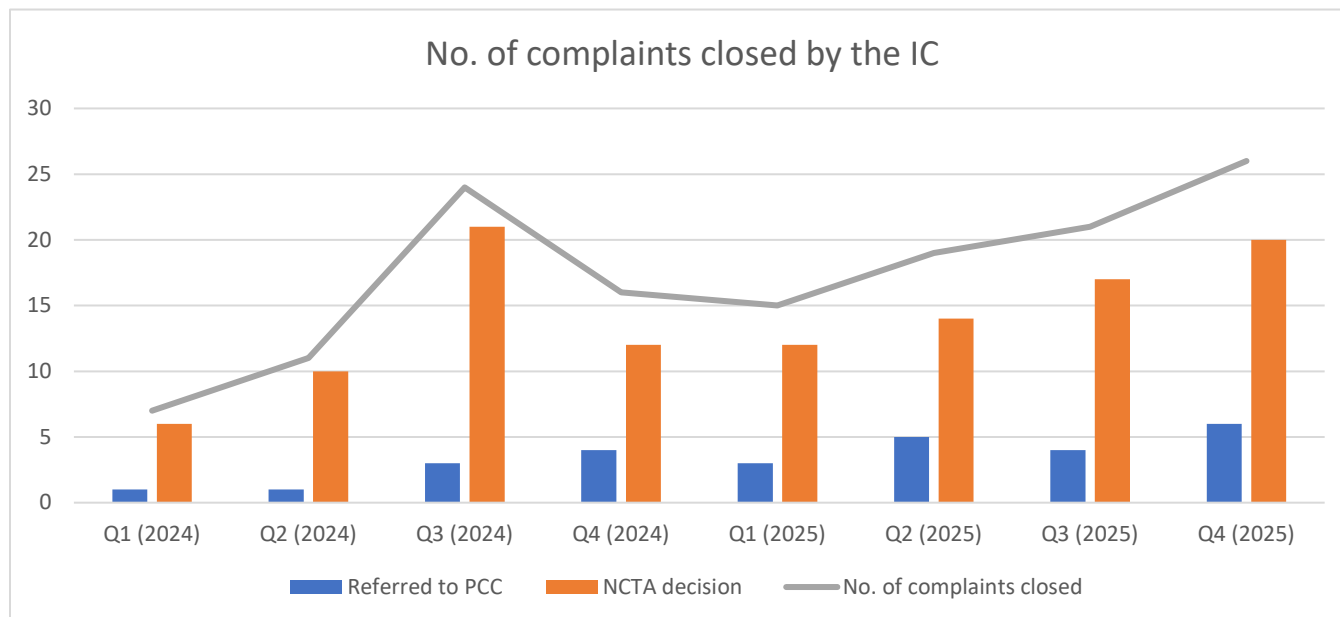
- 2025 referrals: 18 cases (22%)
- 2024 referrals: 9 cases (16%)
- 2023 referrals: 10 cases (19%)

Quarterly patterns also show that No Case to Answer decisions continue to form the majority outcome.

Decision of the IC	2025	%	2024	%	2023	%	2022	%	2021	%
No Case to Answer	63	78%	49	84%	42	81%	48	80%	73	89%
Referred to PCC	18	22%	9	16%	10	19%	12	20%	9	11%

General Chiropractic Council **Fitness to Practise Annual Report 2025**

Total	81		58		52		60		82
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Professional Conduct Committee

The Professional Conduct Committee (PCC) determines allegations about a chiropractor's conduct or professional incompetence referred to it by the IC.

Allegations that have been referred to the PCC are considered at a public hearing. On rare occasions, parts of a hearing may be held in private.

The PCC members are both chiropractors and, non-chiropractic lay members. At each hearing there must be at least three PCC members present, including one chiropractor and one lay member. The panel is chaired by a lay member. The PCC sits with a Legal Assessor, advising the Committee on points of law and procedure, and who has no decision-making role.

If the PCC decides that the allegation against the chiropractor is not well founded, no further action will be taken. However, if the PCC decides that the allegation is well founded, it must impose a sanction.

Sanctions available to the PCC are:

- Admonishment

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- Conditions of practice order
- Suspension
- Removal from the register

In 2025, 8 cases were determined by the PCC.

Two chiropractors were found guilty of unacceptable professional conduct in 2025. Details of the decision of each are set out below.

In three cases the chiropractor was found not guilty of unacceptable professional conduct.

PCC decision	2025	2024	2023	2022	2021
Removal	0	1	1	1	2
Suspension	1	0	1	1	1
Conditions of Practice	1	1	2	0	0
Admonishment	0	3	1	3	2
No UPC	3	6	6	5	6
Discontinuance (GCC offered no evidence)	3	N/A	N/A	N/A	N/A
Total	9	11	11	10	11

The median number of weeks taken from the receipt by the GCC of the initial complaint to the decision taken by the PCC was 121 (-2) weeks for decisions made in 2025.

Review hearings

Where a chiropractor has been either suspended or a conditions of practice order imposed at a previous hearing, a review hearing may be held to ensure the chiropractor is safe to return to the register.

There were two review hearing held in 2025, in comparison to one review hearings in 2024.

PCC Caseload

At the end of 2025 there were 18 cases that were yet to be determined by the PCC. This is a significant increase of compared to the previous year (8 cases).

Health Committee

The Health Committee (HC) determines allegations of serious impairment of a chiropractor's fitness to practise due to ill physical or mental health.

There was one case referred to HC, and they met in December 2025. The HC imposed a suspension for 12 months.

PCC cases where the chiropractor was found guilty of Unacceptable Professional Conduct (UPC)

This section of the report is produced in accordance with the Chiropractors Act 1994, Section 22(14), which requires the Committee to publish a report setting out the names of those chiropractors in respect of whom it has investigated allegations and found the allegations to be well founded.

Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Shaan Rai 04019	04/03/2025	Patient/Relative of	Suspension
<p>Summary of facts found proved and amounting to UPC</p> <p>Mr. Shaan Daniel Rai was a chiropractor registered in the UK but practicing in Singapore. The allegations included failing to modify or reassess a care plan despite reported lack of progress and new clinical signs from Patient A and disseminating misleading and inappropriate information about chiropractic treatment and subluxation theory. The Committee found Mr. Rai guilty of unacceptable professional conduct for failing to adapt care to Patient A's needs and for promoting subluxation theory, which is unsupported by robust scientific evidence and contrary to GCC guidance. While Mr Rai showed some insight and made efforts to improve his practice, the Committee deemed these insufficient. As a result, Mr Rai's registration was suspended for four months, with a review before expiry. An interim suspension order was also imposed to protect the public until the substantive suspension takes effect.</p>			
Kevin Burns 01167	25/11/2025	Patient/Relative of	Conditions of Practice

Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Summary of facts found proved and amounting to UPC			
<p>Kevin Patrick Burns was a Chiropractor working in the UK. The case involved inappropriate physical contact and remarks made to Patient A during an appointment on February 27, 2023, despite her expressing discomfort about comments on her weight. The Committee found several allegations proved, including inappropriate touching, remarks about weight, and failure to maintain professional boundaries. As a result, Mr. Burns was issued a 12-month conditions of practice order, requiring supervision, a personal development plan, monthly meetings, and a reflective piece. The Committee emphasized the seriousness of the conduct and the need for professional improvement.</p>			

Interim Suspension hearings

Investigating Committee

If a complaint received raises an immediate concern for the protection of the public, the Investigating Committee (IC) will hold an 'interim suspension' hearing to consider whether it should suspend the registration of the chiropractor being investigated.

If the IC decides that it needs to suspend the registrant to protect the public, the order cannot last longer than two months and will be in place while the complaint is investigated. If granted, the Interim Suspension Order is effective immediately. The Committee has no power to revoke an order once it has been made.

There were six registrants who were the subject of interim suspension hearings by the Investigating Committee in 2025 one of which was seen twice for an interim suspension hearing.

	2025	2024	2023	2022	2021
Interim Suspension Hearings held	7	5	4	7	9
Interim suspension ordered	4	1	0	2	1
Interim suspension not ordered	3	4	4	5	8

Professional Conduct Committee

If the PCC decides that a complaint that has been referred to it by the IC is so serious that the public might need immediate protection, it will hold an interim suspension hearing. If the PCC decides that it needs to impose an Interim Suspension Order to protect the public, the Order is effective immediately, and it lasts until the end of the PCC process.

There were no PCC interim suspension hearings held in 2025, the same as the previous year.

Section 32 complaints

Under Section 32 of the Chiropractors Act 1994, a person who (whether expressly or by implication) describes themselves as a chiropractor, chiropractic practitioner, chiropractitioner, chiropractic physician, or any other kind of chiropractor, is guilty of an offence unless they are a registered chiropractor.

Over the course of a year, several complaints are received relating to individuals that describe themselves as above where they are not a registered chiropractor.

Following review, the GCC can take several courses of action. These include:

- Issuing advice to result in changes to websites, publications and other relevant marketing materials
- Sending a 'cease and desist' letter
- Instructing inquiry agents to obtain more information
- Recommending that the case is closed.

Where letters have been sent, the GCC checks that appropriate action has been taken.

In cases where the breach or potential breach of section 32 is of very serious concern, the Registrar will consider whether to prosecute.

During 2025, 33 complaints were reviewed and closed, leaving 8 open complaints carried over into the next year.



For noting

Annual Registration Report 2025 & Registration Review Update

Purpose

To provide Council with assurance regarding the integrity, performance and future resilience of the Register.

This paper:

- Sets out the current position and performance of the Register in 2025, including trends in registration, retention and removals; and
- Presents the initial findings and action plan arising from the Registration Function review, undertaken to strengthen delivery of Strategic Aim 2: to deliver our core regulatory and registration activities to a high standard.

