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Abstract

This report summarises the development of the General Chiropractic Council (GCC) Guidance for Registrants on Professional Boundaries, and the findings of the consultation into the guidance held from 01 October 2025 to 31 October 2025.

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

Background

The need for guidance on professional boundaries

Concerns about breaches of professional boundaries represent a significant proportion of fitness to practise complaints (to the GCC and to all healthcare regulators).

The Professional Standards Authority (PSA) has repeatedly expressed concerns and shared research on the crossing of sexual boundaries (using evidence from FTP cases across all healthcare regulators) – highlighting the traumatic experience for complainants of repeating the details of intimate and personal events, as well as the potential of crossing boundaries with colleagues.

During the scoping of the Code of Professional Practice the GCC identified that the expectations and understanding of professional boundaries had moved forward significantly since the previous Code, and the previous published guidance. The previous guidance on “Maintaining Sexual Boundaries” was last developed in 2015-2016.

During the development of the Code of Professional Practice in 2024, the GCC was keen to specifically understand the patient perspective and their expectations of professional boundaries. We conducted research with 36 patients, representing a range of demographics and chiropractic experience. Participants considered a series of scenarios concerning professional boundaries and discussed emerging themes in focus groups. The GCC subsequently published a [report](#) with the findings.

The General Chiropractic Council approved the revised Code of Professional Practice at its meeting in December 2024. During 2025 the GCC is working towards the implementation of this Code, effective from 1 January 2026. This includes the updating of all current guidance and toolkits.

While the Code of Professional Practice (2026) is undoubtedly more robust in the setting of standards regarding boundaries, it is an area that requires supplementary guidance to support registrants in meeting the Principles and Standards in the Code. In the event that a chiropractor’s Fitness to Practise is questioned, both the Code of Professional Practice and the relevant supplementary guidance will be considered to assess any breach of professional standards.

Development of the guidance

Our preparatory work, including the research with patients, identified that the previous guidance was narrowly focused on sexual boundaries and did not consider emotional or financial boundaries, or the importance of maintaining respectful personal and professional boundaries with patients and colleagues.

The scope of the new guidance was widened to cover unacceptable behaviours and the impacts these can have, both on individuals and patient safety, along with expectations to report when a chiropractor became aware of a breach of boundaries by a colleague or patient.

Our stakeholders told us that a fuller breadth around improper influencing and relationships was needed, to better protect patients and the public. They identified that the focus should be on power imbalances and boundaries. Analysis of Fitness to Practise data also supported this.

The amendments signal that improper relationships are not confined to the crossing of sexual boundaries but also encompass financial and emotional relationships. The new knowledge-based requirement to recognise power imbalances and their impact signals that this is an important part of the standard of proficiency of a chiropractor which underpins the management of professional relationships.

The amendments provide greater clarity for chiropractors around the expectations of them. The Code of Professional Practice and new guidance are in line with developments in thinking around boundaries and relationships across healthcare and healthcare regulation.

In June 2025, Council agreed that we would carry out a “pre-consultation” exercise with the professional associations and RCC to garner early feedback on the draft guidance.

Pre-consultation

During August and September 2025, the first draft of the guidance was circulated to the four professional associations and the Royal College of Chiropractors for early comment. We are very grateful to the organisations that contributed at this stage.

The comments received welcomed the understanding within the guidance that boundaries could be crossed by both a chiropractor and a patient, and that boundary crossing applied to all professional relationships (including colleagues and students as well as clinical care).

The comments suggested some areas where this thinking was not fully reflected in the guidance, and also asked for guidance on crossing the boundary of respect and dignity. This section was added and then further developed with the assistance of the GCC EDI working group.

The comments also suggested that the guidance acknowledge and highlight the risks associated with caring for family and friends, without seeking to dissuade chiropractors from providing that care. This section was also added.

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Consultation

At their October 2025 meeting, Council agreed that the draft guidance should be released for consultation with the public, registrants and other key stakeholders.

The purpose of the consultation was to seek the views of stakeholders and explore the feasibility and practical implications of the guidance in clinical practice.

The primary consultation tool was an online survey ([appendix 1](#)).

The consultation was designed to build on the feedback previously received during the development of the guidance.

As well as messaging chiropractors directly through the usual channels (newsletters, email signatures and social media) we also wrote to the four professional associations, and the Royal College of Chiropractors, to help them engage their members with the consultation and assist them with developing their organisational response to the consultation.

During the consultation period, we met with the Professional Standards Authority, who suggested we consider best practice from the Health and Care Professions Council (HCPC) on grooming and the general Pharmaceutical Council (GPhC) on cultural beliefs. We also considered the General Optical Council's [consultation on draft guidance on maintaining appropriate sexual boundaries](#) and the [response from the Professional Standards Authority to the GOC consultation](#) as many of the themes apply to both draft sets of guidance.

We have carefully reflected on all the comments, themes, issues and feedback received when preparing this report, and the final guidance, for presentation to Council in December 2025.

Substantive changes made to the final guidance

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

Links in comment point to the relevant thematic discussion. Paragraph numbers refer to the numbering of the final guidance.

