Guidance for Decision Makers

General Chiropractic Council

The General Chiropractic Council Guidance for Decision Makers:

Sanctions

Proposed Guidance published for consultation, June 2026

Image: Flaticon.com

Proposal published for consultation by the General Chiropractic Council, June 2026

GCC Guidance for Decision Makers

The General Chiropractic Council ('the GCC') is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Chiropractors Act 1994 ('the Act').

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

The General Chiropractic Council's Guidance for Decision Makers aims to promote consistency and openness in decision-making. It ensures that all parties are aware from the outset of the approach we will take when making decisions.

The guidance may also be useful for Chiropractors and members of the public who wish to understand more about the regulation of the chiropractic profession.

The guidance provides the framework for decisions and how the decision maker is expected to apply it. The guidance is there to assist in making decisions that are transparent, fair and consistent and, whilst it is guidance, the decision maker should provide clear written reasons for any deviation from it.

The Purpose of this Guidance

This guidance has been developed by the GCC for use by the Professional Conduct Committee ('the PCC') and Health Committee ('the HC') when considering what sanction to impose upon a chiropractor. It outlines the decision-making process and the factors to be considered.

Publication History

This guidance was published 29 June 2026 for consultation. .

Changelog

Date	Change
June 2026 This proposed edition published for consultation.	References to principles and standards within the Code (2016) updated to equivalents in the Code of Professional Practice (2026). Further guidance included on • Separation of facts of case from a decision of UPC • Decision approach and reasoning • Health committee decisions • Imposing sanctions where discrimination or sexual misconduct are a factor.
May 2018	Third edition published.
August 2010	Second edition published.
Autumn 2004	First edition published.

Contents

Introduction. The Role and Status of the Guidance on Sanctions 4
Approach to Sanctions and Reasons 5
- Why are sanctions imposed? 5
- The nature of allegations 5
- The staged approach 6
- Submissions 6
- The approach to sanction 6
- Reasons 7
- Interim orders 8

The Available Sanctions 8
- Overview 8
- Admonishment 9
- Conditions of Practice Order 10
- Suspension 13
- Removal from the register 15

Factors and Evidence 17
- Harm caused or risk of harm 17
- Repetition 17
- Insight and remediation 17
- Previous regulatory concerns 19
- References and testimonials 20

Mitigating and aggravating factors 20
- Mitigating factors 20
- Aggravating factors 21

Particular categories of case 22
- Convictions 22
- Sexual Misconduct 23
- Dishonesty 24
- Failing to provide an acceptable level of treatment or care 26

Review hearings 26
Interim Suspension 28
Health Committees 29
- Approach of the Health Committee 29
- Conditions of Practice Order 29
- Suspension order by Health Committee 30
- Interim Suspension 30
- Review hearings by the HC 31

References 32

Introduction.
The Role and Status of the Guidance on Sanctions

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

[1] The Code of Professional Practice (2026) – Reference 1

Approach to Sanctions and Reasons

8. One of the purposes of this guidance is to promote consistency in decision-making, though each case will be considered on its own facts. Decisions should be clear about why a particular sanction has been imposed in each case.

9. Any list of factors referenced in this guidance should be considered as a non-exhaustive list. Committees should use their discretion when imposing sanctions and can consider any other factors they consider necessary and proportionate.

Why are sanctions imposed?

10. The main reason for imposing sanctions is to protect the public, which is the GCC's statutory over-arching objective.[2]

11. The pursuit of protection of the public involves acting:

> a) to protect, promote and maintain the health, safety and well-being of the public;
> b) to promote and maintain public confidence in the profession of chiropractic; and
> c) to promote and maintain proper professional standards and conduct for members of the chiropractic profession.[3]

12. The purpose of a sanction is not to punish, though a sanction may have punitive or negative impacts upon a chiropractor. However, this will not usually affect the committee's assessment of what is the minimum sanction necessary to protect the public.

The nature of allegations

13. Section 20(1) of the Act sets out four types of allegation:

> a) the chiropractor has been guilty of conduct which falls short of the standard required of a registered chiropractor (defined in section 20(2) as "unacceptable professional conduct", referred to in this guidance as 'UPC');
> b) the chiropractor has been guilty of professional incompetence;
> c) the chiropractor has been convicted (at any time) in the United Kingdom of a criminal offence;
> d) the chiropractor's ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.

14. Where such an allegation is made the GCC will refer it for consideration by the Investigating Committee ('the IC'). If the IC considers there is a case to answer, allegations concerning a chiropractor's physical or mental health will be referred to the HC and allegations of any other kind will be referred to the PCC[4].

[2] Chiropractors Act (1994) Section 1(4A) – Reference 2
[3] Chiropractors Act (1994) Section 1(4B) (a) – (c) – Reference 2
[4] Chiropractors Act (1994) Section 20(12) – Reference 2

The staged approach

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

16. In the case of an allegation concerning either UPC or professional incompetence, the PCC has to decide:

    a) whether the facts as set out in the allegation have been proved by the GCC according to the "balance of probabilities". This means the GCC must prove that it is more likely than not that whatever is alleged occurred. It is not for the chiropractor to disprove the allegation. If none of the facts have been proved, the allegation is not well-founded;
    b) whether, if any of the facts have been found to be proved, some or all of these (whether taken individually or collectively) constitute UPC or professional incompetence, as alleged. If the PCC finds they do not, the allegation is not well-founded;
    c) if the threshold for UPC or professional incompetence is met, which sanction is the minimum necessary to protect the public.

17. The PCC will approach its decision by making determinations on each of these three stages.

18. The standards required of a registered chiropractor are set out in the Code of Professional Practice. Section 19(4) of the Act provides that, where a chiropractor is alleged and found to have breached any provision within the Code of Professional Practice, this shall not be taken, of itself, to constitute UPC but will be taken into account. This is also the approach to be taken in cases of alleged incompetence.