Together, the annexed documents provide Council with a clear snapshot of current registration performance and a structured plan to enhance governance, quality assurance and cross-functional alignment, thereby reinforcing public protection and supporting delivery of the Corporate Strategy 2026–2030.

To present to Council:

- The Registration Annual Report 2025, setting out key metrics and trends relating to the Register.
- The outcome of the Registration Function Review and forward action plan; and

These are attached as:

- Annex 1 – Registrations Annual Report 2025
- Annex 2 – Registration Function Review: Initial Analysis and 2026/27 Action Plan

Summary

Registrations Annual Report 2025

Annex 1 presents the annual statistical report on the Register for the period 1 January to 31 December 2025. Highlights include:

- Growth of the Register to 4,041 registrants (4.3% increase on 2024).
- Continued increase in practising registrants, with new registrations outpacing removals.
- 292 new registrants added during the year, with removals reducing by 9%.
- Analysis of UK graduate progression to registration and trends in international registration.
- Demographic profile of the Register, including age distribution and protected characteristics data.
- Clear reconciliation of removal categories, including non-renewal, CPD non-compliance, voluntary removals, deaths and erasure.

The report provides transparency regarding workforce trends and supports Council's oversight of the stability and integrity of the Register. It provides Council with assurance that the Register is growing in a controlled and sustainable manner, that new registrations and removals are being appropriately managed, and that the Register continues to accurately reflect those who are entitled and fit to practise. In doing so, it supports Council's statutory oversight of public protection and regulatory integrity.

Registration Function Review – Initial Analysis and Action Plan

Annex 2 provides a high-level overview following my review undertaken with the Director of Corporate Services regarding priority areas for the next 6–9 months.

The review was structured around agreed strategic priorities and included engagement across the Registration team and key colleagues across the organisation.

Key highlights:

- Identification of opportunities to strengthen process standardisation and resilience.
- Development of a Registration Quality Assurance framework, including KPIs and reporting mechanisms.

- Strengthening of the regulatory interface between Registration and Fitness to Practise, including Registrar referrals, FTP declarations and retention during ongoing investigations.
- A systems review to improve efficiency, reduce manual workarounds and enhance data integrity.
- Review of team structure and role alignment to support sustainable delivery.

This work contributes to the 2026 Business Plan priority to explore and review regulatory processes and build the foundations for strengthened operational delivery.

The associated action plan for 2026 focuses on strengthening governance, enhancing regulatory assurance and reinforcing the integrity of the Register, while maintaining effective operational delivery.

Alignment to Strategy, Risks and Budget:

The work outlined in Annex 1 supports the GCC's strategic objectives relating to public protection, regulatory effectiveness and organisational resilience. The focus on quality assurance, lifecycle oversight and system improvements strengthens the integrity of the Register and enhances regulatory assurance.

The action plan will be monitored through existing governance routes, including Performance Management Board and risk management oversight, with emerging risks escalated as appropriate.

No additional headcount is proposed. Delivery will be managed within existing resources.

Background

The Registration Function sits within the Corporate Services Directorate. The team comprises 3.5 full-time-equivalent (fte) staff, including the Registration Manager, who directly manages 2.5 fte staff. The Registration Manager reports to the Director of Corporate Services.

The Registration team is responsible for maintaining the integrity and accuracy of the Register of Chiropractors in accordance with the GCC's statutory duties and Registration Rules. This includes processing applications for registration (both UK and overseas qualified), enforcing registration requirements, and ensuring that only those who meet the required standards are admitted to and retained on the Register.

The team manages the full lifecycle of registration activity, including:

- Acting as the first point of contact for individuals seeking registration with the GCC.
- Processing UK and overseas registration applications.

- Managing the Annual Retention cycle.
- Overseeing the CPD cycle and administering the annual CPD audit process.
- Triaging declarations and escalating matters where required in accordance with established thresholds.
- Implementing decisions that affect registration status, including removals and restorations.

Through these activities, the team plays a central role in upholding public protection by ensuring that the Register accurately reflects those who are entitled to practise and remain fit to do so.

Recommendations:

Council is asked to:

- Note the Registrations Annual Report 2025 (Annex 1).
- Note the findings of the Registration Function Review and associated action plan (Annex 2).
- Confirm the programme of work provides assurance as to ensuring the integrity and oversight of the Register.
- Confirm if further information would be useful to support insight.

Aaron Grell

Registration Manager



Registration Annual Report 2025

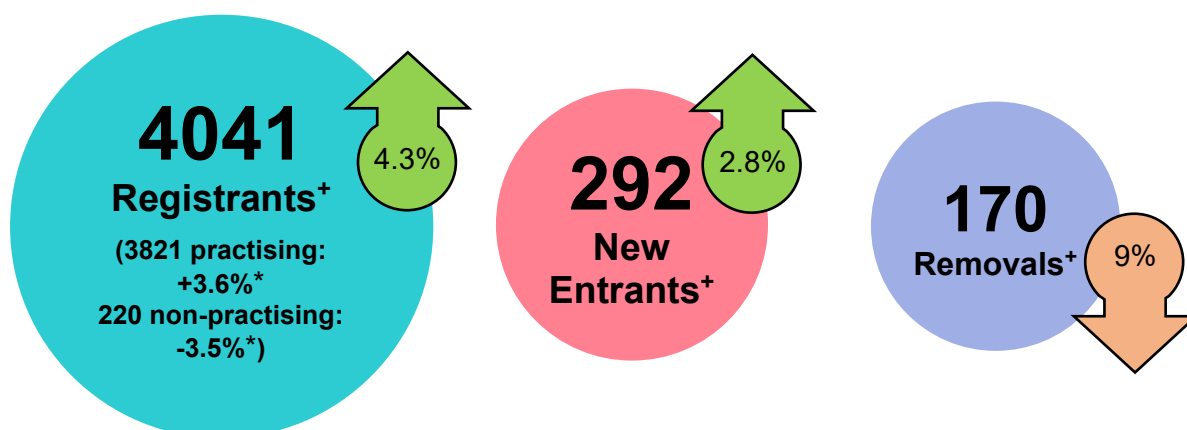
The Register in 2025

The 2025 Register Annual Report sets out key trends in registration and retention, including growth in practising members, new entrants to the profession and demographic insights. It provides an overview of developments within the chiropractic workforce and supports transparency regarding the composition and stability of the Register.

Register growth and new entrants

In 2025, the Register comprised 4,041 registrants, an increase of 166 (4.3%) compared to 2024. The number of practising registrants rose to 3,821, up 134 (3.6%) from the previous year, while non-practising registrants reduced slightly to 220.

During the year, 292 new registrants were added to the Register, a 2.8% increase on 2024, while removals decreased from 187 to 170 (9% reduction). Overall, new registrations continued to outpace removals, resulting in steady growth in the practising Register.



+ at 31 December 2025

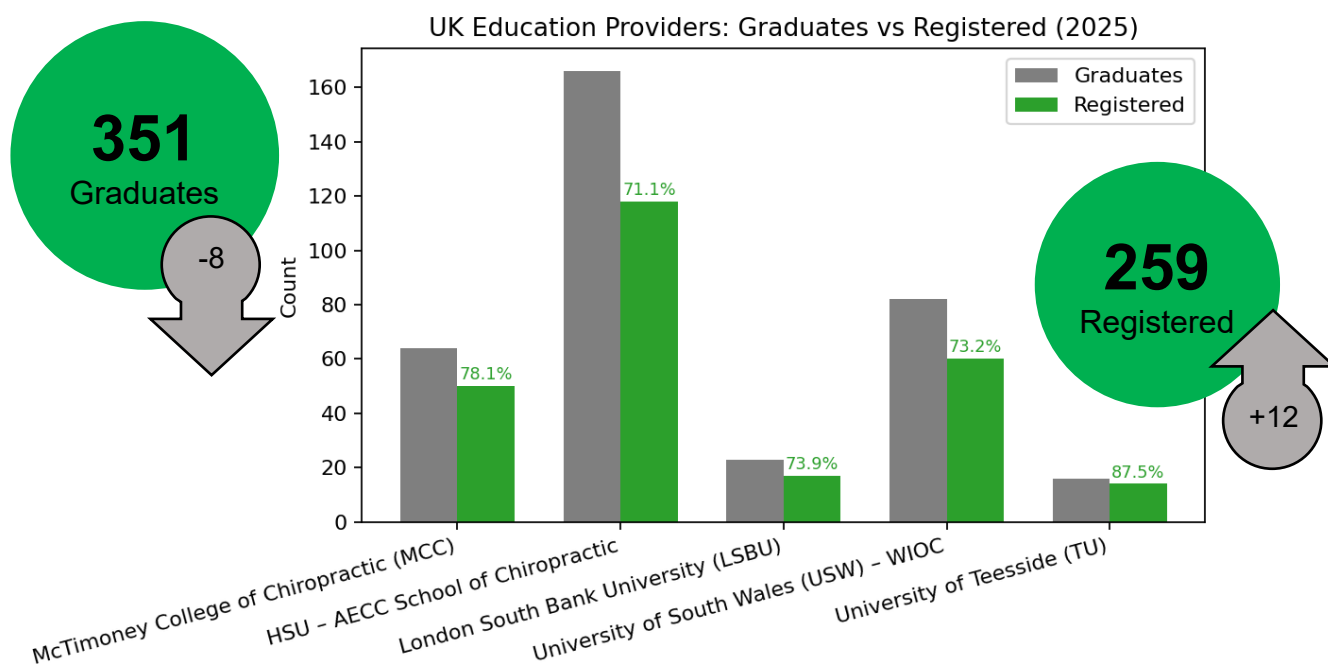
UK Graduate registration destinations

In 2025, a total of 351 students graduated from GCC UK-approved programmes. Of these, 259 subsequently registered with the GCC. The overall number of students graduating was similar to 2024 (359) however compared to previous years an increase in the proportion of graduates then registering. While 259 of the 351 graduates progressed to registration during the reporting period, not all graduates necessarily enter practice immediately. A proportion may defer registration or register in the subsequent year. In some cases, graduates may pursue alternative career pathways or practise outside the UK. This pattern is broadly consistent with previous years and does not indicate a material shift in graduate progression. was seen.