Change made	Comment
Grooming	
New section added (paragraphs 9 to 11)	<p>While the themes within the proposed guidance covered aspects of grooming, there was insufficient explanation of grooming as a specific pattern of behaviour.</p> <p>This has been added following a suggestion from the PSA, and their response to the GOC consultation, which highlighted the best practice within the HCPC guidance.</p>
Sexual boundaries and sexual misconduct	
Use of the words “inappropriate” and “unacceptable” (paragraphs 25, 27, 28, 29, 85).	<p>The PSA response to the GOC consultation advised caution when using the term “inappropriate” and “unacceptable” in relation to sexual behaviour within the workplace, as it implied that there were cases where sexual behaviour could be considered “appropriate” or “acceptable”.</p> <p>These terms have been reviewed and removed as required.</p>
Intimate examinations/treatment	
Paragraph 33 updated to include “record”	<p>Edited to include “and record” in line with the expectations of Standard E3 of the Code of Professional Practice.</p>

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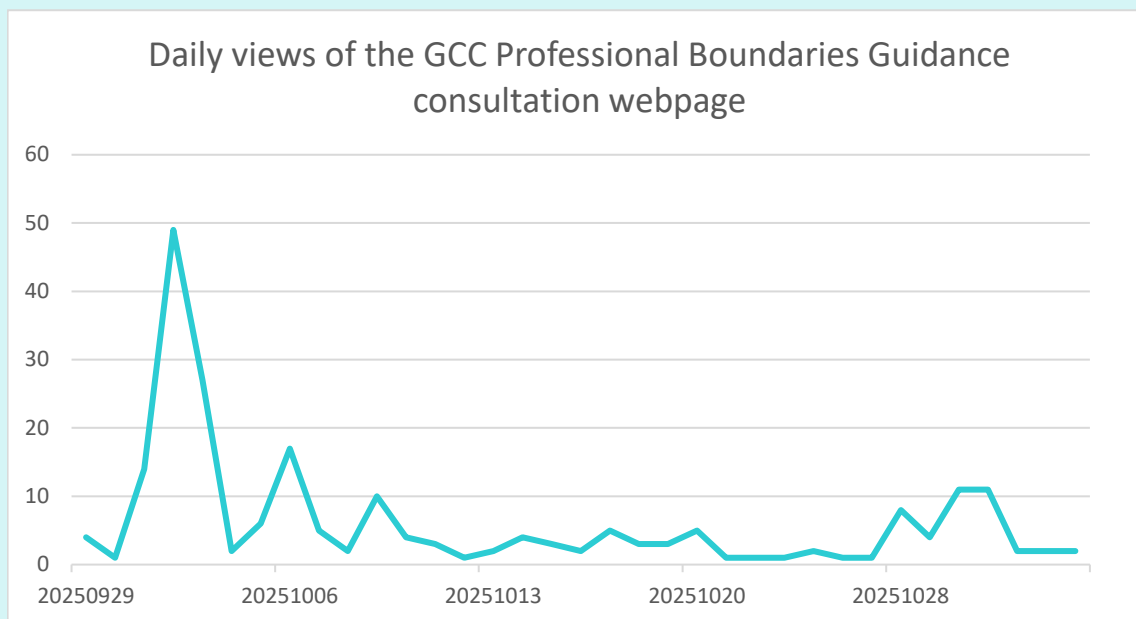
Discontinuing care (page 10)	
New paragraph 39.	New paragraph added to highlight that the decision to discontinue care should not be taken lightly.
Change to paragraph 40	<p>Following consultation feedback we have reworded the expectations to highlight the importance of the chiropractor considering their own safety.</p> <p>A new bullet point was added to make it clearer that the patient must be informed that a chiropractor is refusing or discontinuing care (in line with Standard G5 of the Code of Professional Practice).</p> <p>The addition of “make arrangements” allows for this to be done by another person, or to be done in writing where in-person contact could be unsafe for the chiropractor.</p>
New paragraph 41	<p>Following consultation feedback we have added a further expectation to consider the safety of the person that care is being referred on to.</p> <p>The proposed guidance did not differentiate between ceasing care when the patient has crossed a professional boundary (which on occasion could threaten the safety of the chiropractor, colleagues or other patients) and where the chiropractor felt that they themselves were unable to provide care in the patient’s best interests.</p>
Relationships with former patients	
Paragraph 42 edited	Paragraph has been rewritten in the third person.
Paragraph 43 edited.	Following consultation feedback the term “pursuing” has been replaced by “commencing”.

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Emotional boundaries and dependency	
New paragraph 46	Following a consultation feedback a further paragraph was added to specifically describe circumstances that may lead to patient dependency.
Paragraph 48 edited	Paragraph reworded to be clearer that the behaviours given are examples that may cross emotional boundaries.
Paragraph 50 edited	Further example of dependency added as a bullet point.
Respect and dignity	
Paragraph 59 edited	Following consultation feedback , the emphasis in paragraph 59 is on the circumstances in which a chiropractor must take care, not on the interpretation by the patient.
Paragraph 62 edited.	Paragraph 62 now makes it clearer that the boundary could be crossed by either a patient or chiropractor. The first example in paragraph 62 has been rewritten to use the definitions within the Equality Act (2010).
Financial boundaries and conflicts of interest	
Paragraph 67 and 68	The first paragraph has been separated into two to give greater emphasis to the first point.
Paragraph 70	The examples given in paragraph 70 have been divided into those behaviours which are unacceptable within the Code of Professional Practice, and those which may be unacceptable (depending on circumstances).
	A paragraph which was felt to be repetitive was removed.
Paragraph 78	The word “identify” was replaced with “suspect” in paragraph 78.

Consultation reach at a glance

- 236 views of the consultation page on the website (across 156 active users).