19. In the case of an allegation concerning a conviction, the PCC has to decide in this order:

    a) whether the fact of the conviction is proven. The process to be followed by the PCC in such cases is set out in more detail below (see Convictions). If the fact of the conviction is not proven, the allegation is not well-founded. If the fact of the conviction is proven, the matter is well-founded;
    b) if the allegation is well-founded, whether the criminal offence has any material relevance to the fitness of the chiropractor to practise chiropractic. If it has no material relevance, the PCC may take no further action;
    c) if the criminal offence has material relevance, which of the sanctions available is the minimum necessary to protect the public.

20. The PCC will approach its decision by making determinations on each of these three stages.

Submissions

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

The approach to sanction

22. The committee will take the following approach to sanction:

a) remind itself of its factual findings and reasons for finding any allegation well-founded and ensure that its decision on sanction is not inconsistent with those earlier findings;
b) consider the available sanctions in ascending order, starting with the least restrictive option, moving upwards if that option is thought to be insufficient, and stopping when it reaches the least restrictive sanction necessary to achieve the statutory over-arching objective. The committee will need to explain why the next most restrictive sanction is not considered necessary;
c) consider any other evidence relevant to sanction (see Factors and Evidence);
d) identify any aggravating and mitigating factors (see Mitigating and Aggravating factors);
e) have regard to whether the conduct falls within the particular categories identified by this guidance (see Particular Categories of Case);
f) consider whether to order a Review Hearing (see Review Hearings);
g) where Suspension Order or Removal Order is made, consider whether an Interim Suspension Order is necessary (see Interim Suspension).

23. The committee must keep the statutory over-arching objective to protect the public, and the three limbs set out in paragraph 11, in the forefront of its mind at all times.

Reasons

24. The committee's written determination must provide clear and cogent reasons for imposing a particular sanction, including explaining the relevance of any mitigating and aggravating factors.

25. Committees will ensure reasoning on sanction is consistent with its findings on the allegations. By way of example, if a Committee finds conduct has been sustained and is likely to be repeated it is unlikely to then impose an admonishment which would not restrict the chiropractor's practice.

26. Reasons will address if the sanction imposed is lower, or higher, than that suggested by this guidance.

27. If the committee orders a sanction that will remain in place for a fixed period, the written decision will also include a clear explanation of why a particular period has been considered necessary. The written determination must set out whether the committee considered imposing a more restrictive sanction and provide reasons for any conclusion that a more restrictive sanction was unnecessary.

28. The reasons must summarise the committee's findings on the principal important issues in the case, in order to enable the chiropractor and the public to understand:

a) why a particular sanction has been chosen;
b) how it protects the public;
c) why it is the minimum sanction that is necessary.

Interim orders

29. The chiropractor may have been made subject to an interim order suspending their registration during the GCC's investigation. There is no principle that (as in criminal proceedings if an individual is remanded in custody) time spent suspended under an Interim Suspension Order must be deducted from the length of any suspension then imposed by the PCC or the HC at a hearing. However, the committee should take account of the interim order and its effect on the registrant when deciding whether a sanction is proportionate[5]. Having considered that issue, the committee is entitled to conclude that the interim order does not affect the substantive order needing to be imposed.

The Available Sanctions

Overview

30. There are four sanctions available to the PCC:

a) Admonishment;
b) Conditions of Practice Order;
c) Suspension Order;
d) Removal from the register.

31. There are two sanctions available to the HC:

a) Conditions of Practice Order;
b) Suspension Order.

32. Each of these sanctions is addressed individually in this section.

33. The chiropractor has the right to appeal to the courts within 28 days against any decision of the PCC. The sanction does not take effect during these 28 days nor, if an appeal is lodged, until that appeal has been disposed of. During this time, the chiropractor's registration remains fully effective unless the committee also orders an interim suspension (see Interim Suspension).

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

Admonishment

34. The least restrictive sanction that can be applied by the PCC[6] is an admonishment, which does not directly restrict a chiropractor's ability to practise. An admonishment is only appropriate if the committee has decided there is no risk to the public requiring the chiropractor's practice to be restricted.

35. An admonishment may be appropriate if:

a) the allegation of unacceptable professional conduct, professional incompetence or criminal conviction is at the lower end of the spectrum of seriousness; and
b) the PCC wants to mark that the behaviour of the chiropractor was unacceptable and must not happen again.

36. Admonishments may be considered when most of the following factors are present:

a) the behaviour did not and could not have caused direct or indirect patient harm;
b) the chiropractor has sufficient insight into the matters found proved;
c) the behaviour was an isolated incident, which was not deliberate;
d) a genuine expression of regret or apology;
e) an absence of previous regulatory findings;
f) no repetition of the behaviour since the incident;
g) evidence that effective rehabilitative or corrective steps have been taken.

37. PCCs will explain why an admonishment is considered proportionate, and a more serious sanction not considered necessary, having regard to any of the factors listed above that are relevant.

38. An admonishment will be based upon the findings made by the PCC, explaining why the conduct should not be repeated by reference to the Code of Professional Practice.

39. An admonishment will be published against the registrant's entry in the register for the period of time specified in the GCC's Publication and Disclosure Policy (reference 3).

40. If the PCC considers that imposing an admonishment will not be sufficient in the circumstances of the case, having regard to the over-arching objective, it must go on to consider imposing a Conditions of Practice Order on the chiropractor's registration (see Conditions of Practice Order).

[6] Chiropractors Act (1994) Section 22(4)(a) – Reference 2

Conditions of Practice Order

41. A Conditions of Practice Order requires the chiropractor to comply with certain conditions before they are permitted to resume unrestricted registration. Such an order can be imposed by the PCC for a period of up to three years in the first instance, and may be extended or further extended for periods of up to three years subsequently at review hearings.