Health Sciences University (HSU) - AECC School of Chiropractic produced the largest cohort, with 166 graduates, of whom 118 registered. The University of South Wales graduated 82 students, with 60 progressing to registration. McTimoney College of Chiropractic saw 50 of its 64 graduates register, while London South Bank University recorded 17 registrations from 23 graduates.

The University of Teesside, graduating its second cohort in 2025, achieved the highest proportional registration rate, with 14 of 16 graduates registering. Overall, the data

demonstrates variation in registration rates across institutions, with the largest absolute numbers of new registrants coming from HSU and the University of South Wales.



International Registration

In 2025, 23 new registrants qualified overseas, a reduction compared to 2024, driven primarily by a decline in applicants from the United States (three in 2025 compared to twelve in 2024). Numbers from South Africa remained stable, while no new Canadian-qualified registrants were recorded. Approximately half of overseas-qualified registrants trained in their country of nationality. Registrants often obtained their qualification in a different country.

Nationality of registrant	Total joining register in 2025	Country of Qualification
South African	8	South Africa
Australian	4	3x Australia, 1x New Zealand
British	4	1x Spain, 1x New Zealand, 1x South Africa, 1x Australia
French	2	1x New Zealand 1x France
American	2	USA
New Zealander	1	New Zealand
Singaporean	1	Malaysia
Vietnamese	1	USA

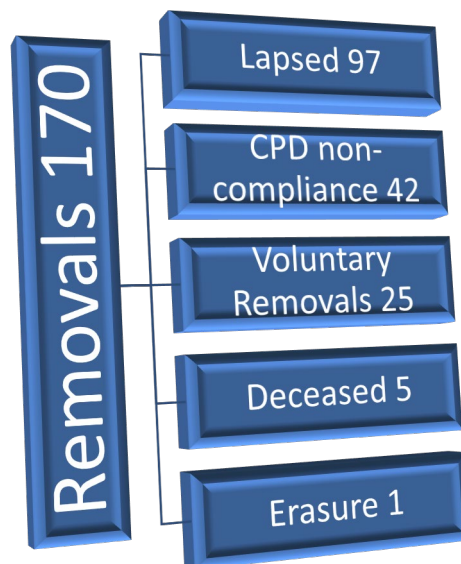
Register Leavers and Non-Practising Trends in 2025



Departures from the Register in 2025

In 2025, 170 chiropractors left the Register, a reduction of 17 compared to 2024 (a 9% decrease). The majority of departures were due to non-renewal, with 97 registrants not completing the retention process, representing a 19% reduction from the previous year. Removals relating to CPD non-compliance remained consistent at 42 cases.

In addition, there were 25 voluntary removals, that is informing us they wished to leave the register rather than via the routes above. Five registrants were recorded as deceased, with an erasure following disciplinary proceedings. Although departures occurred across a range of categories, new registrations continued to outpace removals, resulting in overall growth of the Register during the year.



Non-Practising Registrants and CPD Compliance

In 2025, 220 registrants maintained non-practising status. The GCC continues to encourage individuals who are not practising to consider voluntary removal, with restoration available should they return to practise.

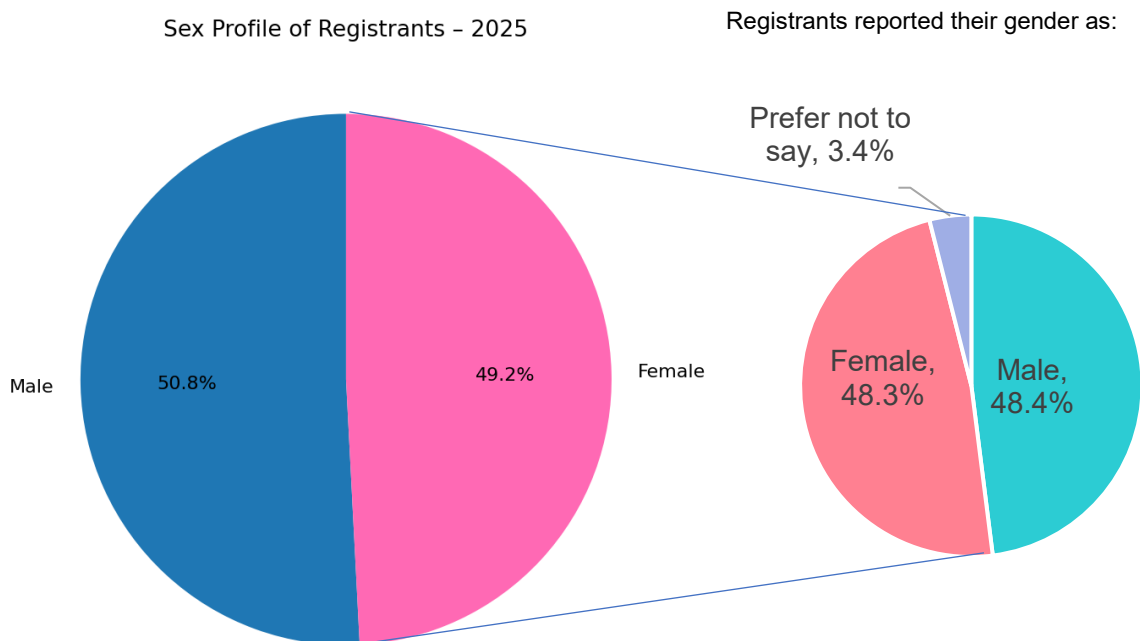
Of the 42 removals for CPD non-compliance during the year, 23 related to non-practising registrants. Only two of these individuals subsequently restored to the Register. These

figures highlight the importance of continued engagement and clear communication from the GCC to registrants regarding ongoing CPD requirements, irrespective of practising status.

Reasons for Removals

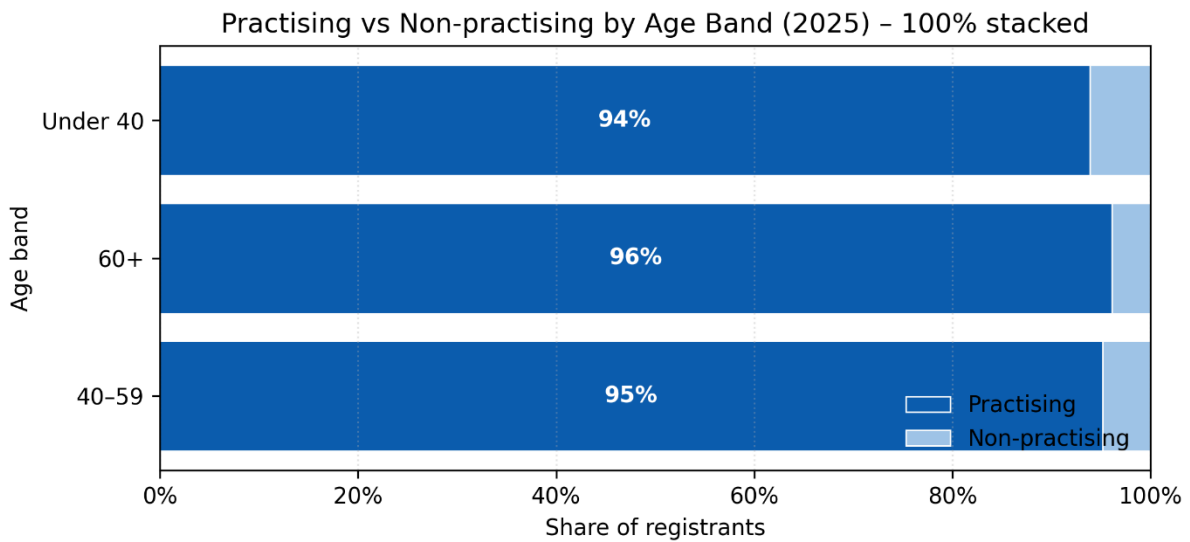
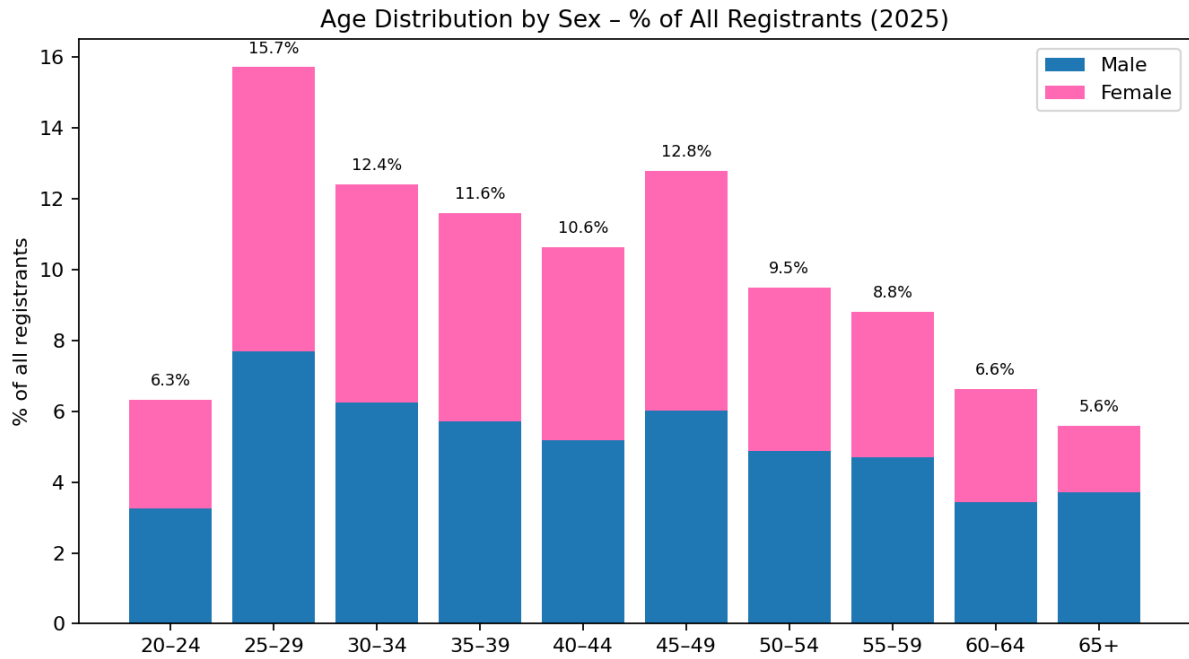
The principal reasons for removal during the year were administrative and compliance-related, with disciplinary removals remaining rare. The data indicates that regulatory and administrative factors continue to be the primary drivers of registrant removals. A higher proportion of these removals were observed among younger registrants.