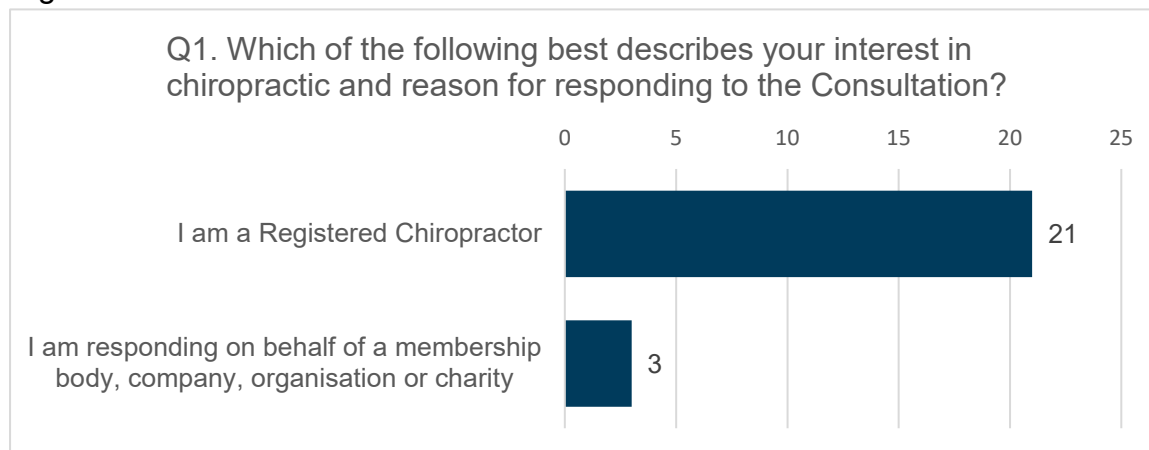


- The accompanying [blog](#) entry was visited 176 times.
- The documentation was downloaded 106 times from the consultation webpage (excludes direct links to PDFs).
- 28 clicks from the website direct to the survey.
- 101 total clicks from GCC newsletter (October) across 74 individuals to the consultation webpage, and a further 98 clicks to the accompanying blog entry.
- 34 visits to the consultation survey (many will visit and then return to complete later).
- 24 responses in total to the formal consultation (21 from individuals, 3 on behalf of organisations).

Consultation responses

We received 17 completed written consultation responses and a further 7 incomplete responses were included as they had completed the majority of the survey (they did not complete the EQWLIA question or the diversity monitoring).

In total we considered 21 responses from individuals, and a further 3 responses from organisations.



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

We received written consultation responses from:

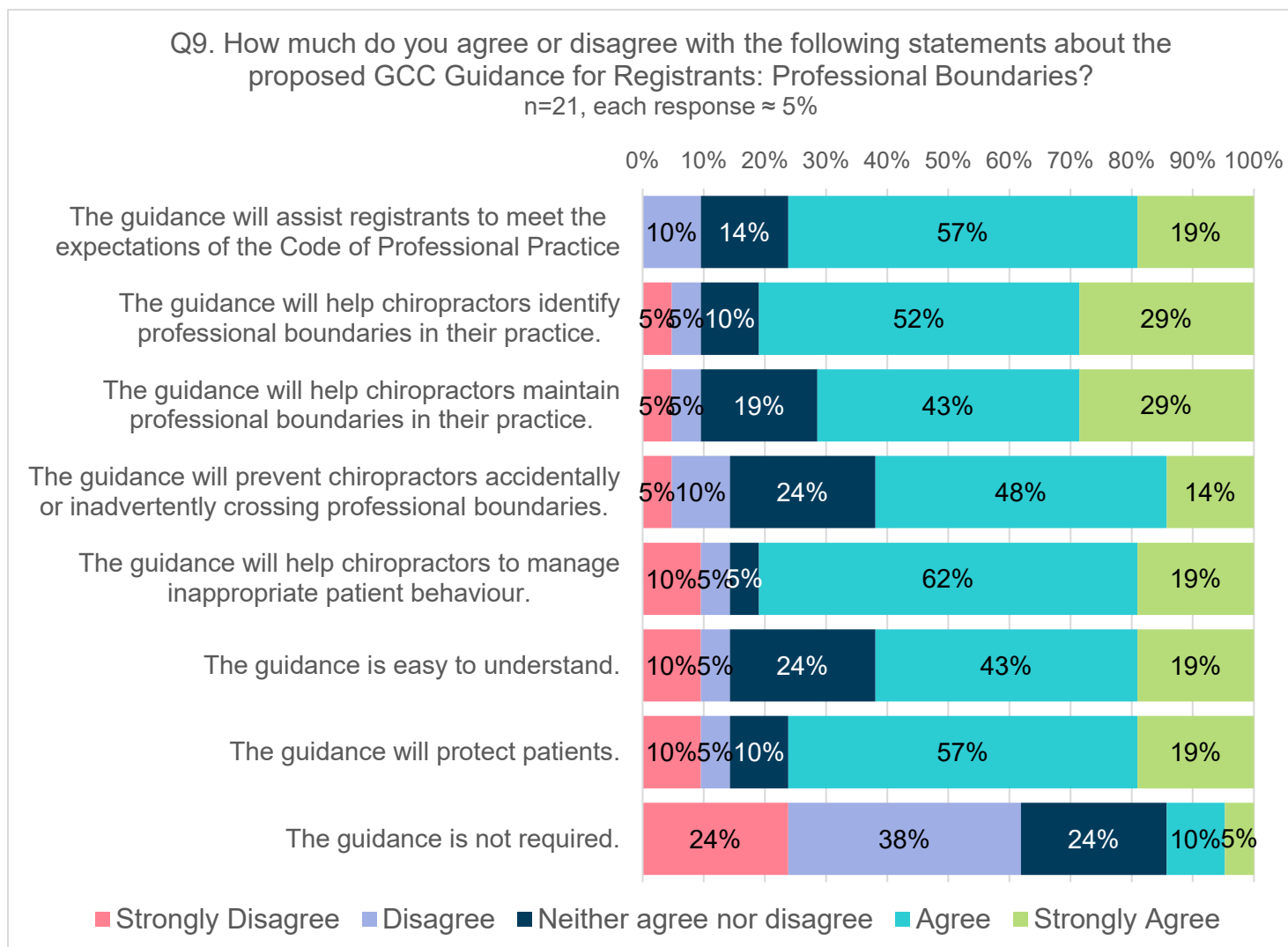
- British Chiropractic Association
- McTimoney Chiropractic Association
- United Chiropractic Association

During the pre-consultation period, we received valuable assistance and feedback from:

- British Chiropractic Association
- Royal College of Chiropractors
- GCC EDI Working Group

Quantitative analysis of responses

Individuals



Overall, 76% of individual registrants that responded agreed that the guidance will assist registrants meet the expectations of the Code of Professional Practice, and 76% agreed that the guidance will protect patients.

