



Consultation Report

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

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

Published October 2025.

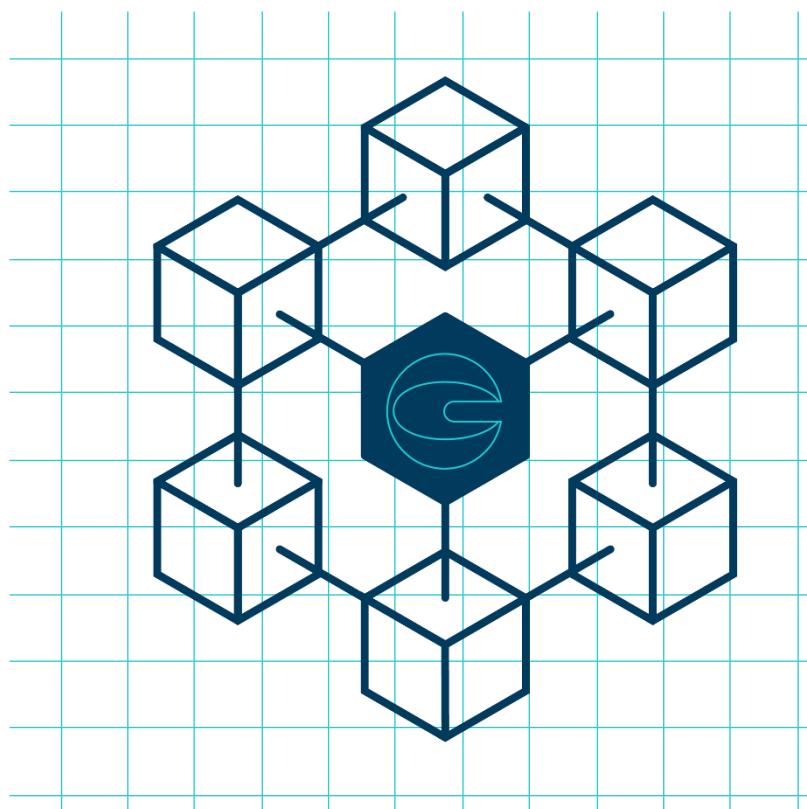


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Abstract

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

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

Background

Development of the strategy

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

Consultation

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

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

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

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

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

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

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

Substantive changes made to the final strategy

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

Links in comment point to the relevant thematic discussion.

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

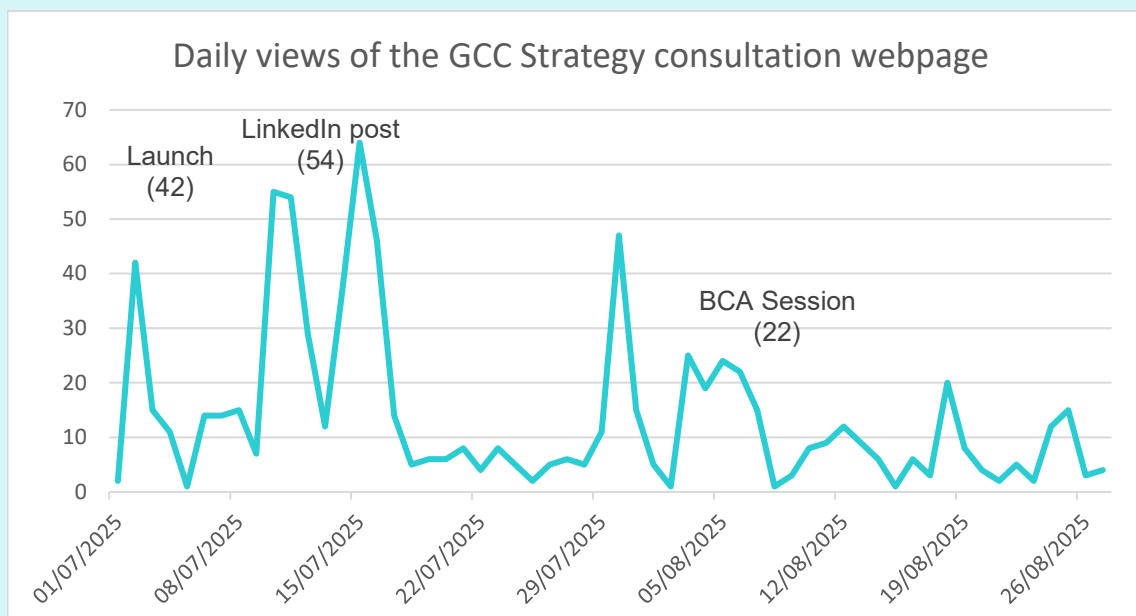
Change made	Comment
Our Aims: Strategic Aim 2 (page 5) - We will deliver our core regulatory and registration activities to a high standard	
Introduction	<p>Following consultation feedback, we have reworded the paragraph setting the scene for the non-practising fee to briefly explain why we believe the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