42. The main aim of specific conditions is to protect patients from harm, while allowing the chiropractor to put right any shortcomings in their practice which led to a finding of UPC or professional incompetence or to deal with any health issues (depending on the nature of the allegation).

43. Where imposed by the PCC, a Conditions of Practice Order must specify one or both of the following:

a) the period for which the order is to have effect;
b) a test of competence which must be taken by the chiropractor.[7]

44. Where imposed by the PCC, a Conditions of Practice Order will end:

a) if a period is specified in the Order, when that period ends;
b) if no period is specified but a test of competence is specified, when the chiropractor passes the test; or
c) if both a period and a test are specified, whichever is the later of the period ending or the chiropractor passing the test.[8]

45. The objectives of any conditions within a Conditions of Practice Order must be made clear enough for:

a) the chiropractor to know what is expected of them; and
b) the committee at any future review hearing to be able to understand the chiropractor's original shortcomings and the specific actions needed to correct them.

46. Only when the objectives are set out clearly will it be possible to evaluate whether they have been achieved. Any conditions must be:

a) specific;
b) relevant and appropriate;
c) proportionate;
d) workable;
e) measurable.

47. Committees should refer to the GCC's Bank of Conditions when deciding which conditions to impose in any particular case.

[7] Chiropractors Act (1994) Section 22(5) – Reference 2
[8] Chiropractors Act (1994) Section 22(6) – Reference 2

48. Before the committee decides on any conditions to be imposed, it will consider inviting any submissions from the GCC and the chiropractor about whether or not the proposed conditions will be workable. This is likely to be particularly important if the committee intends to impose conditions requiring workplace supervision. Seeking such submissions may mean the committee needs to adjourn for a brief period of time in order to allow the GCC and chiropractor an opportunity for consideration.

49. Committees must take care to ensure that the conditions imposed are not so restrictive as to be tantamount to a Suspension Order. In circumstances where a committee is unable to formulate workable conditions that sufficiently protect the public, it is likely to be appropriate instead to consider a Suspension Order.

50. A Conditions of Practice Order may be appropriate when most or all of the following are present:

a) there is no evidence of harmful deep-seated personality or attitudinal problems;
b) there are identifiable areas of a chiropractor's practice in need of review, retraining or assessment;
c) there is evidence of a willingness to undertake, and the potential to respond positively to, further training and assessment (where the allegation does not relate solely to ill-health);
d) the chiropractor has insight into any health problems seriously impairing their ability to practise and is prepared to agree to abide by conditions relating to medical condition, treatment and supervision;
e) patients will not be put at risk either directly or indirectly as a result of continued registration with conditions;
f) the conditions will protect patients during the period they are in force;
g) it is possible to formulate appropriate, practicable and assessable conditions to impose on registration.

51. If the committee concludes that it is not sufficient to conclude the case with a Conditions of Practice Order it will need to move on to consider imposing a Suspension Order (see Suspension).

Reviewing a Conditions of Practice Order

52. Given the nature and purpose of a Conditions of Practice Order, it is likely that any committee will wish for it to be reviewed prior to its expiry. This is because the committee will want an assessment of whether the chiropractor is fit to resume practice without restriction before the Order expires. In these circumstances, it is necessary for the committee to order a review hearing to be held, so that the committee can assess, as relevant, whether:

a) the chiropractor fully appreciates the gravity of the conduct;
b) the chiropractor has not repeated the conduct;
c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
d) the chiropractor's ability to practise is no longer seriously impaired by a mental or physical health condition;
e) patients will not be placed at risk by the chiropractor's resumption of unrestricted practice or practice with less stringent conditions.

53. When ordering a review, the conditions imposed by the committee imposing the Conditions of Practice Order will need to be clear as to what evidence a registrant is expected to provide to demonstrate compliance with the conditions. This will assist the committee dealing with the review to understand why the particular conditions were imposed.

54. If the committee does not consider that a review hearing is necessary, it should clearly explain its reasons in its determination.

55. Where a committee does not order a review hearing, if a change in circumstances leads the GCC or the chiropractor to consider that it is necessary for the sanction to be reviewed, they can request that the committee holds a review hearing at any point before the expiry of the order. The committee's original reasons for not directing a review may be relevant to any decision that is then taken.

56. Where a review hearing has been ordered, but circumstances arise which mean the GCC or chiropractor consider it is necessary to hold a hearing earlier than scheduled, they can request that an early review is held.

57. There are more details about review hearings and the options available to the committee when reviewing a sanction (see Review Hearings).

Suspension

58. A Suspension Order directs the Registrar to suspend the chiropractor's registration for a period of up to three years. This means the chiropractor cannot practise as a registered chiropractor whilst the Suspension Order is in place.

59. Suspension is likely to be appropriate for UPC, professional incompetence or a conviction that is serious, but not so serious as to justify removal from the register. Suspension can be used to send out a signal to the chiropractor, the profession and the public about what is regarded as a serious departure from the standards expected of a registered chiropractor.

60. A PCC may impose a suspension for up to three years. The committee must impose the minimum required for protection of the public, taking into account the three limbs of the overarching objective, in the circumstances of the particular case.

61. Suspension may be appropriate in a case where the chiropractor poses a risk of harm to patients, but where there is evidence that they have gained insight into the deficiencies and there is potential and willingness for them to remedy their shortcomings. This will include cases where a Conditions of Practice Order is not sufficient either to protect patients directly or to meet the other elements of the over-arching objective that relate to maintaining public confidence in the profession and upholding professional standards. In such cases, the committee may wish to impose a period of suspension and to make recommendations as to the evidence which the chiropractor may wish to bring to any future review hearing; for example, evidence of further training.