Demographic profile of the register population



The largest age cohort on the Register is 25–29, indicating strong early-career representation within the profession. Registrant numbers decline progressively beyond the age of 50, with a more pronounced reduction among female registrants.

Sex data collection was enhanced in 2023 through the introduction of opt-out options and clearer definitions, improving the consistency and reliability of reporting. Non-practising registrants continue to represent a small proportion of the Register across all age groups



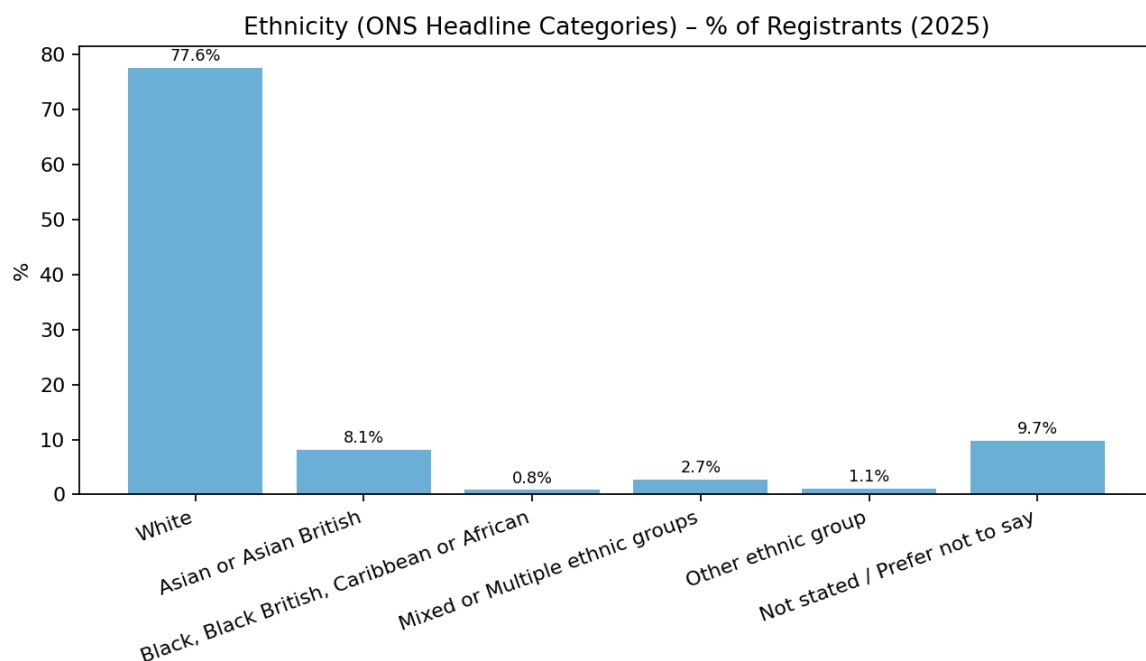
Ethnicity and Other Protected Characteristics

In 2025, 12.7% of registrants identified as being from a minority ethnic background, while 9.7% chose not to disclose their ethnicity. The proportions relating to religion and sexual orientation broadly align with national census data. Disability declarations remain low, with a slight increase compared to 2023.

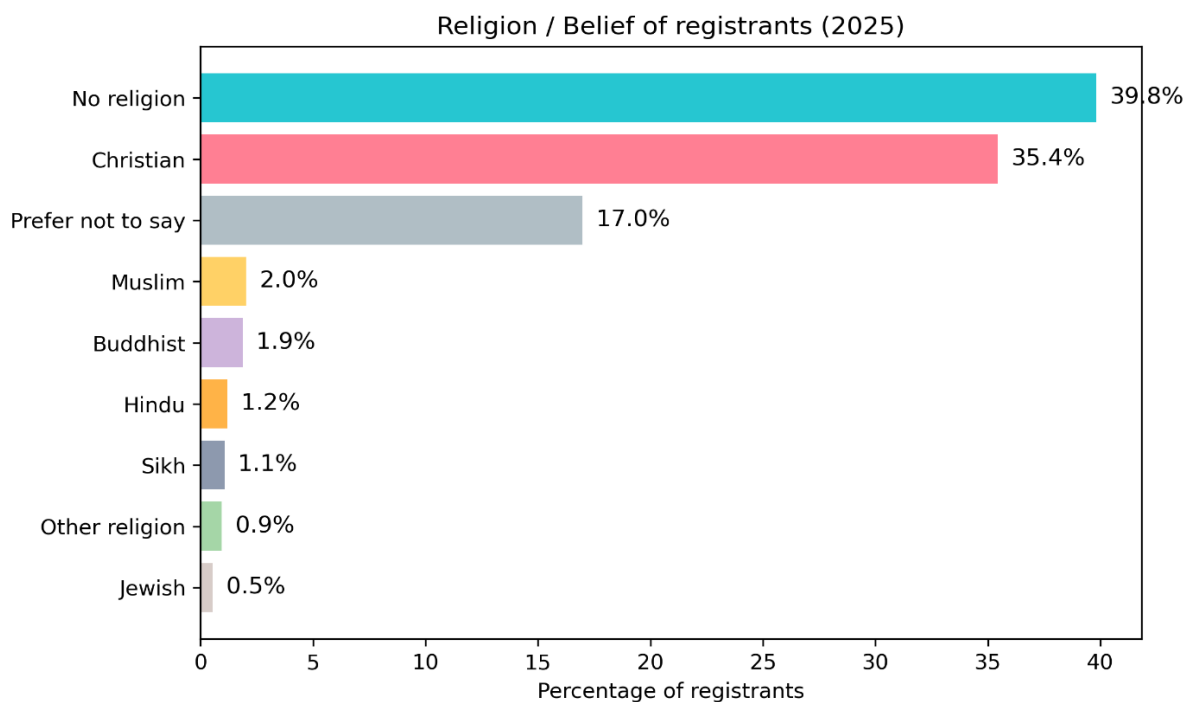
Since 2020, the demographic profile of the Register has remained broadly stable, with gradual and incremental change rather than significant structural shifts. Minority ethnic representation has increased modestly over this period, while disclosure rates across several protected characteristics have improved. Overall, there is no evidence of material demographic change between 2020 and 2025, although reporting consistency have strengthened in recent years.

Data relating to religion, sexual orientation and disability is included for completeness and monitoring purposes.