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

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

Consultation reach at a glance

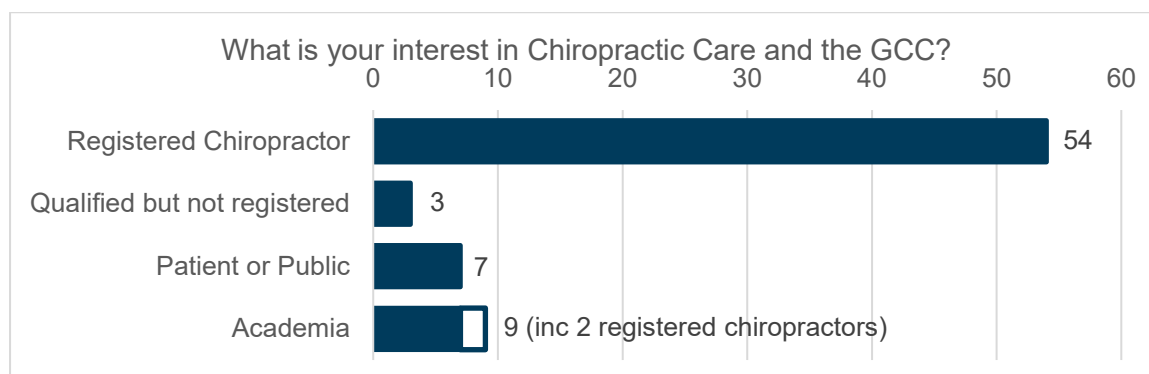
- 835 views of the consultation page on the website (across 506 active users).



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

Consultation responses

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



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

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

We received written consultation responses from:

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

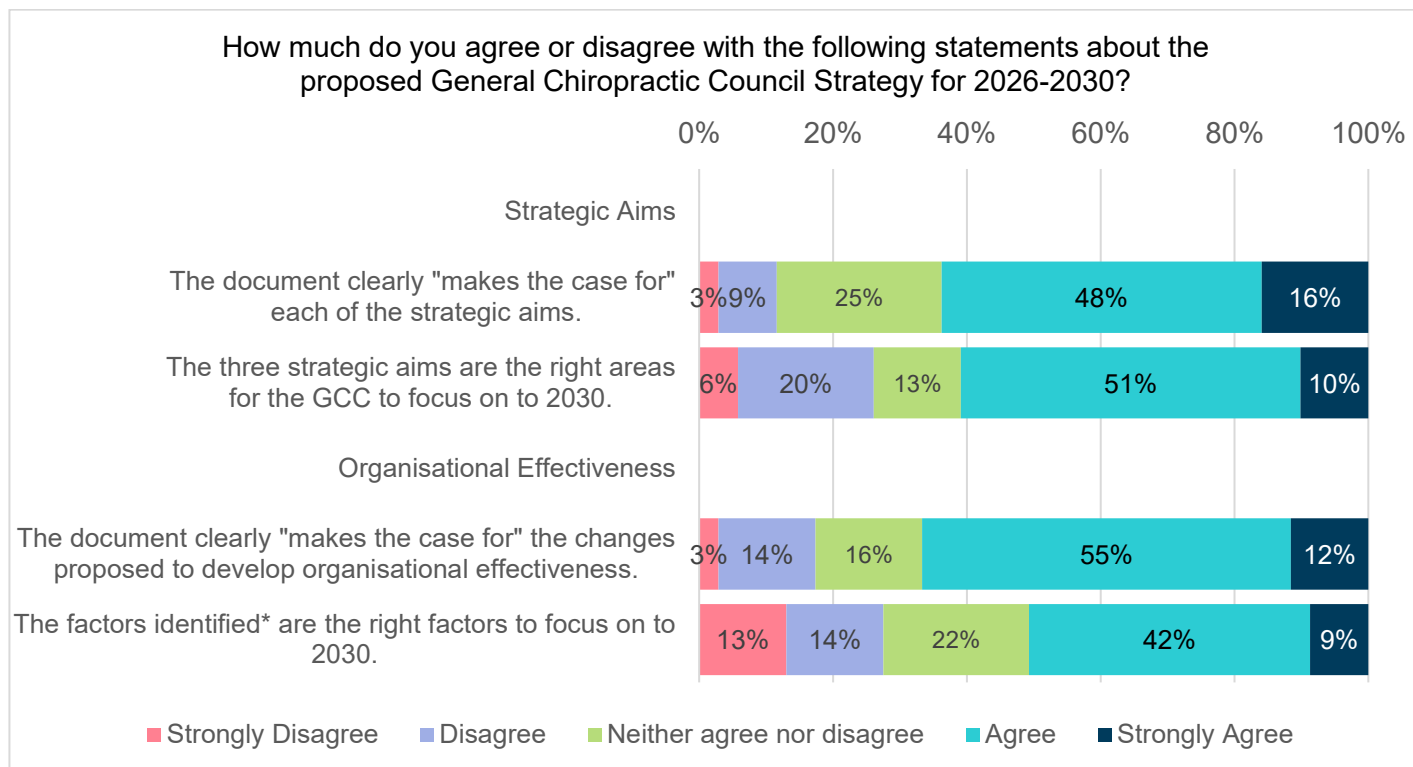
We also spoke with the following GCC partners and considered their comments as part of the qualitative analysis.