62. Suspension Orders may be appropriate when some or all of the following are present:

a) there has been a serious breach of the Code of Professional Practice and, while the UPC or conviction concerned is not fundamentally incompatible with continued registration, the breach is so serious that any sanction lower than a suspension would not be sufficient to meet the over-arching objective;
b) the case involves professional incompetence where there is a risk to patient safety if the chiropractor's registration is not suspended;
c) the chiropractor demonstrates potential and willingness to remediate their deficiencies and failings;
d) there is no evidence of harmful deep-seated personality or attitudinal problems;
e) there is no evidence of repetition of similar behaviour since the incident;
f) the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour.

63. Suspension from the register will have a punitive effect, in that during the period of the order it prevents a chiropractor from practising as a registered chiropractor. However if the committee determines that a suspension is the proportionate sanction to fulfil the statutory over-arching objective, including maintaining public confidence in the profession, then it must impose that sanction.

64. If the PCC concludes that it is not sufficient to conclude the case with a suspension, it will need to consider removal of the chiropractor's name from the register (see Removal from the Register).

Reviewing a Suspension Order

65. In some cases – for example those where there is well-developed insight, remorse, proper remediation, no risk to the public and no risk of repetition – it may be self-evident that, following a period of suspension there would be no necessity to carry out a review of the order.

66. However, in most cases where a period of suspension is imposed the committee will need to be reassured that the chiropractor is fit to resume practice – either unrestricted or with conditions – upon the expiry of the Order. In these circumstances, it is necessary for the committee to order a review hearing to be held so that the committee can assess, as relevant, whether:

a) the chiropractor fully appreciates the gravity of their conduct;
b) the chiropractor has not repeated the conduct;
c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
d) the chiropractor's ability to practise is no longer seriously impaired by a mental or physical health condition;
e) patients will not be placed at risk by the resumption of unrestricted practice or by the imposition of conditional registration.

67. The committee imposing the Suspension Order may wish to give an indication to the registrant of the kind of evidence that the committee conducting the review may be assisted by, for example when assessing insight and remediation.

68. If the committee does not consider that a review hearing is necessary, it should clearly explain its reasons in its determination.

69. Where a committee does not order a review hearing, if a change of circumstances leads the GCC or the chiropractor to consider that it is necessary for the sanction to be reviewed, they can request that the committee holds a review hearing at any point before the expiry of the order. The committee's reasons for not directing a review may be helpful in informing any decision.

70. Where a review hearing has been ordered, but circumstances arise which mean the GCC or chiropractor consider it is necessary to hold a hearing earlier than scheduled, they can request that an early review is held.

71. There are more details about review hearings and the options available to the committee when reviewing a sanction (see Review Hearings).

Interim Suspension Order

72. In cases when the PCC decides to impose a Suspension Order, the committee will consider whether it is necessary to impose an Interim Suspension Order to protect members of the public during the period until the Suspension Order comes into effect[9]. A Suspension Order does not take effect for 28 days and, if an appeal is lodged, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise, if an Interim Suspension Order has not also been imposed.

73. Further detail on Interim Suspension Orders is contained below (see Interim Suspension).

Removal from the register

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

a) a particularly serious departure from the principles set out in the Code of Professional Practice where the conduct is considered to be fundamentally incompatible with being a chiropractor;
b) a reckless disregard for the principles set out in the Code of Professional Practice and for patient safety;
c) doing serious harm to others (patients or otherwise), either deliberately or through incompetence; particularly where there is a continuing risk to patients (see Failing to Provide an Acceptable Level of Treatment or Care);
d) abuse of position of trust;
e) violation of a patient's rights or exploiting vulnerable people;
f) sexual misconduct, including involvement in child sexual exploitation (see Sexual misconduct);
g) offences involving serious violence that have resulted in a custodial sentence;
h) dishonesty, especially when it is denied, persistent or covered up (see Dishonesty);
i) acting without integrity;
j) abusing professional standing;
k) persistent lack of insight into the seriousness of their actions or the consequences;
l) discrimination, harassment or victimisation based on a protected characteristic.[10]

[9] Chiropractors Act (1994) Section 24(2) – Reference 2
[10] Section 4 of the Equality Act 2010 defines protected characteristics as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Interim Suspension Order

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

76. Further detail on Interim Suspension Orders is contained below (see Interim Suspension)

Factors and Evidence

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

Harm caused or risk of harm

78. One of the key considerations is the extent of risk caused to the public. That may be evidenced by the degree of risk caused by the chiropractor's conduct. However, the risk of harm caused by their conduct may be just as important as the degree of any actual harm caused. This is because acting in the same way again could result in actual harm.

79. Harm may take many forms, for example, it can be physical, psychological, emotional or financial.

80. In some cases, it may be relevant for a committee to consider the extent to which the chiropractor could, and should, have foreseen the degree of risk.

Repetition

81. Committees should consider the extent to which there is a risk of the conduct being repeated.

82. A risk of repetition is likely to increase the seriousness of the case as it will typically mean there is a greater risk of harm being caused.

83. Where the committee has found conduct representing a departure from the standards expected to have occurred on multiple occasions, rather than the conduct being an isolated incident, it may conclude there is an increased risk of future repetition.

Insight and remediation

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

Insight

85. Committees will consider evidence of insight and assess the degree of insight. This will involve considering what has happened since the conduct occurred and the chiropractor's response to the concerns.

86. Insight may be present when a chiropractor can demonstrate they understand why the conduct arose and the steps needed to prevent the same thing occurring again.

87. Evidence of insight may be provided by written reflections of the chiropractor or they may provide oral evidence. Providing oral evidence will allow the chiropractor to be asked questions and their degree of insight further tested by the committee.

88. In health cases, insight may be demonstrated by seeking appropriate support for a condition and voluntarily putting in place any necessary steps to protect patients.