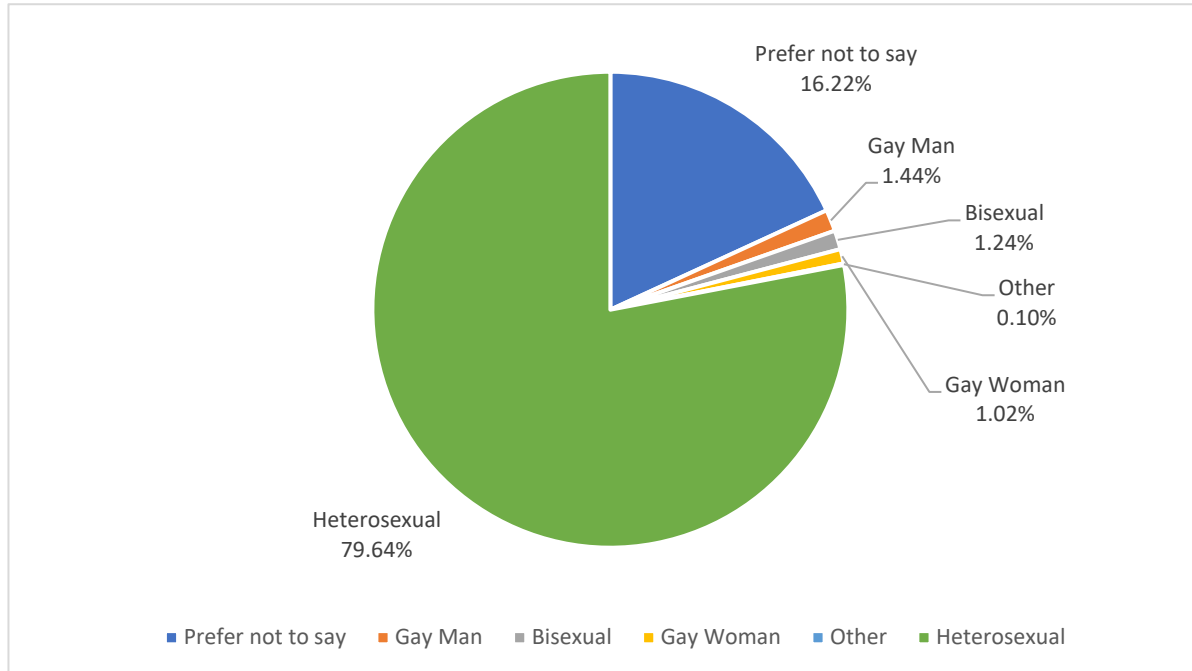
Ethnicity



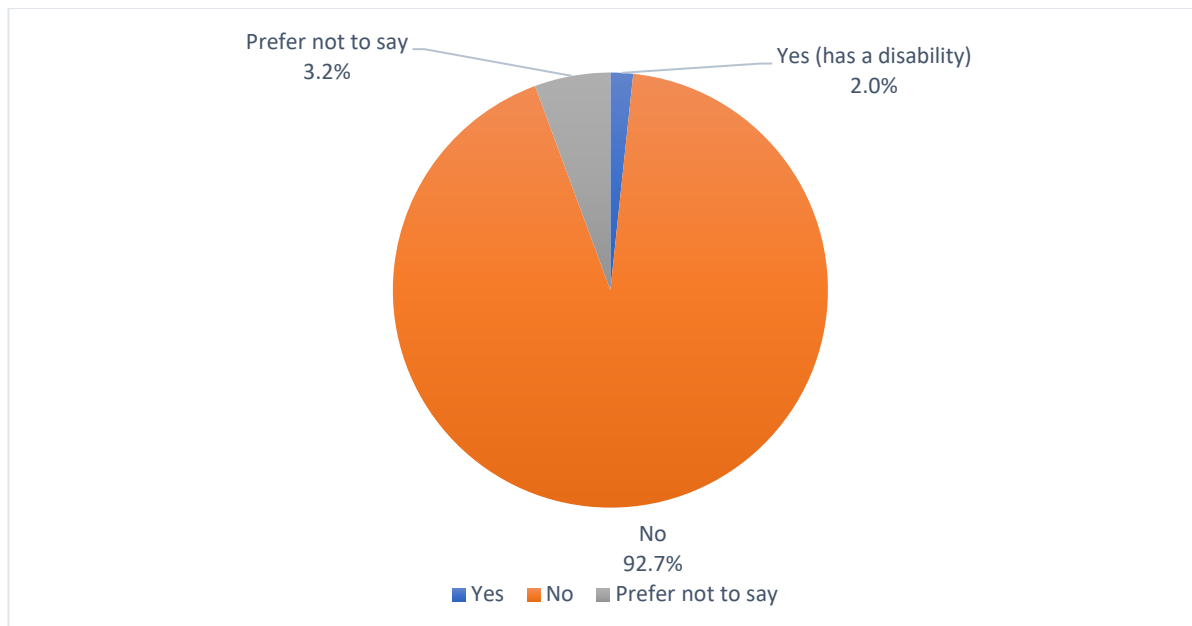
Religion/Beliefs



Sexual Orientation



Disability Data



Continuing Professional Development

The CPD cycle and annual audit process remain key regulatory controls. During 2025, 42 registrants were removed for CPD non-compliance. While this represents a small proportion of the overall Register, it demonstrates the GCC’s active oversight of ongoing professional standards.

Most registrants continue to meet CPD requirements, supporting confidence in ongoing competence. Opportunities remain to enhance visibility of CPD performance reporting in future annual reports.

Public Access to the Register

The online “Find a Chiropractor” function remains the primary public interface with the Register. Data provided by the Communications team indicates sustained public engagement, with 143,005 searches conducted during 2025. This reflects the ongoing importance of the Register as a public assurance mechanism and reinforces the need for accuracy, timeliness and data integrity. Detailed data on public usage will be incorporated into future reports to provide enhanced visibility of public engagement with the Register.

Conclusion

The Register continues to grow in a controlled and sustainable manner, with new registrations outpacing removals and a stable demographic profile.

The development of strengthened quality assurance processes and enhanced cross-functional alignment will further reinforce the integrity and reliability of the Register.

The Register exists to provide assurance to the public that those listed are appropriately qualified, meet the required standards and remain fit to practise. The data presented in this report supports Council’s oversight of that core statutory function.



Registration Function Review Report 2025

Aaron Grell

Registration Function Review – Initial Analysis and 2026 Action Plan

During December 2025, an initial review of the Registration Function was undertaken with the Director of Corporate Services regarding key priorities for the next 6–9 months (January 2026 onwards). These discussions provided me with strategic direction and clarity on the areas of focus, including process standardisation, quality assurance, systems integration and cross-functional alignment with Fitness to Practise.

The review was therefore structured around these agreed priorities and the wider Corporate Services objectives. Following these discussions, a structured programme of engagement was undertaken across the Registration team and with key colleagues across the organisation to understand current processes, identify operational risks and explore areas of improvement. This included a series of one-to-one discussions, cross-functional engagement and analysis of existing workflows.

The findings from this engagement confirmed that core statutory activity is being delivered effectively. It also identified opportunities to further strengthen regulatory alignment, consistency and cross-functional working as the profession continues to grow and regulatory expectations evolve. I then proceeded with the development of a targeted action plan designed to address identified risks, strengthen governance arrangements and enhance regulatory assurance.

Key Findings

The review identified five principal areas for enhancement:

1. Process Standardisation and Resilience

Some Registration processes have evolved over time and are reliant on established practice and individual knowledge. While operationally effective, greater standardisation and formal documentation will strengthen consistency, resilience and scalability.

2. Quality Assurance and Performance Visibility

There is currently no single, integrated Quality Assurance framework governing Registration activity. Introducing defined KPIs, peer review mechanisms and routine reporting will enhance oversight, provide clearer performance visibility and strengthen assurance regarding the integrity of the Register.

3. Regulatory Interface Between Registration and Fitness to Practise (FTP)

The review highlighted opportunities to strengthen alignment between Registration and FTP processes across the registrant lifecycle. In particular:

- Greater clarity is required regarding Registrar referrals, including thresholds and documentation expectations.
- Enhanced oversight is needed in relation to FTP related declarations, ensuring consistent assessment and recording.
- Consideration should be given to how individuals are retained on the Register for the purpose of ongoing FTP investigations, including clarity around status, recording and review mechanisms.

Strengthening these areas will ensure clearer accountability, more consistent decision-making and enhanced public protection.

4. Systems and Operational Efficiency

Opportunities exist to reduce manual handling and strengthen system integration, particularly where Registration interfaces with FtP. Improved digital workflows and clearer recording mechanisms will support efficiency and data integrity.

5. Role Clarity and Operational Alignment

The current team structure reflects historic arrangements and would benefit from refinement to ensure balanced workload distribution, clear accountability and effective cross-cover arrangements.

2026 Action Plan

In response, a structured programme of work is underway to strengthen regulatory coherence and operational resilience.

Process and Assurance Strengthening

- A full review and standardisation of Registration processes, with the development of formal Standard Operating Procedures.
- Implementation of a Registration Quality Assurance framework, incorporating defined KPIs and routine reporting.
- Targeted policy development work relating to declarations, CPD compliance and retention processes, to further reinforce public protection and the integrity of the Register.

Strengthening the Registration FTP Interface

- Review and clarification of Registrar referral criteria and documentation standards.
- Structured review of how FTP declarations are assessed, recorded and monitored at application and retention stages.
- Development of a clear approach to retention on the Register for the purpose of ongoing FTP investigations, including, visibility on the register, consistent recording, review checkpoints and communication protocols.
- Establishment of more formalised collaboration arrangements between Registration and FTP teams to ensure alignment on crossover workflows.

Systems and Data Integrity

- A systems review to improve efficiency, reduce manual workarounds and strengthen data governance.
- Reduction of manual recording and improved visibility of regulatory decisions across the function.

Workforce Alignment

- Review of Registration team to ensure alignment with the current operating model and future demands.

This work is designed to ensure that growth in the profession is matched by strengthened regulatory assurance, and that the Register continues to reflect accurately those who are safe and fit to practise. The focus for 2026 is therefore on building consistency, resilience and assurance within Registration, ensuring that operational delivery is underpinned by clear governance, strong oversight and effective regulatory control. In doing so, it will also support improved registrant experience and reinforce confidence in the GCC as a regulator that operates transparently, proportionately and effectively in the public interest.

For noting

Annual Report from the Professional Conduct Committee

Purpose

This report by the overall Chair of the Professional Conduct Committee provides Council with an overview of the Professional Conduct Committee's work and related activities in 2025.

Recommendation

Council is asked to note the report and that the Chair of PCC, Derek McFaul, will present it and respond to questions.

Introduction

1. The Professional Conduct Committee (PCC) continued with its statutory duties in 2025 as well as undertaking other activities and work throughout the year. I have continued to perform my role as Chair which has involved sitting as a Chair in hearings, managing a positive relationship with the GCC and being a spokesperson for the PCC. Part of my role continues to be an important link between PCC members and the GCC.
2. It has been a transitional year for the Fitness to Practise (FtP) team with an interim Director leading the area. In my role I was pleased to work with Angela Maragna, Director of Change as well as continuing to work with Nick Jones, Chief Executive and Registrar. Towards the end of 2025 the GCC appointed a new Director of Fitness to Practise, Hannah Fellows. In my role as the PCC Chair, I look forward to working with Hannah in 2026.

PSA Report November 2025

3. The PSA performance review report for 2024-2025 noted the GCC met all but one of the 18 Standards of Good Regulation, with Standard 15 The time to progress FTP investigations not met. The PSA recognised the improvement measures implemented previously and further measures in 2024-2025 to improve timeliness. However, the PSA concluded that the improvements had not yet materialised and timeliness remained largely the same as the previous year. Therefore Standard 15 was not met.
4. The PSA has reviewed all decisions reached by the PCC, in particular a substantive hearing which concluded in March 2025 for which they issued a single learning point. In response, the learning point arising from this case was shared with the PCC Members. The PCC will ensure that all determinations include sufficient background and contextual information so that a new reader can clearly understand the circumstances and seriousness of the conduct without needing to refer to the underlying bundle.