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

Quantitative analysis of responses

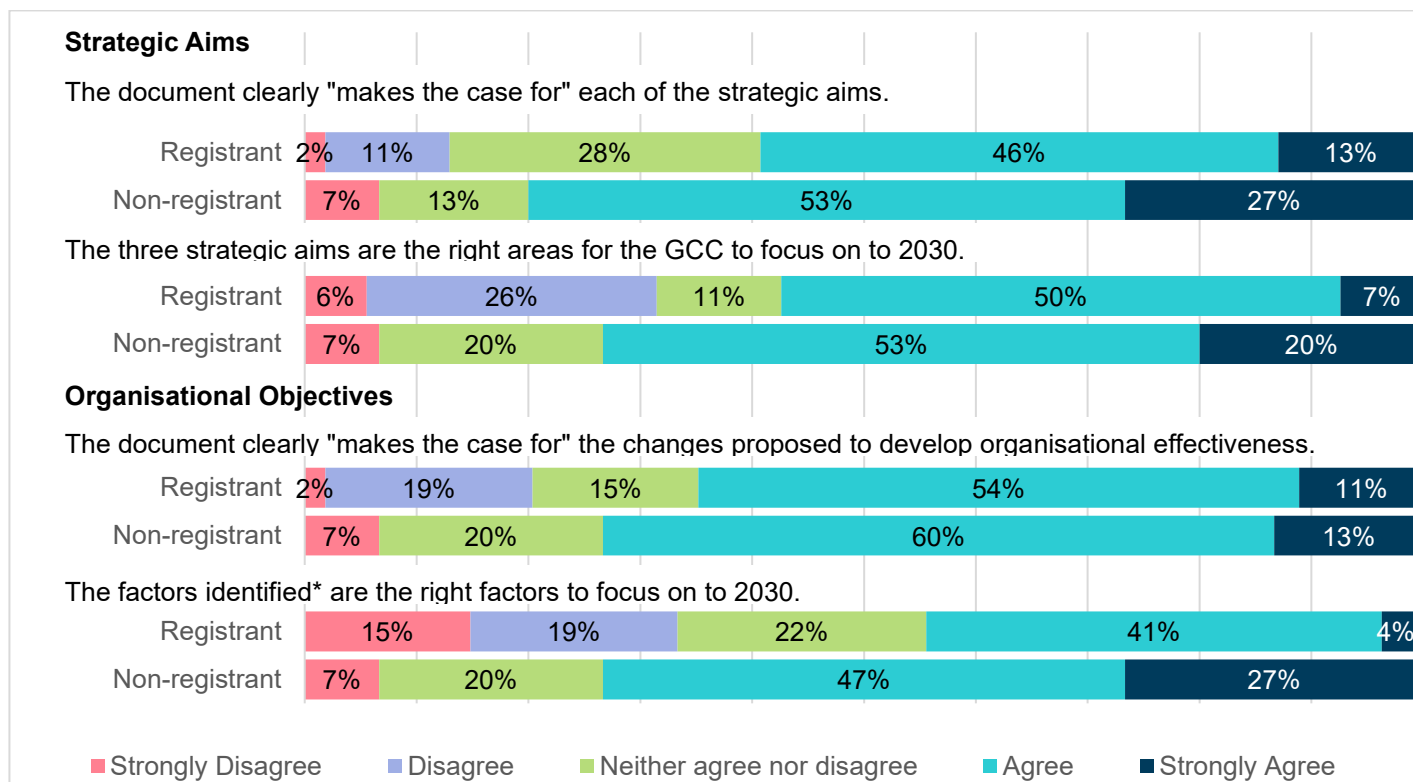
Individuals

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