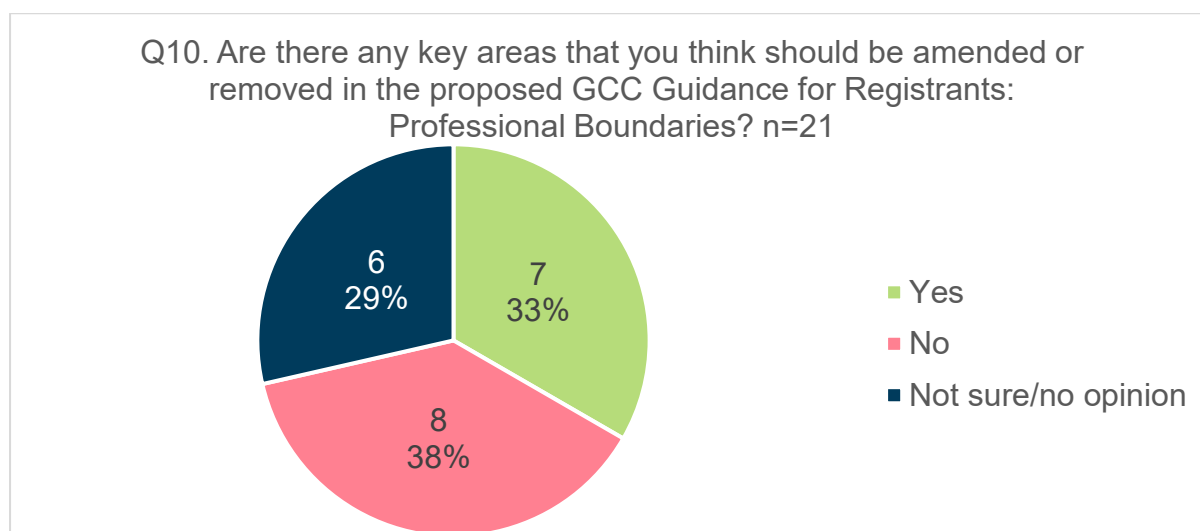
The acknowledgement within the guidance that patients may also behave inappropriately, and chiropractors require guidance on how to respond professionally in those situations, is very well received (81% agree that the guidance will help to manage inappropriate patient behaviour).

We note that there is less agreement that the guidance will help maintain professional boundaries (62% agree), though this may be due to a scepticism of the power of guidance to effect change more generally.

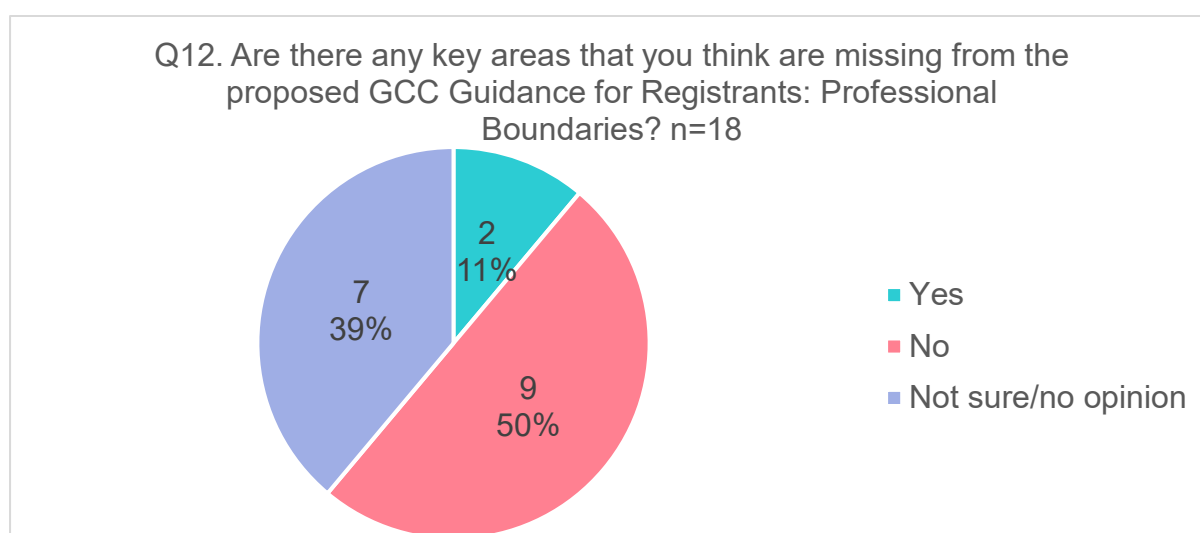
We are concerned that there is lower agreement that “the guidance is easy to understand” (62% agree) and will consider this further as we develop a toolkit to support registrants in implementing the guidance.

The final question (“the guidance is not required”) was asked in the negative, and this may have contributed to the lower (dis)agreement (62% disagree).

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Question 10 asked about the need for changes to the content of the guidance. Respondents who answered “yes” were asked to explain further. Of the 7 that agreed, 5 left further comment in response (Question 11).