89. Committee's will have regard to when insight developed. Where concerns are accepted at an early stage, or even where insight can be demonstrated prior to referral of the concerns to the GCC, a committee may place more weight than where insight arises after adverse findings have been made.

90. Insight may also be a matter of degree. A chiropractor may have more insight, but it may not be complete.

91. A committee may conclude that a chiropractor lacks insight or insight is not genuinely held where:

a) conduct has been repeated;
b) the seriousness or significance of the conduct has been minimised or others are blamed for the conduct;
c) failing to cooperate with the GCC's investigation into the concerns.

92. Committees will consider any expressions of remorse by the chiropractor. However, they will be mindful that an expression of remorse or an apology does not necessarily demonstrate insight.

93. Committees should be aware that different practitioners may express insight or remorse in different ways. Cross-cultural communication studies show that there are significant differences in the way that people from different cultures and language groups use language and non-verbal signals both to understand what is being said and to express themselves. This is particularly the case when individuals are using a second language. Committees should also have regard to any independent expert evidence presented by a practitioner that establishes that they have a particular health condition that impacts on the way in which they express remorse. Awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Remediation

94. Remediation will not generally be possible unless a chiropractor has insight; unless they understand how the concerns arose it will be difficult for them to address the cause of the concerns.

95. Committees will consider whether the conduct is capable of remediation and, if so, whether it has been remedied. If the conduct has been remedied the committee may conclude there is a lower risk of repetition.

96. In cases of professional incompetence, remediation may be demonstrated by successful completion of learning or training which relates to the concerns.

97. Evidence of remediation which is independent is likely to carry more weight than personal statements. Independent evidence may include:

a) certificates from training courses;
b) reports from another chiropractor;
c) medical reports.

Previous regulatory concerns

98. A committee may take account of previous regulatory concerns where it considers them to be relevant.

99. Previous regulatory concerns may take the form of:

a) adverse findings by a PCC or HC;
b) adverse findings by another regulator;
c) a conviction by a court in the UK or elsewhere;
d) receipt of a caution.

100. Previous regulatory concerns are likely to be considered relevant where the chiropractor has engaged in similar conduct to that being considered by the committee. Such concerns may indicate an increased risk of repetition, lack of insight or inability to learn from previous failings.

101. Where the conduct being considered by the committee has occurred when the chiropractor was subject to another sanction, for example being convicted of a criminal offence whilst subject to a Conditions of Practice Order following a finding of UPC, this is likely to be regarded as serious.

References and testimonials

102. Positive testimonial evidence concerning the chiropractor's lack of propensity to commit the acts alleged may have been presented at the fact-finding stage of the hearing. At the stage when the committee considers sanction, personal mitigation testimonials may also be presented, for example concerning the chiropractor's standing in the community or the profession. The committee should consider the weight to attach to these.

103. The committee should consider:

a) who the author of any reference or testimonial is and the nature of their relationship with the chiropractor (for example, if they are a current or former employer), the nature and extent of their experience of the chiropractor;
b) when the reference or testimonial was written;
c) how it was solicited;
d) whether the author was aware of the proceedings and the allegations;
e) whether the reference or testimonial appears to be authentic (for example, whether it is signed); and
f) whether the reference or testimonial is relevant to the specific findings made by the committee against the chiropractor.

104. A committee may wish to give more weight to a reference or testimonial if it confirms that the author is willing to attend the proceedings to answer questions. Little weight should be given to a testimonial where it not clear the author is aware of the GCC proceedings.

105. The quantity, quality and spread of references and testimonials will vary from case to case and this will not necessarily depend upon the standing of the chiropractor. Committees should keep in mind that there may be cultural or other reasons why a chiropractor does not want to seek testimonials. For example, sharing information about an investigation with family members of colleagues may impact on their private lives, for example in respect of their reputation with their family and community. A committee should not draw adverse conclusions if no references or testimonials are presented.

Mitigating and aggravating factors

Mitigating factors

106. When deciding on a sanction, the committee will need to consider any evidence presented by way of mitigation by the chiropractor, or which it identifies as being relevant mitigation.

107. The weight, if any, to be placed on any particular mitigation is a matter for the committee's judgement. It must have the over-arching objective in the forefront of its mind when considering the relevance of any mitigation and the weight, if any, to attach to it.

108. There are some cases where, regardless of the mitigation presented, a chiropractor's failings are so serious or persistent that a particular sanction is needed in order to uphold standards and maintain public confidence.

109. Committees will be mindful that, because they are not concerned with matters of punishment, considerations which would normally weigh in mitigation of punishment in a criminal court are likely to have less relevance in regulatory proceedings.

110. The following are examples of mitigating factors:

a) evidence of the extent of the chiropractor's understanding of and insight into the problem and their attempts to address and remediate it;
b) evidence of remediation;
c) evidence of the chiropractor's overall compliance with important principles of good practice (for example, keeping up to date and working within their area of practice) and overall competence;
d) personal mitigation, including:
    - periods of illness;
    - personal and financial hardship;
    - an absence of previous regulatory findings.
e) where relevant to the concerns, contextual factors such as:
    - the chiropractor's level of experience at the time;
    - any evidence of wider systemic issues in the workplace.

111. In some cases, the stage of the chiropractor's career may be a mitigating factor; for example, because the chiropractor was very inexperienced at the time of relevant events but has subsequently been able to reflect on how they might have done things differently, with the benefit of experience. In other cases, for example those involving predatory behaviour or serious dishonesty, the stage of the chiropractor's career is unlikely to be regarded as mitigation.

112. Committees will be mindful that the absence of what would otherwise be an aggravating factor is not to be treated as a mitigating factor.[11]

Aggravating factors

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

114. Aggravating factors may include:

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

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

Particular categories of case

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

Convictions

116. A 'conviction' means a finding of guilt of a criminal offence by a court anywhere in the world. Unless a PCC considers a conviction has no relevance to a chiropractor's practise, it will be a basis for a committee to impose a sanction. This is the case regardless of whether the criminal offence occurred in the context of chiropractor's professional or private life.