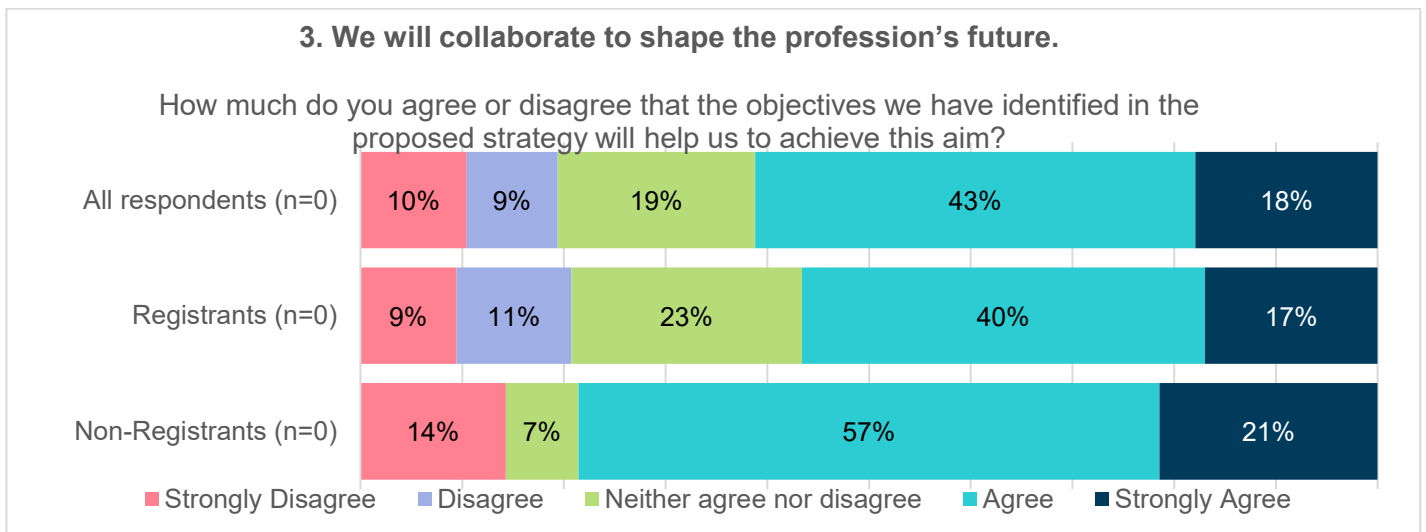
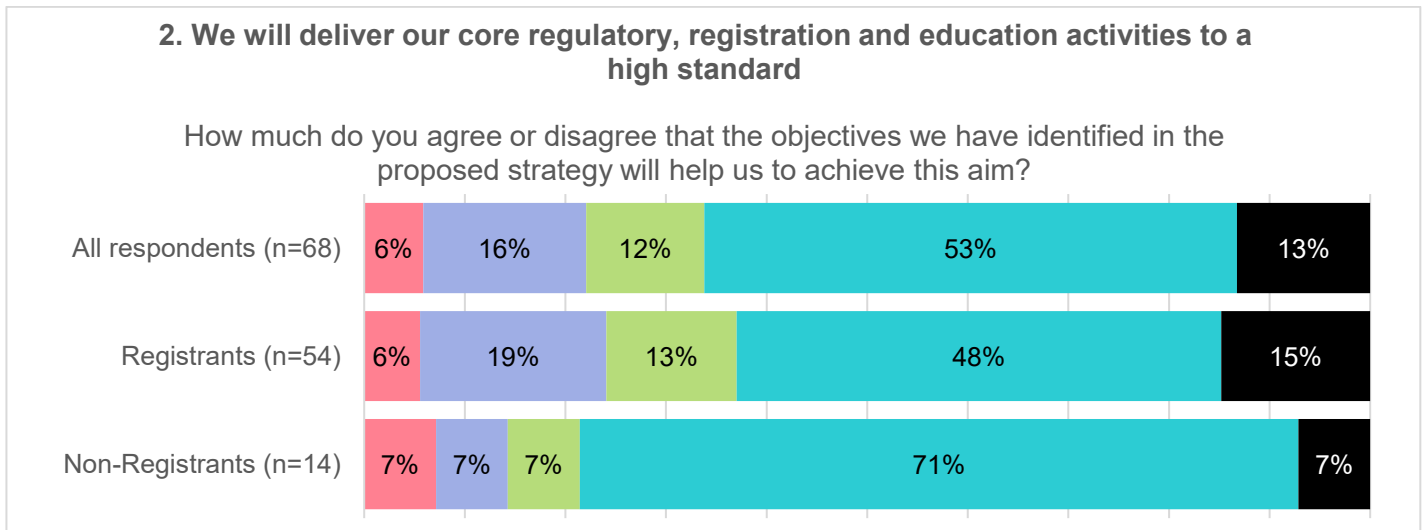
*(Sustainability, People, Commitment to EDI and Measurement)