Respondents predominantly felt that the guidance was comprehensive (only 2 respondents answered that there were key areas missing and their further comment reflected their response to Q11).

Organisations

Three organisations responded to the formal consultation. The two that completed the consultation survey “agreed” with the first seven statements in Q9. One “disagreed”, and one “disagreed strongly” with the final statement that “the guidance is not required”.

General feedback from response comments.

Overall, the guidance was received positively, with respondents appreciating the need for the document and the content.

The guide was comprehensive, well written and easy to understand
Quote from a registrant (16-20 years)

I am pleased to see clear definitions of what is expected of a chiropractor, those of us that respect the rules and regulations set by the code will appreciate and will benefit from the additional guidance.
Quote from a registrant (over 20 years)

I appreciate the GCC's role in safeguarding the public and upholding professional standards. I believe that strengthening boundary guidance in the ways described will further protect vulnerable patients and support chiropractors in maintaining the integrity of their professional role, and avoid feeling vulnerable themselves.

Thank you for the opportunity to contribute and for the important work being undertaken.

Quote from a registrant (over 20 years)

Though some questioned whether the guidance could, in itself, prevent future harms and suggested that chiropractors confirm that they have specifically read it:

However those that seek to abuse the position of power to cross the sexual/financial or moral boundaries are unlike(sic) to even read the new code or the guidance and so little will change. These same breaches are seen between employer/employee, especially new graduates.
Quote from a registrant (over 20 years)

I think that the guidance (alongside the CoP) should be mandatorily read by every chiropractor - and signed as such. Possibly as part of the annual retention declaration? At least this way it would prevent 'naivety and ignorance' being used as an excuse for UPC in FtP cases. It would further protect the public and professional itself.

Quote from a registrant (over 20 years)

One comment suggested that the GCC should prioritise other aspects of chiropractic.

you seem to be obsessed with sex and have very little interest in missed pathologies, red flags and referrals
Quote from a registrant (over 20 years)

Specific themes from qualitative analysis.

These themes are presented in the order they appear in the proposed guidance.

Removal of clothing

One response questioned the need for written consent for the removal of clothing:

I believe the area around written consent for removal of clothing needs to be reworked. I do not believe it is in the best interest of the patient and the chiropractor to need written consent for removal of clothing.

Quote from a registrant (over 20 years)

This comment appears to misunderstand expectations regarding consent. While it is undoubtedly good practice for a patient to agree their consent to the removal of clothing in writing, neither the [standard within the Code \(E3\)](#) nor the relevant section of the proposed guidance mandate “written consent” from the patient.

The expectation is that valid consent must be obtained (i.e. meet the tests of voluntarily given, informed and capacity) and recorded. Consent can be provided orally, and the manner in which the consent is recorded is a matter for the chiropractor, and does not require a corroborating signature from the patient.

Patients have consistently identified the importance of specific consent for removing clothing ([Professional Boundaries – the patients perspective](#)), and the removal of clothing is also identified within the academic literature as an important context to boundary crossing within MSK therapies.

For consistency with the Code of Professional Practice, paragraph 33 has been updated to include “and record” in relation to consent for clothing removal or assessment and care of intimate areas.

Discontinuing care

The recognition of the right to discontinue care has been welcomed anecdotally by professional associations and others, but respondents highlighted three concerns about the expectations when ceasing care.

Expectation of further contact (to assist in finding alternative care)

Whoever wrote this clearly has no idea how predatory some men can be towards female practitioners in a hands on profession and those patients are best handled with a clear, concise refusal of care, without further contact. The practitioner’s safety in this instance should also be considered and the need to hand over care elsewhere be abandoned.

Quote from a registrant (over 20 years)

Following careful consideration, the paragraph (40) has been reworded to include “if safe to do so” to acknowledge the risk to an individual’s safety and “make arrangements for” (which would include a third party to make contact, or to contact via a letter or non-

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interactive approach). These themes will also be covered by the forthcoming professional boundaries toolkit.

Explaining to the patient why care is being discontinued

One professional association had concerns about the proposed wording of paragraph 36 (the third bullet point) specifically: “*transfer care in a way that does not make the patient feel that they have done anything wrong*” may be:

This appears to be a high bar particularly if the patient HAS done something wrong or ... should the patient report the chiropractor for making them ‘feel’ like they have done something wrong this could give rise to a complaint ... ultimately someone cannot always be held accountable for another person’s feelings

Quote from a professional association

The wording of the relevant bullet point (paragraph 40) has been reworded to focus on the appropriateness of the actions taken by the chiropractor, and not the patient’s interpretation.

Protecting others from potential harm

The final concern was that referring an abusive or predatory patient to another practitioner could put other colleagues at risk of foreseeable harm.

If a patient has crossed a sexual boundary and has behaved in an unacceptable way, is it still our duty to refer them to another practitioner, putting that person at risk? I feel the wording could be made clearer here to ensure everyone's safety.

Quote from a registrant (11- 15 years)

.. when you have these sorts of patient, you don’t want your colleagues to have to deal with their behaviour either and potentially put their safety at risk too.

Quote from a registrant (over 20 years)

The final point does well to protect the patient and ensure they receive ongoing care, but overlooks the practitioner's duty to protect others (and the public from foreseeable harm). Confidentiality isn’t absolute if there is a safeguarding risk, and the duty to patient and other practitioners can coexist and should be reflected in this guidance (would also mean it aligns more with guidance from GMC and similar).

Quote from a professional association

This needs to be balanced against the patient’s need for care, their right to privacy and human dignity (including equitable treatment).

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A new paragraph (41) has been added to highlight this dual responsibility and the considerations that a chiropractor should have when transferring care.