Committee Membership

5. There are presently 14 members of the PCC: ten lay members of which 5 are Chairs, and four registrant members. All PCC members were initially appointed from 1 June 2021 to serve for a period of either 3 or 4 years. One lay member and one lay Chair finished their term of appointment in 2025. All other members were extended to either 3rd June 2028 or 31 May 2029.
6. There is a balance to be struck regarding the number of members, too few and we struggle for listings and too many means not enough activity. We know that there will be more hearings listed in 2026 and possibly into the future. My assessment is therefore that the GCC should consider recruiting more members in due course.

Listings for future hearings

7. The Committee concluded 9 substantive hearings in 2025, a drop from the previous year by two cases, partly due to hearings being adjourned. Scheduling continues to cause some concern, with Committee members being asked to hold dates only for them to be cancelled. However, cancellations and amendments were communicated to panel members in a timelier manner, and it is understood this is often outside the control of the GCC.

Appraisal and Peer Feedback

8. There was a continuation of self-appraisal, followed by an appraisal discussion with me as overall Chair of the PCC this year. Peer feedback is provided online via a form following each hearing, I am pleased to say this feedback form is now

sent promptly after each hearing to all members for completion. I also engage with all members during appraisals and identify any training needs or concerns.

Training

9. The PCC Committee training day took place in person at the GCC offices in Kennington, London on 20 January 2026, providing an opportunity for the committee members to meet each other face to face.
10. I liaised with the Director of FtP on subject areas to be covered and encouraged an opportunity for the PCC members to feedback on continuous improvements initiatives.
11. The Committee members expressed great satisfaction with this approach and engaged fully with the agenda. The PCC were introduced to the new Code with some practical examples of its use in hearings. The PCC was also provided with an excellent caselaw update from Rosemary Rollason, of Rollason Law, and introduced to the GCC Strategy, with a particular focus on development changes for the PCC. It provided a great forum for lively open discussion, engagement and interaction with each other. Feedback indicated it was enjoyable and interesting and that it allowed colleagues to engage in more meaningful discussion.

Themes

12. Following an appraisal process undertaken with all members of the PCC, several themes have emerged as potential areas for improvement and for future all-Committee training:
 - (a) A need for better communication between the PCC and the GCC, beyond that received from the Protection of Title Caseworker & Committee Coordinator
 - (b) The benefit of PCC feedback forms after hearings are completed. It needs to be established how this feedback is dealt with, what actions are taken and the full purpose of this process.
 - (c) Requests for availability and subsequent listing of hearings has seen an improvement but cancellation of hearings has a negative impact on PCC members.
 - (d) Question and answer session with GCC CER and Director of FtP – This formed part of the recent annual training, including a feedback session on continuous improvement initiatives (start-stop-continue)

(e) Regulatory case law update – this formed part of the recent annual training.

GCC Support

13. As stated last year there is universal praise from all panel members for the role and engagement undertaken by the Protection of Title Caseworker & Committee Coordinator, who is to be praised for excellent command of a difficult, busy and challenging role.

Hearings at end-2025

14. The Committee concluded 9 substantive hearings in 2025. Unacceptable Professional Conduct (UPC) was found in three cases before the PCC (with one of them being before the Health Committee). As regards sanctions one registrant received a Conditions of Practice Order, with two others receiving a Suspension Order. In 3 cases no unacceptable professional conduct was found and in the remaining 3 cases the PCC chose to discontinue proceedings.

15. Two cases were adjourned in the autumn which accounts for the lower number of hearings concluded in 2025. One case was relisted and concluded in December 2025. The remaining adjourned case is hoped to conclude in early 2026.

16. Allegations arising from breaches of clinical care; concerns about treatment techniques around informed consent and breaches of professional and sexual boundaries were recurring themes in cases coming before the PCC.

17. There are currently 18 cases yet to be heard, some of which were adjourned from 2025. In 2025, all but one hearing was conducted remotely on Microsoft Teams.

18. The disengagement of witnesses continues to be an issue in the context of remote hearings. The risk of withdrawal by a complainant where the process of cross-examination has become challenging for them is a recurrent theme.

Derek McFaul

Overall Chair of the GCC Professional Conduct Committee

03 March 2026



For noting

Annual Report from the Investigating Committee

Purpose

This report by the overall Chair of the Investigating Committee provides the Council with an overview of the Investigating Committee's work and related activities in 2025.

Recommendations

Council is asked to note the report.

The Chair of IC, Andrew MacNamara, will be presenting it virtually and able to respond to questions.

Report from the Investigating Committee

Introduction

Overview

1. In 2025 the Investigating Committee (IC) dealt with 81 cases, with 18 being referred to the Professional Conduct Committee (PCC), because of the IC's assessment that there was a 'case to answer'. The other cases were closed with no further action.
2. In 2025, 78% of cases concluded by the Investigating Committee were closed with no case to answer and (22%) cases were referred to the PCC.
3. In the previous year, the IC considered 58 cases, with 9 being forwarded to a hearing. In 2024 the IC referred 16% of cases to the PCC. This shows that the IC had a busy year in 2025, with a 40% increase in work before it. The actual number of referrals from IC to the PCC in 2025 doubled and the percentage of case to answer increased by 6%.
4. The median (weeks) time from receipt of initial complaint to a final IC decision dropped from 57 weeks in 2024 to 50 weeks in 2025 with the shortest case 5 weeks (previously 15 weeks) and the longest case 102 weeks (previously 133).

Committee Membership

5. This is my first year of being the overall Chair to the IC, having been an IC Chair since September 2023. Throughout 2025 we had 19 IC members, all of whom had been appointed since 1st September 2023. My assessment is that this is the right number to ensure there is a sufficiently wide pool and to ensure opportunities to sit are evenly distributed – maintaining members' skills and so on.
6. At the beginning of the year, we had five Chairs to the IC. In December 2025, Tehniat Watson, IC Chair resigned from her role which leaves 4 Chair's remaining. I would like to extend my thanks to Tehniat for her work for the GCC and wish her well for the future.
7. In my assessment, four IC Chairs is sufficient for the number of cases predicted to reach the IC in 2026. However, I will keep this under review and work with the Executive if I feel an additional Chair is needed. The term of 7 IC members, including one Chair is due to expire on 31st August 2026. The Council has, earlier today, considered their reappointment for a second term.

8. By retaining 7 IC members for a second term we will benefit from their wealth of experience, professionalism and knowledge of the GCC which should provide reassurance to Council that the standard of decision-making and drafting of determinations will continue to remain high.

Training

9. On 12th November 2025, a joint training session with IC members and the Fitness to Practise (FtP) team was held in person at the GCC offices in Kennington. During the day, we covered the new Code of Professional Practice and explored how the teams work together and can improve our processes together. New ways of working were considered with the intent of improving efficiencies and timeliness.
10. Three examples of the changes which will be progressed are altering how the FtP team issue bundles, a discussion around the use of expert reports (including using the IC registrant panel members to help decide whether expert reports are needed) and challenging the panel to resolve anonymous cases more quickly. A full list of suggested improvements from the day will be reviewed and prioritised by the Executive for future implementation as part of the GCC's continuous improvement drive and end-to-end process review.
11. Moving forward we have already started to organise the next annual in-person training session for IC members in late 2026. I would recommend that the GCC continues to take a pro-active approach in supporting and training IC members particularly now that meetings are all held remotely.

Evaluation

12. I am aware this has been a challenging year for the Executive with some staff turnover. I have enjoyed working with Angela Maragna, Interim Director of Change and thank her for her work in 2025. I look forward to working with Hannah Fellows, Director of FtP who joined GCC on 1st December 2025.
13. Despite some challenges, the Committee met for 34 meetings this year compared to 30 in 2024 and dealt with 23 more cases. In other words, the throughput from Executive increased and the IC was not a barrier to the progression of cases, which is positive.
14. The Committee is aware of course that the Professional Standards Authority (PSA) in its review of the GCC for 2024/25 concluded the investigations were taking too

long in the year and decided Standard 15 was not met. The PSA noted that the improvements put in place by the GCC had not yet materialised and that timeliness remained largely the same as the previous year.

15. The IC must consider cases when they are put to us, and we are mindful of the impact of adjournments or requests for further information. As can be seen from the statistics, many more cases were put to us in 2025, some of which were very new cases. Timeliness is an important consideration, equally there is a lot resting on the decisions of the Committee which can have far-reaching consequences.
16. The quality of decision-making will always take precedence over timeliness. We are aware that all complaints made must come to IC and we therefore understand that a proportionate approach must be taken to investigation. Last year we encouraged the Executive to investigate ways to dispatch cases promptly where the underlying complaint was aged or was unlikely to meet the case to answer threshold for referral to the PCC. The improvements made by the Executive this year appear, from the statistics, to indicate an improvement in this regard.
17. The outcome of the 2024/25 PSA periodic audit provided me and IC members the opportunity to learn and absorb the feedback.

Conclusion

18. This is my first report as overall chair of the IC. It has been a busy year for GCC with some tangible benefits in terms of performance as described above. I would challenge the Executive to continue this upward trajectory reducing the time it takes for matters to be investigated and presented to the IC and embedding some of the improvement initiatives identified and discussed at the IC training event in November 2025.
19. The quality and timeliness of the papers received from the executive team has remained high throughout although I would encourage the GCC to look for ways in which duplication of material within bundles is kept to a minimum. Engagement with the executive team has always been collaborative and positive as we work together towards our shared goal of protecting patients and the public interest.

Andrew MacNamara
Overall IC Chair
03 March 2026

**For noting**

Audit and Risk Committee Annual Report 2025 to Council

Purpose

This paper provides an update to Council on the work of the Audit and Risk Committee (ARC) during the 2025 financial year.