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



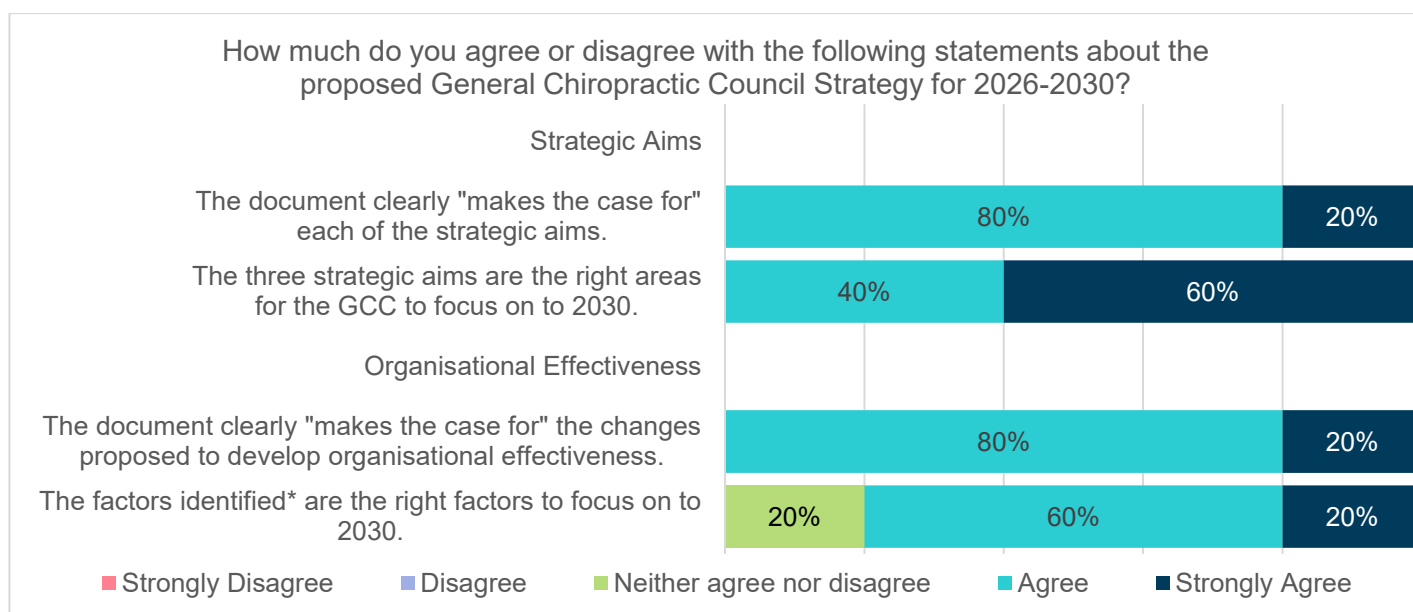
Consultation Report – GCC Strategy 2026-2030

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



Organisations

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



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

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



Qualitative analysis of responses

General Feedback

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

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

Quote from the Royal College of Chiropractors

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

Quote from a regulator

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

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

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

Quote from a professional association

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

Quote from a registrant (11 - 15 years)

Some felt the strategy lacked detail or tangible examples.

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

Quote from a registrant (2-5 years)

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

Quote from a registrant (11 - 15 years)

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

Themes emerging from strategic aim 1:

We will uphold professional standards throughout the career of every chiropractor

Redefining Continuous Professional Development (CPD)

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

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

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

Quote from the Royal College of Chiropractors

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

Quote from an education provider

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

Quote from a professional association

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

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

Quote from a professional association

Quality Assurance of Chiropractic Education Programmes

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

Quote from a registrant (11 - 15 years)

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

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

Quote from registrant (20 years)

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

Quote from an education provider

The relevant objectives and aims have been reworded for clarity.

Themes emerging from strategic aim 2:

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

Early resolution within Fitness to Practice

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

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

Quote from a professional association

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

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

Quote from a registrant (over 20 years)

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

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

Quote from a professional association

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

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

Quote from a patient

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

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

Quote from a professional association

While some sounded a note of caution:

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

Quote from a patient

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

Non-practising registrants

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

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

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

Quote from a registrant (6 – 10 years)

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

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

Non-practising fee - Maternity

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

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

Quote from registrant (6-10 years)

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

Quote from professional association

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

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

Non-practising fee - International registrants

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

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

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

Quote from a Professional Association

Protection of title of chiropractor – section 32

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

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

Quote from professional association

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

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

Quote from a registrant (11 - 15 years)

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

Quote from registrant (2 - 5 years)

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

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

Quote from a Professional Association

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

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

Quote from a professional association

Protection of title - Animal chiropractors

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

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

Quote from a professional association

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

International accreditation of education programmes

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

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

Quote from an education provider

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

Quote from the Royal College of Chiropractors

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

Themes emerging from strategic aim 3:

We will collaborate to shape the profession's future

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

Collaboration and seeking consensus from the profession

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

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

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

Quote from a registrant (over 20 years)

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

Quote from a registrant (16 - 20 years)

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

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

Quote from a registrant (over 20 years)

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

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

Quote from a registrant (2 - 5 years)

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

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

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

Quote from a patient

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

Right touch regulation

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

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

Quote from a professional association

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

Quote from a patient

Developing the profession

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

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

Quote from registrant (11 – 15 years)

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

Quote from the Royal College of Chiropractors

Supporting chiropractic research

Respondents were split on the proposal to support chiropractic research.