Following a comparison of the proposed guidance with [that of the General Medical Council](#) (as highlighted by the professional association), a new paragraph (39) was added to highlight that the decision to refuse care is not one that is taken lightly, and an extra bullet point was added to paragraph 40 to clearly state that the patient must be clearly informed of the decision (in line with standard G5 of the Code of Professional Practice – telling the patient who is responsible for their care).

Relationships with former patients

One professional association suggested that the term “pursuing” was one-sided in its view of a relationship between a chiropractor and former patient.

We would suggest a change to the word ‘pursuing’ this implies it is the chiropractor who goes after the patient and frankly if that is the case we would take the view that is inappropriate. The only time, and we would suggest this is vanishingly rare and to be discouraged at all costs, is where there is a mutual and equal desire to jointly ‘pursue’ a relationship by patient and practitioner. Thus perhaps the word ‘undertaking’ would be more appropriate rather than the implication of pursue.

Quote from a professional association

Following consideration of this comment, the term “pursuing” in paragraph 43 was replaced with “commencing”. The term “pursuing”, though it is used by other healthcare regulators, was felt to be one-sided and suggested predatory behaviour.

The bullet points in paragraph 42 were edited so that the factors were defined in the third person, to highlight that this applies to all chiropractors.

Emotional Boundaries

There was a concern raised that this was not sufficiently defined, and would inhibit the sharing of personal experience which has value in developing rapport and a strong therapeutic relationship.

Sometimes patients take support from personal stories or experiences the chiropractor has had and can identify with. Whilst it must be very carefully judged and balanced and not be too personal, nor should the chiropractor use their patients for their own emotional support or resolution, being able to come from a place of mutual understanding or empathy can be very helpful and come across as caring for the patient at a time where they need that support.

Quote from a professional association

The paragraph (48) has been clarified to highlight that these are example behaviours.

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Patient dependency

One respondent highlighted their personal experience of patient dependency beyond appropriate clinical care. While there is insufficient space to reproduce the entire comment, the below illustrates the need for both this guidance and a further toolkit to support chiropractors who may find themselves in a similar situation.

(in relation to a former patient who was no longer under active care)

She reported having no adequate local support or family, and initially asked for non-clinical assistance (after a hospital admission). Over time she asked me for personal details (for example my home address and bank account), which I firmly declined, as such requests clearly fell outside my professional remit and made me very uncomfortable.

While my intention was to assist as a compassionate practitioner and caring community member, I recognised that the boundaries between professional care, friendly support and informal assistance were becoming blurred... *(she had) develop(ed) expectations of assistance beyond care.*

...I was asked to assist with key life decisions (e.g., acting as her power of attorney for health and wellbeing) and to provide advice on personal affairs, which I had to draw a line and decline the requests as outside my remit even as her former health provider.

...In addition to existing guidance on sexual, clinical and consent boundaries, I suggest a new section on dependency risk: how emotional attachment, loneliness or lack of local support can lead patients to seek inappropriate support, and how chiropractors can respond early, seek external advice and transition the patient to support networks, thus avoiding vulnerability on both sides.

Quote from a registrant (over 20 years)

While the situation described undoubtedly crosses an emotional boundary, and creates a dependency in the patient, we agree that it was not adequately addressed in the proposed guidance.

The section on emotional boundaries has been expanded to explain the circumstances that can risk leading to dependency (paragraph 46) and give examples of behaviours that can suggest dependency (paragraph 50).

The theme will be further explored with practical advice on signposting to more appropriate support in a planned toolkit on safeguarding.

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Providing care to friends, colleagues and family members - limiting patient interaction outside of the care environment.

One comment was concerned that the guidance sought to limit the caring nature of chiropractic care.

Most chiropractors are well known within their communities and often treat friends or become friends with their patients over time, this caring attitude of our profession should not be vilified, of course have guidelines on boundaries and what is appropriate but there needs to be an element of acceptance that patient interaction outside of the workplace and friendly relations are likely to occur and this should not be an offence in the code of practice.

Quote from a registrant (over 20 years)

The guidance is intended to provide a framework for the chiropractor's professional judgement and decision making. The section on providing care to friends, colleagues or family members specifically states the intention is not to limit practice, but to draw specific attention to the risks inherent in the situation.

Respect and dignity

Two professional associations commented on this section – recognising the difficulties in balancing the rights of the patient with those of the chiropractor, and highlighting the difference between causing offence inadvertently, and seeking to cause offence.

In relation to paragraphs 59 and 64:

Not all discriminatory or harmful beliefs are religious/ethical/political. A practitioner cannot know every patient's beliefs, so "conflict" cannot always be predicted. This guidance presumably seeks to address impact rather than intention or belief category.

Quote from a professional association

the onus of ".....or cause distress by the...." is a very high expectation as you cannot be responsible for all person's interpretations or reactions to every interaction. Therefore, perhaps consideration of a slight softening to the following may be helpful "....., and be wary of causing distress by the"

Quote from a professional association

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As the first comment points out, this guidance is intended to address negative impact from sharing personal beliefs and, as both comments highlight, this is not always predictable.

It is not always possible to know another person's beliefs, identity, or lived experience. Therefore, the responsibility lies with the practitioner to communicate with sensitivity, avoid expressing personal beliefs in ways that may be exclusionary or undermining, and ensure that care is delivered equitably and respectfully at all times.

Quote from a professional association

The guidance in paragraph 59 is intended to draw the attention of the chiropractor to the circumstances in which they must “take care” (because of the risk of causing offence), not to prohibit the conversation completely. The paragraph has been expanded to emphasise the action of the chiropractor (“taking care”) and to expand.

Paragraph 64 reflects the [equivalent guidance from the General Medical Council](#), though the use of the term “should” (as oppose to “must” in the GMC guidance) recognises the intention of the chiropractor is relevant context, and the chiropractor cannot be held wholly responsible for the patient's reaction.