117. Cautions and penalty notices administered by the police or other enforcement authorities do not constitute convictions. However, they may amount to UPC.

118. If the PCC receives in evidence a signed certificate of the conviction, then it must accept the certificate as conclusive evidence of the offence having been committed, unless it also receives evidence to the effect that the chiropractor is not the person referred to in the conviction.[12]

119. In these cases the purpose and focus of the proceedings is to:

a) establish whether the conviction has material relevance to the fitness of the chiropractor to practise chiropractic;
b) consider the gravity of the offence; and
c) take due account of any mitigating and aggravating circumstances.

120. The PCC may decide to take no further action in respect of a conviction if it considers that the conviction has no material relevance to the fitness of the chiropractor to practise.[13] However, the committee may decide to impose a sanction even where the conviction occurred in the chiropractor's private life, rather than in the course of their professional practice, as such convictions may impact upon public confidence in the profession.

121. The committee cannot seek to 'go behind' the conviction or reach another conclusion about the matters that led to it being issued. In a hearing about a conviction, the GCC case presenter will be invited to put forward evidence about the circumstances leading up to the conviction and the character and previous history of the respondent chiropractor. The chiropractor will then have the opportunity to address the committee by way of mitigation and present any evidence.

[12] Rule 7(1) General Chiropractic Council (Professional Conduct Committee) Rules 2000.
[13] Chiropractors Act (1994) Section 22(3) – Reference 2

122. PCCs should bear in mind different considerations will be relevant to the criminal court when imposing a sentence for the offence. For example, there may have been specific personal mitigation which led the court to its decision on sentence which, in the regulatory context, carries less weight due to the need to maintain public confidence in the profession However, committees may take into account comments made in sentencing remarks where those comments are relevant to its decision on sanction.

123. When a chiropractor has been convicted of a serious criminal offence, it will generally not be consistent with the overarching objective for them to return to unrestricted practice until they have completed their criminal sentence. However, a PCC must always ensure the sanction it imposes is just, proportionate and only that which is necessary to fulfil the overarching objective, including the maintenance of public confidence.

Sexual Misconduct

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

a) criminal convictions for sexual offences (including child sexual exploitation);
b) sexual harassment;
c) pursuing an inappropriate sexual relationship.

125. The PCC should take account of the principles set out in the Code of Professional Practice.

Principle E:

You must establish and maintain clear professional boundaries

As a chiropractor you must

Standard E1:

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

126. Abuse of a professional position to pursue a sexual relationship is likely to be considered serious. It is the chiropractor's responsibility to prevent sexual boundaries being crossed, not the patient's.

127. Conduct which leads to a chiropractor being placed onto the Sex Offenders Register is also likely to be regarded as particularly serious and may be incompatible with any form of practice.

128. In cases of serious sexual misconduct it will be highly likely that the only proportionate sanction will be removal from the register. This is because such conduct is likely to gravely undermine trust and confidence in the profession. However, each case will be considered on its own facts. If a PCC decides to impose a sanction other than removal, it will need to fully explain that decision.

Dishonesty

129. Dishonesty, even when it does not result in direct harm to patients, is particularly serious because it can significantly undermine the trust the public places in the profession. This includes dishonesty that occurs entirely outside the chiropractor-patient relationship; for example giving false statements or making fraudulent claims for money.

130. The PCC should take account of the principles set out in the Code of Professional Practice.

Principle C:

You must act with honesty, and integrity, and maintain the highest standards of professional and personal conduct.

Standard C9:

be honest, fair, and transparent in your business. Your clinical judgement must not be prejudiced by any personal, financial or commercial interest. You must not ask for, accept, or offer, any inducement that may prejudice the care of a patient.

Standard C11:

fulfil the duty of candour by being open and honest with the patient. Inform them if something goes wrong with their care which causes, or could cause, harm or distress. You must offer an apology, a suitable remedy or support, and an explanation of resulting actions.

Standard A2:

show respect, compassion and care for the patient. You must find out what matters to them and consider their needs and preferences. You must respond honestly and openly to their questions and must not pressure the patient to accept your advice.

Standard D15:

ensure that in promoting or conducting research or using research in practice, you do so ethically and effectively.

131. Examples of dishonesty in professional practice could include:

a) defrauding a partner in the practice;
b) falsifying or improperly amending patient records;
c) submitting or providing false references, or inaccurate or misleading information on a CV;
d) failing to take reasonable steps to ensure that statements made in formal documents are accurate;
e) providing inaccurate information to the GCC or any other regulator (for example, not disclosing a criminal conviction when required to);
f) dishonesty in the context of conducting research, as it has the potential to have far reaching consequences (this could take the form of presenting misleading information in publications) which may undermine the trust and confidence which the public has in chiropractic as a science.

132. The most serious instances of dishonesty in professional practice are those which either directly harm patients or have the potential to put patients at risk of harm.

133. Dishonesty in the context of research is particularly serious as it has the potential to have far-reaching consequences. Research misconduct ranges from presenting misleading information in publications through to dishonesty in clinical trials. This behaviour undermines the trust that both the public and the profession have in chiropractic as a science, whether or not this leads to direct harm to individual patients.

134. Dishonesty in the context of a chiropractor's private life is still likely to have a significant impact on public confidence in the profession. An example could be a criminal conviction for fraud.

135. Factors which the PCC may wish to consider when assessing the dishonest conduct include:

a) the duration of any dishonesty;
b) whether the dishonesty was an isolated instance or forms part of a pattern of behaviour;
c) whether the dishonesty was admitted and, if so, whether that was at the first opportunity or whether the dishonesty was hidden for a time;
d) whether the dishonesty was for personal gain.