Views for

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

Quote from registrant (16 – 20 years)

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

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

Quote from an education provider

Views against

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

Quote from a registrant (over 20 years)

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

Quote from professional association

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

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

Quote from professional association

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

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

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

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

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

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

Quote from the Royal College of Chiropractors

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

Quote from registrant (11 - 15 years)

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

Quote from registrant (over 20 years)

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

Quote from professional association

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

Quote from professional association

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

Themes emerging from organisational effectiveness:

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

Financial Sustainability and Fees

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

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

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

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

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

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

Quote from a patient

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

Quote from patient

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

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

Quote from an academic

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

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

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

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

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

Quote from a professional association

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

Equality, Diversity and Inclusion

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

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

Quote from the Royal College of Chiropractors

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

Quote from a student

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

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

Quote from recent graduate (not yet registered)

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

Quote from a Professional Association

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

Quote from a patient

Digital readiness

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

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

Quote from the Royal College of Chiropractors

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

Quote from registrant (11 – 15 years)

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

Measurement and reporting

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

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

Quote from a registrant (16 - 20 years)

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

Quote from a registrant (11 - 15 years)

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

Quote from a registrant (11 - 15 years)

Feedback on the consultation process

This section highlights opportunities to learn from the consultation process.

Some commented on the timing

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

Quote from a professional association

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

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

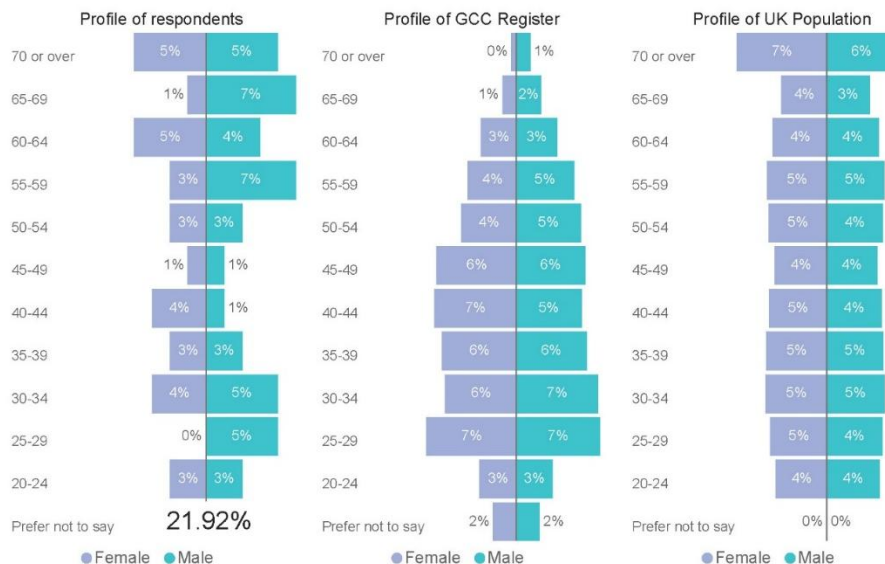
Quote from a registrant (16 - 20 years)