Examples of behaviours that do not demonstrate respect and dignity

Two professional associations highlighted the need for clarity in the list of example behaviours that could cross a professional boundary by not treating a person with respect and dignity.

...there may be disagreement particularly in the current climate especially as what is a racist, sexist, transphobic or homophobic views. For example when it comes to transgender people competing in different sport classes this is not always be considered transphobic by all but some take the view it is, or for example a male chiropractor opening a door for a female patient to walk through would be considered good manners by some and sexist or patriarchal by others.

Quote from a professional association

The list is relatively comprehensive but the first point (echoed further down the list) perhaps excludes certain key considerations, and the language could be better rooted in the language of the Equality Act protected characteristics to help make it clearer and more defensible.

Quote from a professional association

In response to these concerns, the introduction to this list (paragraph 62) has been edited to make it clear that these behaviours may be on the part of the chiropractor, patient or another person.

The example “*Expressing religious hatred or racist, sexist, transphobic or homophobic views*” has been replaced by a version that better reflects the Equality Act 2010.

Financial Boundaries

Definition of “Full disclosure” and excessive guidance

One professional association identified a need for clarity over the expectations for financial interests (specifically the term “full disclosure”) in one of the paragraphs.

...Firstly what is meant by “full disclosure”? At the end of the day most if not the absolute vast majority of chiropractors work within private practice and their case load will directly impact their earnings. Should chiropractors be expected to talk patients through what percentage of their appointment fee, goes to staffing, office costs and resultant profit? Some clarity on terms would be appreciated.

Quote from a professional association

They further highlighted that, in most cases, chiropractors in private practice are functioning as a business and this alters the relationship with patients - specifically:

- Patients may be more demanding when directly paying for care when compared to those receiving NHS care.
- It is in the chiropractor’s best interest to provide good care which will lead to patient recommendations and more business.

They suggested that the guidance in this area may be excessive.

The general tone and granular detail of this section ... is perhaps understandably framed through the prism of GCC interaction of fitness to practice but it does feel rather accusatory to the vast majority and could be significantly paired back.

Quote from a professional association

The GCC recognises that most chiropractors are working in private practice, and that gaining financially from transactions is a normal and expected part of the provision of private health care. Ultimately, if chiropractors cannot make a living from providing care, patients will suffer.

Equally, in a country where most healthcare is provided by the state at point of delivery patients may not have a clear expectation of the value of the services they are receiving ahead of receiving the final invoice, and there is risk of financial exploitation (or perceived financial exploitation) which does not benefit the profession or the patient.

The paragraph referring to “full disclosure” has been removed as it was agreed to be repetitive in expectation.

Defining inappropriate behaviours

The association highlighted two specific areas of ambiguity in paragraph 72:

A good example ... is “Charging for unnecessary treatments” in whose view is a treatment unnecessary? Are we to infer that chiropractors are knowingly selling treatment they know is unnecessary? Is it for the patient to decide afterwards it was unnecessary, the local chiro down the road, the physio next door or perhaps their friend Ethel...? The latter point of course is meant somewhat jovially although we can tell you that registrants will have had conversations along these lines in practice.

Quote from a professional association

Again, ... “Recommending products or services from which you receive a personal gain without disclosure.” We are in private practice, we gain financially from almost all interactions. When we are selling products such vitamins we may have a requirement from the supplier to not sell items below recommended retail price. Should we be divulging to the patient we’re making £3.67 of our £9.95 pot of magnesium? We appreciate these comments are somewhat confronting but we have grave concerns about the expectations being placed on registrants.

Quote from a professional association

The first paragraph in this section (67 and 68) has been split into two paragraphs to highlight the fundamental expectation that professional clinical decision-making should be entirely separate from financial interests.

The examples in paragraph 72 have been divided into two parts – those that will always be unacceptable (and are listed in the Code of Professional Practice), and those that may be unacceptable depending on individual circumstances and context.

We welcome the challenge from the professional association on this section and recognise there is more work to be done to research the extent of the risk and patient expectations, to align with the expectations of the Competition and Markets Authority around fair and transparent business, and to provide practical advice (in the form of a toolkit) to the profession.

Financial Vulnerability

A professional association asked if this section was necessary within the guidance:

What is meant by ‘financial vulnerability’ and what measures would a chiropractor be expected to look at regarding assessing this... will they have the skill sets to do so and is it a registrants place? Patients may not wish to divulge this information or indeed some may be untruthful regarding their situation to leverage discounts etc...

...one could argue the principle should apply to everyone not just the ‘financially vulnerable’ and is therefore covered previously in points above.

Quote from a professional association

We agree that it is not within the chiropractor’s role to definitively “identify” financial vulnerability, or to ask about a patient’s financial circumstances, and so paragraph 78 has been reworded to “when you suspect”.

The guidance is expected to educate chiropractors into the potential for financial vulnerability amongst patients, and encourage extra care when explaining the details of payments or contractual arrangements when needed.

This theme (and example practice when responding to suspected financial vulnerability) will be further explored in a future toolkit.

Specific Risks Associated with Digital Communication

We received one comment on this section.

We generally support the themes of this section and thank the regulator for the guidance. We do perhaps suggest ... that there is a benefit to having a professional AND a personal profile and engaging with patients through the professional profile. Thereby keeping ones personal and professional online identities more distinct.

It would be also worth considering further highlighting that ‘registrants are never off the clock’ and therefore they must be wary of the reach of their personal profiles. Some examples of personal vs professional interactions would be helpful along with more clarity as to what is acceptable online interactions.

