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Professional Standards & International
Workforce

Department of Health and Social Care

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Consultation on reforming the General Medical Council legislative framework

I am writing, as the statutory Registrar for chiropractors, in response to the consultation on reforming the General Medical Council legislative framework.

As you know, the General Chiropractic Council (GCC) is the statutory regulator for chiropractors, established under the [Chiropractors Act \(1994\)](#). We protect the public by setting standards for practice and education, and by acting where those standards are not met. My role is to safeguard patients and the public, rather than to represent the profession.

Our interest in the consultation is twofold: how the proposed legislation will support public protection in medicine, and how it may act as a template for wider reform across healthcare regulation.

I have ensured that we have responded through the appropriate consultation form, but we also wished to share some observations on the Order as a template for reform.

The draft Order represents a clear and welcome improvement in the regulatory framework for medical professionals. However, if it is to be used as a template across the sector, further refinement would strengthen its consistency and reduce unnecessary administrative consequences of regulation across professions.

Criminal offences and protection of title

We welcome the introduction of an offence relating to falsely representing an approved qualification. This is an important step in preventing fraudulent registration and protecting the public.

However, the current drafting does not go far enough. It does not address situations where individuals promote non-approved qualifications - such as overseas awards - to prospective patients in ways that imply registration or regulatory oversight.

We are also aware of UK-based courses that purport to lead to regulated practice through registration but do not. We believe it is appropriate to target the individuals responsible for running courses that mislead prospective students, as well as those who misrepresent their qualification. We would welcome an offence of offering or advertising a qualification as approved, or as leading to registration, where this is not the case.

We recognise the complexities around protecting certain titles (e.g. “Doctor”), but also note the Government’s stated intention to protect “[Nurse](#)”. More broadly, the focus on misrepresentation of register entry does not, in our view, provide sufficient protection for patients. We encourage a consistent approach to protecting professional titles across all healthcare regulators, reflecting the same underlying objective of protecting the public. We believe that this would offer greater clarity and stronger safeguards.

As drafted, the requirement to prove “intent to deceive” sets a high evidential threshold and may limit enforcement. We suggest that the legislation should instead focus more directly on preventing harm - particularly where individuals are offering diagnosis or treatment without appropriate registration or oversight.

System oversight in private healthcare

The draft Order assumes a broader system of oversight - particularly in relation to premises and commercial practice - that does not apply consistently across all healthcare professions.

In medicine, these assumptions are more likely to hold, given the role of the Care Quality Commission and wider oversight of private healthcare markets (via the CMA, and Private Healthcare Information Network say).

However, for professions such as physiotherapy, chiropractic and osteopathy, private practice often operates without equivalent scrutiny of premises. As scope of practice develops, this raises concerns about patient safety and standards of care.

We therefore consider that, if the GMC framework is to be used as a template, it should reflect a more systemic model of regulation - one that recognises not only individual professional conduct, but also the settings and commercial contexts in which care is delivered.

A more integrated approach, encompassing professional, premises and business regulation, would better protect the public, particularly in private healthcare markets.

Fitness to practise

We strongly support the increased flexibility in the proposed model, including earlier decision-making and the ability to resolve concerns without unnecessary escalation.

We also welcome the shift to an “impairment” model and encourage its adoption across healthcare regulators.

We support the duty to remove registrants convicted of the most serious offences. Consideration should be given to including offences under the Female Genital Mutilation Act 2003 within this category.

Overall, the draft Order represents a significant step towards a more modern, flexible and consistent framework for healthcare regulation. With further refinement, it has the potential to provide a strong and coherent template for reform across all regulators, enabling a more effective and consistent approach to protecting the public.

Finally, we are concerned by the proposed sequencing of legislative reform, which prioritises a small number of regulators and defers others to a future Parliament. For the GCC, this places reform at an unacceptably distant point, requiring us to continue managing the risks and limitations of an outdated legislative framework for several more years. We do not consider this to be a proportionate or sustainable position for public protection.

Given the clear intention to use this legislation as a template, we urge the Government to adopt a more ambitious and innovative approach - streamlining consultation and development across regulators rather than proceeding sequentially. A coordinated programme of reform would better support consistency, reduce duplication, and accelerate the benefits to patients and the public. We therefore strongly encourage the Government to revisit its approach and bring forward reform for all regulators on a more timely and coherent basis.

Yours sincerely



Nick Jones

GCC Registrar and Chief Executive Officer