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

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

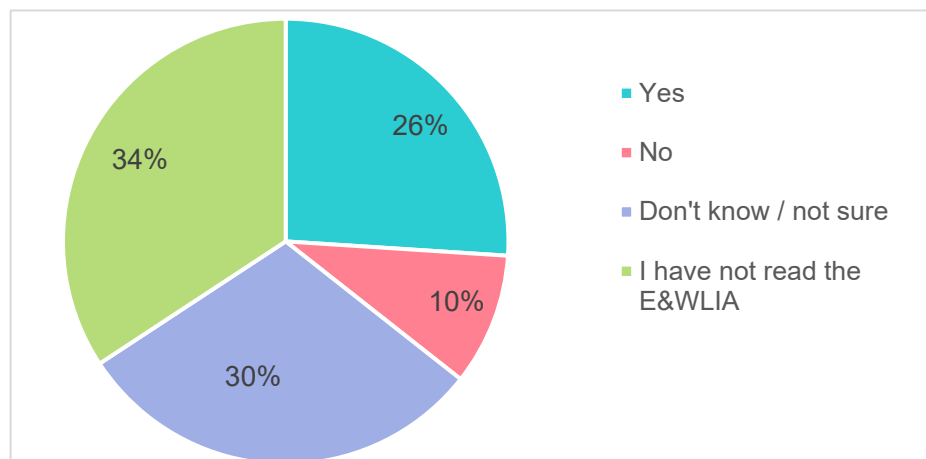
Diversity of respondents

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



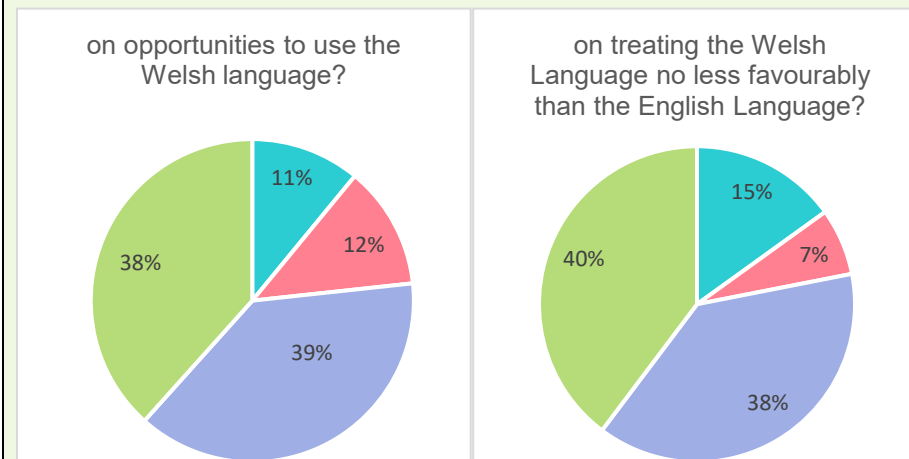
Equality and Welsh language Impact Assessment

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

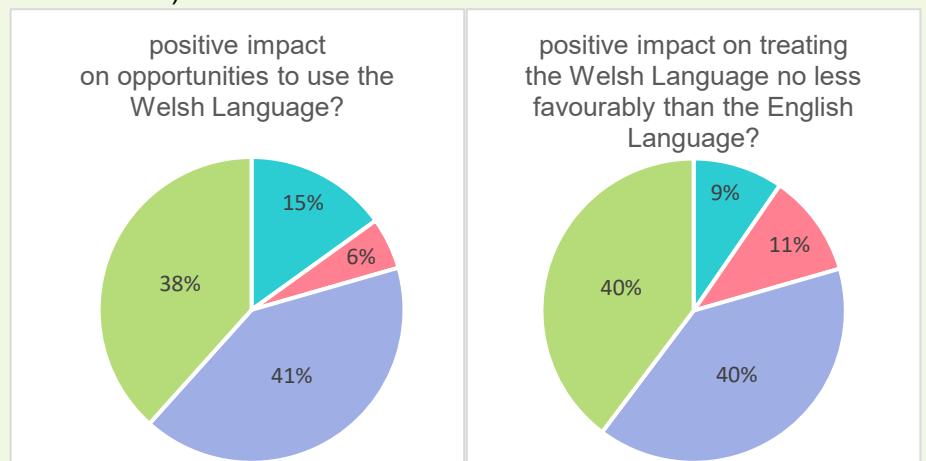


Welsh Language:

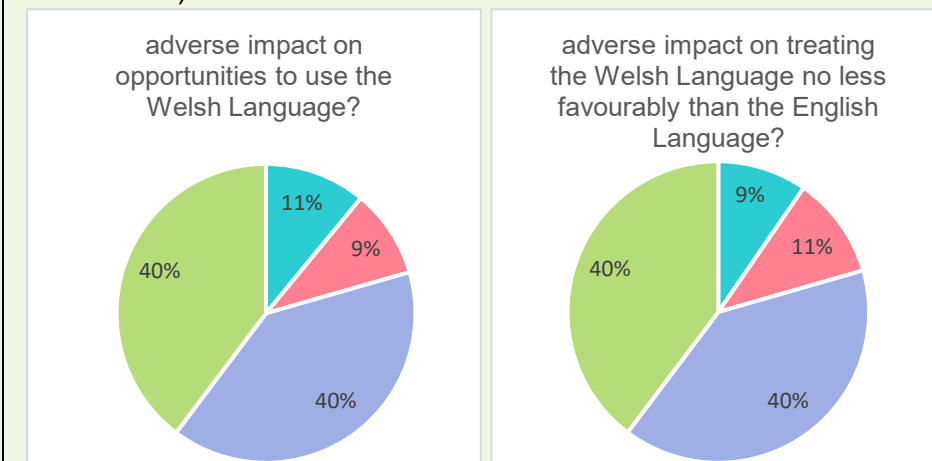
Do you think that the Equality and Welsh Language Impact Assessment accurately describes all the impacts that the proposed GCC strategy could have...



Could the strategy be revised (beyond the changes already described in the E&WLIA) to have a...



Could the strategy be revised (beyond the changes already described in the E&WLIA) to not have an



Appendix 1 - Consultation Survey Questions

The following questions were asked of respondents:

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

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

2. Which country do you live in?

Areas where we regulate chiropractors

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

Other

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

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

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

- Practising
- Non-practising

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

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

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

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

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

The Strategic Aims

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

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

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

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

Organisational Effectiveness

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

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

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

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

Strategic aim number 1:

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

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

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

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

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Strategic aim number 2:

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

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

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

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

Strategic aim number 3:

We will collaborate to shape the profession's future.