136. Dishonest conduct may be harder to remediate. Evidence of professional competence cannot mitigate serious or persistent dishonesty. Acting dishonestly is highly damaging to public confidence in the chiropractic profession. It is therefore likely to warrant a more serious sanction and a PCC will need to carefully consider whether a sanction other than removal is proportionate.

Failing to provide an acceptable level of treatment or care

137. The PCC should take account of the principles set out in the Code of Professional Practice.

> **Principle A:**
>
> You must put the interests of patients first

> **Principle D:**
>
> You must provide a good standard of clinical care and professional practice

Committees are likely to find particularly serious any case where the chiropractor shows a reckless disregard for patient safety or where there is a breach of the fundamental duty of chiropractors to protect the patient from harm.

138. A particularly important consideration in such cases is whether or not a chiropractor has, or has the potential, to develop insight into these failures. If this is not evident, it is likely that a Conditions of Practice Order or Suspension Order may not be sufficient.

Review hearings

139. As set out above (see Conditions of Practice Order and Suspension), when a committee decides that a period of registration with conditions or suspension is appropriate, it will normally order that a review hearing be held, because the committee will want to ensure that the chiropractor is fit to resume practice before the order lapses.

140. Where a review has been directed, it is important that no chiropractor should be allowed to resume unrestricted practice following a period of conditional registration or suspension unless the committee considers that they are safe to do so. The committee will need to be reassured that the chiropractor is fit to resume practice either unrestricted, or with conditions, or further conditions. The committee will also need to satisfy itself, as relevant, that:

a) the chiropractor has fully appreciated the gravity of the conduct;
b) the chiropractor has not repeated the conduct;
c) the chiropractor has maintained their skills and knowledge or reached a satisfactory level of competence;
d) the chiropractor's ability to practise is no longer seriously impaired by a mental or physical condition; and
e) patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.

141. The committee should consider whether the chiropractor has produced any evidence on these matters, and will carefully consider the quality of that evidence. In a health case, it is likely the committee will wish to see up to date medical evidence regarding how the chiropractor is managing their condition.

142. In cases where the chiropractor has been convicted of a criminal offence, the committee will consider whether any sentence has been served (having regard to paragraph 116 (Convictions) of this guidance) and whether at the time of the review they appear in the Sex Offenders' Register.

143. The options available to a committee at a review hearing vary depending on whether the case is before the PCC or HC and the order being reviewed (see Suspension Order by Health Committee for further detail on orders being reviewed by the HC).

144. At any time when a Conditions of Practice Order is in force, the PCC may (whether or not of its own motion):

a) extend, or further extend, the period for which the order has effect;
b) revoke or vary any of the conditions;
c) require the chiropractor to pass a test of competence specified by the Committee;
d) reduce the period for which the order has effect; or
e) revoke the order.[14]

145. Where the PCC extends or reduces the Conditions of Practice Order, or specifies a test of competence, the order will have effect as if:

a) the period specified in the Conditions of Practice Order was the extended or reduced period; and
b) a test of competence was specified in that Order.

146. Where the PCC has imposed a Suspension Order, at any time while that Order is in force, the PCC may (whether or not of its own motion):

a) extend, or further extend, the period of suspension; and
b) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.[15]

147. At review hearings, the committee will need to consider and make a finding as to whether the chiropractor has complied with any conditions imposed at the previous hearing and give reasons for its decision. The committee must do this before deciding whether or not to impose a further order.

148. If a review hearing cannot be finished before the end of the period of conditional registration or suspension, the committee may extend that period for a further short period. This is to allow for a review hearing to continue as soon as practicable, while keeping the conditions or suspension in force until the outcome. The committee should ask both parties to confirm when they will be ready to resume the hearing and take that into account when deciding on the period of extension.

[14] Chiropractors Act (1994) Section 22(7) – Reference 2
[15] Chiropractors Act (1994) Section 22(9) – Reference 2

149. Where a reviewing committee imposes a further sanction, it should consider whether or not to direct a further review hearing be held. In most cases a further review hearing will be necessary, because the committee will again want to check the chiropractor's compliance with the order before it expires. Where a committee decides not to direct a review hearing be held, it must give reasons explaining the basis of the decision not to direct that a review hearing be held.

Interim Suspension

150. The committee has the power to order the Registrar to suspend the registration of a chiropractor with immediate effect where it decides to suspend or remove the chiropractor from the register, if it is satisfied that this is necessary to protect members of the public. This prevents the chiropractor from practising during the 28 day period in which they can appeal the sanction and until any appeal has been decided. This is called an Interim Suspension Order ('ISO').

151. Chiropractors or their representatives sometimes argue that no ISO should be made, as the chiropractor needs time to make arrangements for the care of their patients before the substantive order for suspension or removal from the register takes effect. In considering such arguments, the committee will need to bear in mind its reasons for imposing a particular sanction, and that the purpose of ISOs is to protect the public and the wider public interest. The committee will also wish to take account of the fact that any chiropractor whose case is being considered by a committee will have been aware of the date of the hearing for some time so should have had sufficient time to plan for the possibility of a Suspension Order or Removal Order (and an ISO) being made.

152. If it is considered necessary to suspend or remove a chiropractor from the register, interim suspension should always be considered as a logical step to protect the public during the period in which the chiropractor may appeal the sanction. The decision about whether or not to impose an ISO is one that the committee will approach based on the individual facts of the case.

Health Committees

153. As explained in paragraph 13 (The nature of allegations), allegations concerning a chiropractor's physical or mental health will be referred to the Health Committee (HC) and allegations of any other kind will be referred to the PCC.