Chair's summary – Key Outcomes of ARC's Work in 2025

During the 2025 financial year, the Audit and Risk Committee (ARC) discharged its responsibilities for oversight of financial reporting, risk management, governance and assurance in accordance with its Terms of Reference and agreed workplan. The Committee met three times during the year and completed the programme of work set out in its 2025 workplan.

A number of matters considered by ARC were formally recommended to Council and subsequently approved. In particular, the Committee reviewed and recommended approval of the 2024 Annual Report and audited financial statements, together with the Letter of Representation to the external auditors. Council approved both on 19 March 2025. The Committee also noted the findings of the external auditors, including a very clean audit report for the fourth consecutive year.

The Committee maintained oversight of the organisation's risk management framework. The Strategic Risk Register (SRR) was reviewed several times during the year and recommended to Council in June and December 2025; Council approved the SRR on both occasions. ARC also reviewed the Annual Risk Assessment Statement and recommended it to Council, which approved the statement for the 2025 financial year. The Committee noted improvements to organisational resilience, including strengthened cybersecurity controls, penetration testing and enhanced incident response arrangements.

During the year the Committee also reviewed the effectiveness of the external audit process, considered the external auditors' Audit Planning Report for the 2025 audit, and reviewed the organisation's Assurance Map, confirming that the desired levels of assurance were being achieved.

ARC also considered several governance matters requiring Council approval. These included revisions to the Committee's Terms of Reference, which Council approved in June 2025. The Committee also reviewed service contract arrangements relating

to GCC partners and agreed the introduction of updated 'worker' service contracts effective from 1 April 2025.

A significant area of work during the year concerned the forthcoming changes to FRS 102, effective from 1 January 2026. The Committee reviewed the implications of the revised standard for the organisation, including changes to lease accounting and the recognition of Initial Registration (IR) fee income. Following detailed technical work and engagement with the external auditors, a compliance methodology was agreed which retains the existing accounting treatment for IR fee income and therefore avoids the creation of artificial deficits within the organisation's financial planning and reporting routines.

The Committee recognised that completing this work required a substantial technical review of the new accounting requirements and engagement with the external auditors in advance of the implementation date to ensure a well-governed transition to the revised reporting framework.

In addition to these matters, ARC undertook oversight of several operational and governance areas during the year, including information governance, policy review arrangements, directorate risk management, financial monitoring through management accounts, and organisational assurance through the Assurance Map.

The Committee is satisfied that during 2025 it fulfilled its responsibilities in providing independent oversight of the organisation's financial reporting, governance and risk management arrangements.

Recommendations

The Council is asked to note the report.

Summary of the ARC's Activities in 2025

1. The Committee completed the work set out in its 2025 workplan (see paragraphs 2-27). Background information is set out in paragraphs 28-32.

Annual Report and Accounts 2025

2. The Committee reviewed and recommended to Council:

- Approval of the 2024 Annual Report and audited accounts (approved by Council on 19 March 2025).
- Signing of the Letter of Representation to the external auditors (approved and signed by Council on 19 March 2025).
- Noting of the Letter of Representation from the GCC Executive Directors.
- Noting of the external auditors' findings from their audit of the 2024 financial statements, including a very clean audit report for the fourth consecutive year.

ARC Meeting with External Auditors

3. Members met the external auditors in private session on 5 March 2025, without staff present. No concerns were raised regarding the 2024 audit, conducted between January and February 2025.

Strategic Risk Register (SRR)

4. The Committee reviewed and agreed the SRR in February, April and October 2025, recommending it to Council in June and December 2025. Council approved the SRR on both occasions.
5. The Committee requested that the Executive undertake a scenario-based “what if” simulation exercise to test risk management protocols and communication plans in the event of a cyber incident.
6. The Committee reviewed and recommended the Annual Risk Assessment Statement to Council in June 2025. Council approved the statement for the 2025 financial year.
7. The Committee noted improvements to organisational resilience, including enhanced cybersecurity controls, penetration testing, updated incident response arrangements and continuous cyber monitoring. Risk ratings were confirmed as appropriate and recommended to Council for approval.
8. The Committee considered depositing surplus cash in alternative money market accounts. Following discussion, members concluded there was no material difference between returns from GCC’s existing banking partner (Santander) and those offered by other institutions.

Information Governance Update

9. The Committee noted that the update covered a 12-month period aligned to financial reporting timelines; the previously outstanding subject access requests (SAR) had been resolved without escalation to the ICO; and no further issues had arisen.
10. Four Freedom of Information requests were received and fully addressed during the period.
11. All data breach cases were resolved, with one low-risk case ongoing in November 2025.

ARC 2025 Development Session

12. On 5 March 2025, members held a development session and agreed the following:

12.1 Estimating Professional Conduct Committee (PCC) costs:

- a) Strengthen collaboration between Finance and FtP teams to reduce discrepancies between budgeted and actual expenditure.



Action completed and subject to ongoing monitoring.

12.2 ARC Effectiveness Survey Results 2025:

- a) Request external auditors to add ARC members to their webinar training list.
- b) Schedule the next ARC effectiveness survey for December 2026.



Members were added to the training list; the next survey will take place in December 2026.

12.3 Environmental, Social and Governance (ESG)

- a) Draft an ESG statement focused on practical, proportionate and measurable goals.



The Committee agreed to review and finalise the draft at its March 2026 meeting, including its inclusion on the website and in the Annual Report and Accounts from the 2025 financial year.

Effectiveness of External Auditor's Process 2024

- 13.** In May 2025, the Committee reviewed the effectiveness of the external auditors and concluded that the 2024 audit process was effective.

Review of Partners' Service Contracts

- 14.** The Committee noted that backdated holiday and pension-related payments to eligible partners were initially estimated at £110k; the actual amount paid was £90k. The Committee also reviewed and agreed the new 'worker' service contracts for the GCC partners, effective from 1 April 2025.

GCC Policy oversight and review

- 15.** The Committee confirmed the allocation of corporate and people policies between ARC and the Remuneration & HR Committee.
- 16.** The policy schedule was reviewed and an approach agreed to ensure timely review of outstanding policies.
- 17.** Review of remaining ARC policies was deferred to the March 2026 development session. A legal review of the Data Protection and Privacy Policy was requested in advance.

Terms of Reference (TOR)

- 18.** The Committee reviewed and updated its Terms of Reference and recommended the revisions to Council in June 2025. Council approved the updated ToR.

Changes to Accounting Policies from 1 January 2026

- 19.** The Committee received a report from the Director of Corporate Services outlining the implications of the revised UK Financial Reporting Standard (FRS) 102, effective from 1 January 2026. The update highlighted changes affecting the accounting treatment of office leases and the recognition of Initial Registration (IR) fee income.
- 20.** The Committee noted that the Director of Corporate Services had agreed the proposed compliance methodology for both areas. In particular, the Committee noted that agreement had been reached with the external auditors to retain the existing accounting policy for IR fee income. This approach avoids the creation of artificial deficits within the organisation's financial planning and reporting.
- 21.** The Committee further noted the Director's completion of the detailed technical and analytical work required to address the updated revenue recognition and lease accounting requirements introduced by the revised FRS 102, in advance of the effective date of 1 January 2026.
- 22.** The Committee recognised that this work involved a substantial and time-intensive review of the applicable accounting treatments, engagement with the external auditors, and the development of an appropriate compliance methodology to ensure a smooth and well-governed transition to the new standard.
- 23.** A review of the GCC fee structure will be undertaken in Q3 2026.

External Auditors – Audit Planning Report for 2025

- 24.** In November 2025, the Committee reviewed and approved the 2025 Audit Planning Report, including:
- Risk assessment and materiality thresholds.
 - Audit team and timetable.
 - Proposed audit fees.










Assurance Map as of May-25

- 25.** The Committee reviewed the annual update of the Assurance Map and confirmed that desired assurance levels had been met.
- 26.** The Committee identified the need for greater nuance in the fifth line of assurance, particularly where external assurance is limited (e.g. CPD), and requested an update.

Managing the Risks Assigned to the GCC Directorates

- 27.** The Committee reviewed reports from the Directorates of Corporate Services, Development and Fitness to Practise on management of risks assigned to them and the impact on ARC's work.

Additional Committee Activity in 2025

Activity	Reviewed and noted actions	Tick
Emerging financial issues	Noted completion of FRS 102 changes.	
Registers of Gifts and Hospitality & Conflict of Interests	Reviewed and noted no matters of concern arising from 2025 declarations.	
Management Accounts Reports	Reviewed three reports (March, May, November 2025) and noted achievement of financial targets.	
ARC Workplan	Reviewed and agreed the 2025 annual workplan.	
GCC Staff Life Assurance Policy	Noted update.	
Presentation of reports by the GCC Executive to the Committee	Directors of Corporate Services, Development and FTP presented updates in May and November 2025 on the management of directorate risks and impact on ARC.	
Independent Audit of Investigation Cases Report	Received and noted final report to May 2024 and draft to December 2024.	
Audit of Investigating Committee Decisions (Dec-24 to May-25)	Received and noted FTP report; requested benchmarking of internal audit service by Q1 2026.	
Cyclical Taxation Matters – Update	Noted timely completion of PAYE Settlement Agreement and corporation tax submissions for 2024/25, with liabilities settled within timescales.	

Background

- 28.** In May 2023, the ARC agreed to produce an annual report to Council each March. This is third such report. This report covers the period 1 January to 31 December 2025.
- 29.** The ARC met three times in 2025 (March, May and November): two virtual meetings and one in person.
- 30.** Alistair Brown, a qualified accountant, joined the Committee as a Council member on 1 October 2025.
- 31.** All members attended each meeting. The Chief Executive and Registrar and Director of Corporate Services attended all meetings.