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

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

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

Our commitment to Equality, Diversity and Inclusion

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

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

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

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The Welsh Language Standards

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Yes
 - No - go to page 16.
-

27. Age:

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

28. Are you:

- Male
- Female
- Prefer not to say

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

- Yes
- No
- Prefer not to say

30. How do you describe your sexual orientation?

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

31. How do you describe your religion or belief?

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

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

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

- Yes
- No
- Prefer not to say

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33. How do you describe your ethnic origin?

Arab or Arab British

- Arab
- Other Arab

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian

Black or Black British

- African
- Caribbean
- Other Black

Mixed ethnic origin

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

White or White British

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

Other

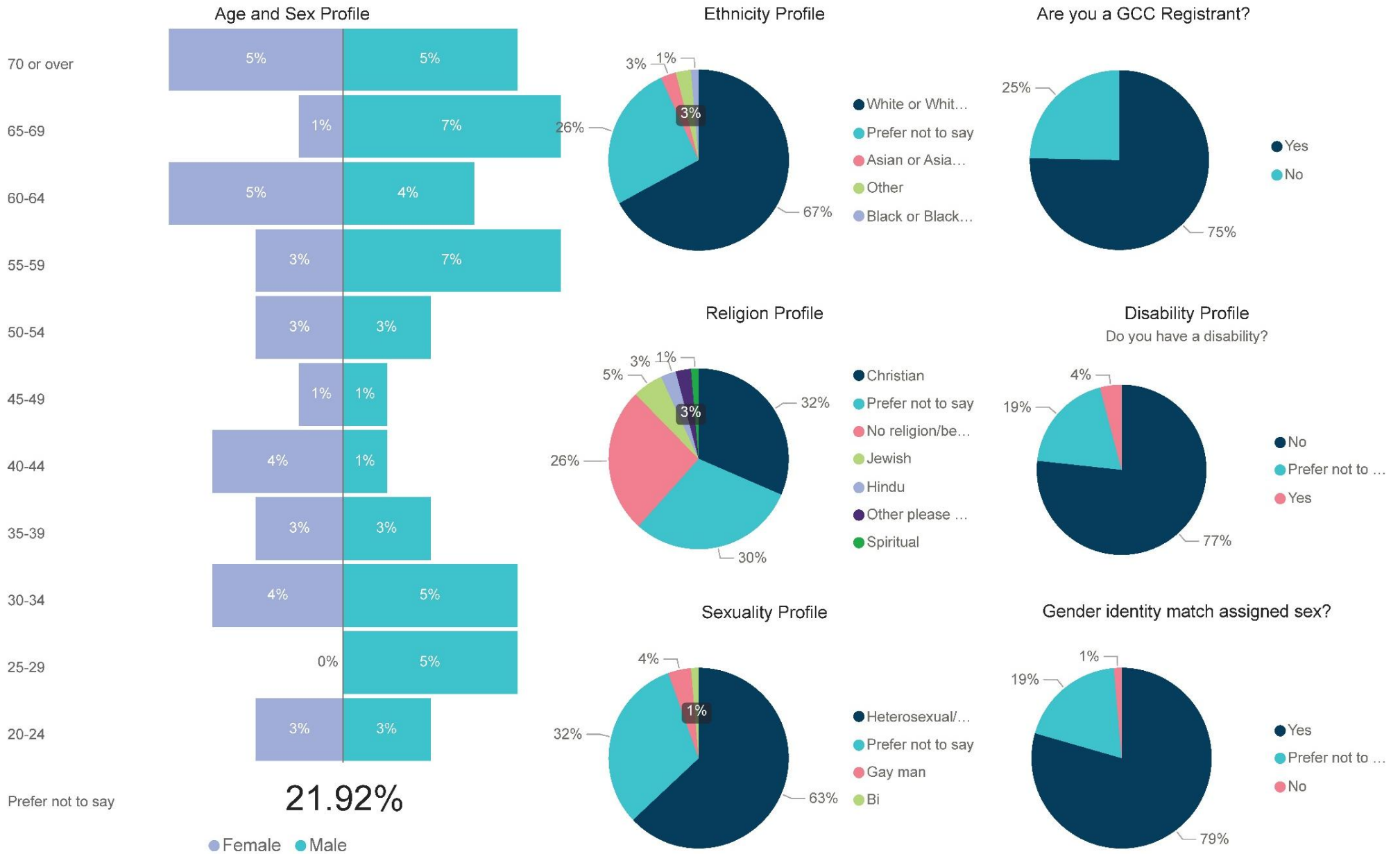
- Prefer not to say
- Other ethnic group (please specify)

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

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Appendix 2 - Diversity profile of respondents

N=73



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