154. Where the HC is satisfied an allegation is well-founded, they must impose either a Conditions Order or a Suspension Order.[16]

155. The purpose of this section of the guidance is to:

a) Explain the decision-making process of the HC; and
b) Highlight some of the nuances around such orders where they are imposed and being considered on review by a HC, rather than a PCC.

156. HCs will still have regard to all sections of this guidance, so far as they are relevant; in particular: 'Approach to sanctions and reasons'.

Approach of the Health Committee

157. In the case of an allegation concerning impairment of an ability to practise due to a physical or mental condition, the HC should approach its decision-making in this order:

a) whether the GCC has proved, on the balance of probabilities, that the chiropractor suffers from the physical or mental condition as alleged. If the HC finds that is not proved, the allegation is not well-founded;
b) whether, if the GCC has proved that the chiropractor suffers from the physical or mental condition as alleged, the chiropractor's ability to practise as a chiropractor is seriously impaired as a result of the proven physical or mental condition. If the HC finds that it is not, the allegation is not well-founded;
c) if threshold for impairment based on a physical or mental condition is met, which of the sanctions is the minimum necessary to protect the public.

158. The HC will approach its decision by making determinations on each of these three stages.

159. Where a committee finds that an allegation is not well-founded, no action is taken and the chiropractor is informed of this outcome. The committee must give full reasons for the decision in its written determination.

Conditions of Practice Order

160. Where the HC imposes a Conditions of Practice Order, it has effect for the term specified in the Order[17], and may be imposed for up to three years in the first instance. There is no provision in the Act for the HC to specify a test of competence.

[16] Chiropractors Act (1994) Section 23(2) – Reference 2
[17] Chiropractors Act (1994) Section 23(3) – Reference 2

161. If the HC has found a chiropractor's ability to practise to be impaired due to their physical or mental condition, the Conditions of Practice Order should include conditions that relate to medical supervision of the chiropractor, as well as some relating to practice if considered necessary to fulfil the over-arching objective.

162. Generally, it is not appropriate to impose conditions that include a requirement for medical supervision unless the chiropractor's ability to practise has been found impaired because of their physical or mental health. An exception may be a case where a chiropractor has refused to undergo a health assessment or has a conviction relating to drug or alcohol abuse.

163. In considering whether a Conditions of Practice Order is the proportionate sanction, HCs will consider paragraphs 41 to 51 (Conditions of Practice Order) of the guidance, as relevant, in assessing:

a) Whether conditions are appropriate;
b) How to formulate conditions (including using the Conditions Bank); and
c) Considering whether to order a Review.

Suspension order by Health Committee

164. A HC may impose a Suspension Order for up to three years.

165. Suspension Orders may be appropriate when the chiropractor's health is such that the committee is not satisfied that the chiropractor can practise safely even if conditions were to be imposed. In such cases, the HC is likely to wish to direct a review hearing in order to ensure that up to date information about the chiropractor's health is available to the reviewing committee to enable it decide whether the chiropractor is then fit to resume practice, either under conditions or unrestricted.

166. When considering whether a Suspension Order is the proportionate sanction, HCs will consider paragraphs 58-64 of the guidance (Suspension).

Interim Suspension

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

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

Review hearings by the HC

169. Where the HC has imposed a Conditions of Practice Order, at any time the Order is in force, it may (whether or not of its own motion):

> a) extend, or further extend, the period for which the Order has effect; or
> b) make a Suspension Order.[18]

170. On the application of the chiropractor with respect to whom a Conditions of Practice Order is in force the HC may:

> a) revoke the Order;
> b) vary the Order by reducing the period for which it has effect; or
> c) vary the Order by removing or altering any of the conditions.[19]

171. Where a chiropractor makes an application to the HC, and the application is refused, the HC will not entertain a further such application unless it is made after the end of the period of twelve months beginning with the date on which the previous application was reviewed by the committee.

172. Where the HC has imposed a Suspension Order, at any time while that Order is in force, the HC may (whether or not of its own motion):

> a) extend, or further extend, the period of suspension;
> b) replace the order with a Conditions of Practice Order having effect for the remainder of the period of suspension; or
> c) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.[20]

173. On the application of the chiropractor with respect to whom the Suspension Order is in force, the HC may:

> a) revoke the Order;
> b) vary the Order by reducing the period for which it has effect.

174. Where a chiropractor makes an application which is refused, the HC shall not entertain a further such application unless it is made after the end of the period of twelve months beginning with the date on which the previous application was received by the HC.

175. On a review hearing, the HC will also consider paragraphs 139-149 (Review hearings) of this guidance as relevant.

[18] Chiropractors Act (1994) Section 23(4) – Reference 2
[19] Chiropractors Act (1994) Section 23(6) – Reference 2
[20] Chiropractors Act (1994) Section 23(5) – Reference 2

References

1. **Code of Professional Practice** - General Chiropractic Council (GCC) (2026). *(Accessed June 2026).* https://www.gcc-uk.org/COPP

2. **Chiropractors Act 1994** *(Accessed June 2026)* https://www.legislation.gov.uk/ukpga/1994/17/contents

3. **Publication and Disclosure Policy** – General Chiropractic Council (GCC) (2020). *(Accessed June 2026).* https://www.gcc-uk.org/assets/publications/Publication_and_Disclosure_Policy.pdf

Please share your insights and views on this guidance by taking part in the consultation between 29 June and 16 August 2026

https://www.smartsurvey.co.uk/s/3BDHDZ/

We are keen to understand your insights and views on our proposed guidance for decision makers on Sanctions.

Please visit the website, or scan the QR Code to share your views.

OGL

© General Chiropractic Council

Any enquiries regarding this publication should be sent to:

General Chiropractic Council

General Chiropractic Council
Park House,
186 Kennington Park Road,
London, SE11 4BT

T: +44 (0)20 7713 5155
E: enquiries@gcc-uk.org
W: www.gcc-uk.org

This document is also available in Welsh.