32. Council received and noted updates from the ARC Chair at its March, June and December 2025 meetings.

Fergus Devitt

Chair of the Audit and Risk Committee



For noting

Report from the Chair of the Audit and Risk Committee

Purpose

This paper provides a summary of the matters considered, decisions made, and actions agreed by the Audit and Risk Committee (ARC) at its meeting on 4 March 2026, since the previous Council meeting on 3 December 2025.

The Committee held two meetings in March 2026: normal and development meetings.

Overview of ARC Activity since last Council Meeting

At its meeting on 4 March 2026, the Committee considered matters relating to financial reporting, organisational performance, risk management, governance and audit arrangements. The Committee reviewed reports from the Executive covering operational delivery, financial position and sustainability, and risk and assurance, and noted that the GCC continues to operate within its approved financial and risk parameters.

The Committee reviewed the [management accounts](#) to February 2026, noting a surplus of £144k, £12k above budget. Members also noted the GCC's strong reserves position of £4.282m and [sufficient cash](#) resources to meet liabilities falling due within the next 12 months. The Committee further noted that GCC income recognition and the accounting treatment of the office lease are now being applied in [compliance with the updated UK Financial Reporting Standard \(FRS\) 102](#) requirements, effective from 1 January 2026.

A key item of business was the 2025 Annual Report and Accounts. Following a review of the draft report with the Executive and external auditors, the Committee agreed to recommend that Council:

- [Approve](#) the audited 2025 Annual Report and Accounts, the Going Concern statement, and the Letter of Representation from Council to the external auditors.
- Note that the auditors have, for the [fifth consecutive year](#), reported zero (very clean) audit findings; the Letter of Representation from the Executive Directors; compliance with emerging financial reporting requirements; and the timetable for statutory submission.

Members subsequently met privately with the external auditors, without staff present, to discuss the audit process and any issues arising from the audit. No matters of concern were raised. The Committee also considered the [approach to future external audit arrangements](#) and endorsed the proposed procurement approach and timetable for the next retender of audit services in 2027.

The Committee [reviewed the Strategic Risk Register \(SRR\)](#) for the period to February 2026 and agreed that the current risk ratings remain appropriate and are being actively monitored. Members noted [updates on cybersecurity preparedness](#), including the planned tabletop exercise to test incident response arrangements. During the development session, the Committee also reviewed the residual risk rating for cyber security and agreed to increase the residual rating to reflect the current external threat environment.

A range of [governance and assurance matters](#) were also reviewed. These included updates on information governance, the registers of conflicts of interest and gifts and hospitality, and the ARC workplan for 2026 and 2027. No issues of concern were identified.

During the [development session](#), the Committee undertook its annual review of GCC policies. [Seven updated policies](#) were reviewed and agreed, subject to minor amendments. The remaining five policies will be reviewed at the May 2026 ARC meeting. All twelve policies will be recommended to Council for approval in June 2026. The Committee also reviewed and approved GCC's Environmental, Social and Governance (ESG) [policy and statement](#), confirming that the approach is proportionate and aligned with the organisation's reporting.

The Committee reviewed the [GCC investment performance tracker](#) and agreed that the visual format provides improved transparency on portfolio performance and withdrawals. The Committee recommended that the tracker be presented annually to Council.

The Committee was satisfied with progress across key areas and agreed a number of actions to further strengthen operational resilience, cybersecurity preparedness and assurance processes.

The Committee has no financial, governance or risk matters of concern to report to Council at this time.

Matters for Council Attention

Annual Report and Accounts 2025

The Committee **recommends** that Council on 18 March 2026:

- a. Note the contents of the external auditors' zero-audit findings from their audit of the 2025 financial statements.
- b. Approve the 2025 Annual Report and audited financial statements.
- c. Approve the Going Concern statement.
- d. Approve the Letter of Representation from Council to the external auditors.

- e. Note the Letter of Representation from the Executive Directors to the ARC and Council.
- f. Note the GCC's compliance with emerging issues in financial reporting.
- g. Note the timetable for statutory submission of the 2025 Annual Report and Accounts.

Strategic Risk Register (SRR)

The Committee reviewed and agreed the SRR for the period to February 2026.

Normal Meeting: Agenda Items, Decisions and Agreed Actions

1. Minutes of Previous Meeting (ARC2603-01)

Decision: Minutes of 5 November 2025 **approved**.

Action: None.

2. CER Report (ARC2603-02)

The Committee noted updates on operational delivery, risk, governance and assurance, financial position and sustainability, external audit, people and supplier matters, PSA and complaints.

Decision: Report **noted**.

Action: None.

3. Management Accounts to the period to February 2026 (ARC2603-03)

The Committee reviewed and noted the reported surplus of £144k for the period, £12k above budget:

- Recognition of GCC's income and office lease in compliance with updated FRS 102 requirements from 1 January 2026.
- Strong reserves of £4.282m and sufficient cash to meet liabilities due within 12 months.
- Requirement to monitor hearing activities and associated cost risks.

Decision: Report **noted**.

Action: None.

4. GCC 2025 Annual Report and Accounts (ARC2603-04)

The Committee considered the draft audited 2025 Annual Report and Accounts, with queries addressed by the Executive and auditors.

Decisions: Recommend to Council on 18 March 2026:

- a. Noting of the contents of the auditors' findings from the audit work on the 2025 financial statements.

- b. Approval of the 2025 annual report and audited financial statement.
- c. Approval of the Going Concern statement.
- d. Approval of the letter of representation from Council to the external auditors.
- e. Noting of the letter of representation from the Executive Directors to the Committee and Council.
- f. Noting of our compliance with emerging issues in financial reporting.
- g. Noting the timetable for statutory submission.

Action: The Director of Corporate Services (DCS) to present the audited financial statements to Council on 18 March 2026.

5. Meeting of ARC Members with the External Auditors (ARC2603-05)

Private discussion with external auditors, without staff present.

Decisions: Discussion **noted**, nothing of concern to report.

Actions: None

6. ARC Annual Report to Council (ARC2603-06)

Committee reviewed the ARC's annual report to Council.

Decisions: Recommend for **noting**, with minor adjustments emphasising key activities and impact.

Actions: DCS to update the report accordingly.

7. Options for Future External Audit Arrangements

Committee considered the approach for retendering external audit services and reviewed the succession plan for Committee members.

Decisions:

- a) Noted statutory requirement for appointment of an auditor under the Chiropractic Act 1994.
- b) Proceed with limited tender option for audit services in September 2027.
- c) Confirm selection panel membership nearer the retender date.
- d) Assess whether current auditors (HaysMac LLP) should be invited to retender nearer the retender date.
- e) Endorse procurement approach and timetable.
- f) Noted Committee succession plan.

Actions: DCS to prepare a future paper assessing the audit tender process, including evaluation of the current auditor with pros/cons.

8. Strategic Risk Register – SRR (ARC2603-05)

Committee reviewed the SRR; risk ratings remained unchanged but are actively monitored. Key points:

- Update on GCC's cyber preparedness, including planned tabletop exercise (TTX).
- Assurance that all certifications are current.
- Requirement to include the Four Lines of Assurance in future SRR reports.

Decisions: SRR **agreed**, subject to minor additions.

Actions: DCS to include Four Lines of Assurance table in future SRR reports.

9. Information Governance Update (ARC2511-05)

Decision: Report **noted**; all information requests concluded.

Action: None.

10. Register of Conflicts of Interest (ARC2511-06)

Decision: Report **noted**; no concerns.

Action: None.

11. Gifts and Hospitality Declaration (ARC2511-07)

Decision: Report **noted**; no concerns.

Action: None.

12. ARC Workplan 2026 and 2027 (ARC2511-08)

Decision: Report **noted**.

Action: None.

Development Meeting: 13:20 – 15:00 hrs, 04 March 2026

13. Annual Review of GCC Policies

Seven updated policies reviewed and agreed, subject to updating the reports with minor amendments noted at the meeting . The remaining five policies to be presented at May 2026 ARC meeting.

All twelve policies to be recommended to Council for approval in June 2026.

Decision: Seven policies **agreed**, subject to specified amendments; to be recommended to Council in June 2026. The remaining five policies to be reviewed in May and presented to Council in June 2026.

Action: DCS to present the twelve policies for Council approval in June 2026.

14. GCC's ESG Policy and Statement

Policy and statement reviewed; confirmed proportionate and aligned with draft website text and 2025 Annual Report and Accounts.

Decision: **Approved.**

Action: None

15. Review of Residual Risk Rating – Strategic Risk Number 5 (Cyber Security)

Committee considered at length whether to adjust residual risk rating from minor (green) to moderate (amber) or severe (red). In light of external threats, residual risk increased to red (severe), with no concerns regarding Executive risk mitigation.

Revised score calculation: Likelihood x Impact + Impact (LxI+I); residual score of 20, inherent risk score 30.

Decision: Residual cyber security risk increased to red (score 20), inherent risk 30.

Action: DCS to update the SRR for the May 2026 ARC meeting, including explanation of risk rating calculations.

16. Format and Content of ARC Chair's Report to Council

Committee reviewed two proposed formats; agreed to adopt Annex 1 (December format) for future reports.

Decision: Annex 1 **approved** as standard template (i.e. the December 2025 format).

Action: ARC Chair's report to Council presented to March 2026 Council in agreed format.

17. GCC Investment Performance Tracker

Committee reviewed the visual tracker, noting three lines: ongoing performance (light blue), investment advisers' tracker (green), projected portfolio value (dark blue with £145k annual withdrawals aligned with risk appetite).

The format of the tracker improves transparency on withdrawals exceeding risk appetite. Committee agreed the tracker should be presented annually to Council.

Decision: Recommend annual presentation to Council using reviewed visual format.

Action: DCS to liaise with investment managers to ensure annual presentation.

Fergus Devitt

Chair of the Audit and Risk Committee