Quote from a professional association

Following consideration we have not made changes. Although the points are valid, they are adequately covered in the existing guidance on social media and digital messaging (linked from the guidance), and we believe this section benefits from focusing only on the risks around professional boundaries associated with digital communication.

Speaking up

We received one comment on this section

We would welcome a specific reference to both psychological safety and whistleblowing protection which is what this topic area is broadly covering, especially when taken in hand with the EIA and WLIA document. We notice in step three of that document, in several of the protected characteristics sections, the GCC attitudes to EDI survey is referenced and reinforces that people whom have experienced discrimination have often felt unable to speak up. We believe more explicitly referencing the two concepts above would be valuable.

Quote from a professional association

We acknowledge that the concepts of psychological safety and whistleblowing protection are both pertinent to the importance of speaking up and welcome the reference to the findings of the attitudes to EDI survey.

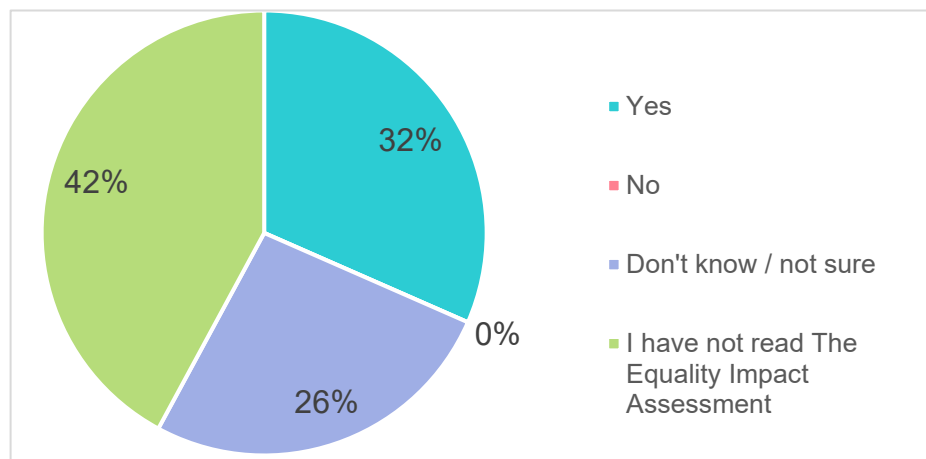
As a prescribed body within the Public Interest Disclosure Act 1998 the GCC has specific responsibilities when whistleblowers share information about the registration and/or fitness to practise of chiropractors. We have added a link to the GCC [whistleblowing policy](#) to the guidance document as a reference.

We also acknowledge the importance of psychological safety, but consider that the regulator cannot “impose” confidence through guidance with those who we wish to encourage to speak up.

Instead, we will look to develop a profession-wide understanding (and therefore confidence) alongside the chiropractic profession, as we develop the planned safeguarding toolkit.

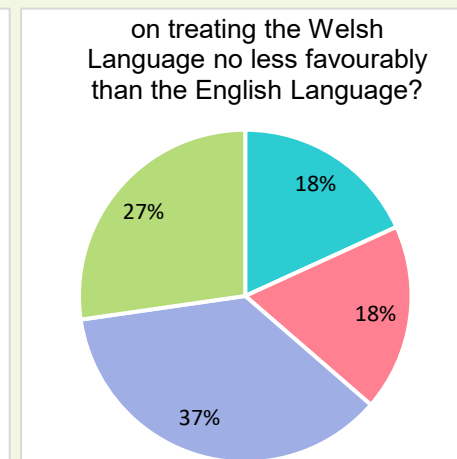
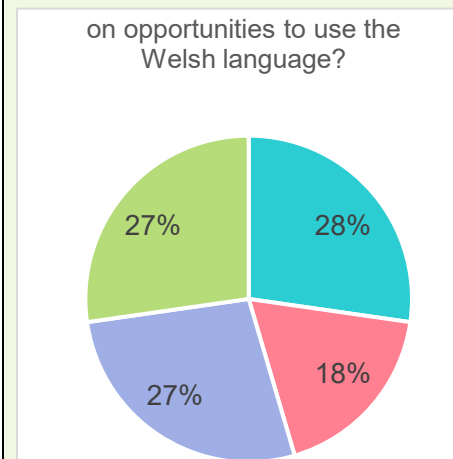
Equality and Welsh language Impact Assessment Questions

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?

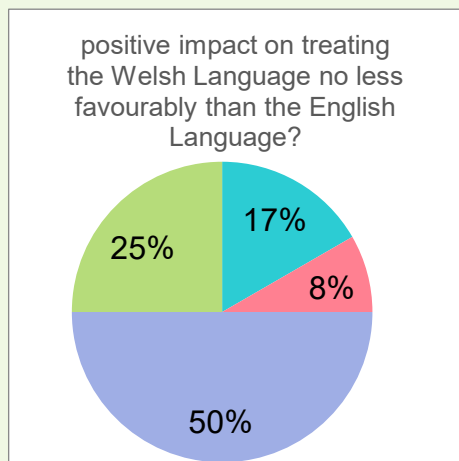
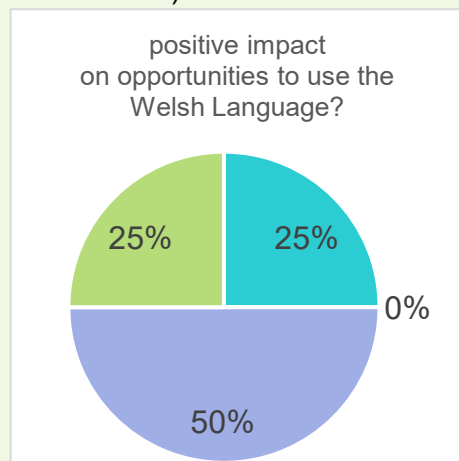


Welsh Language:

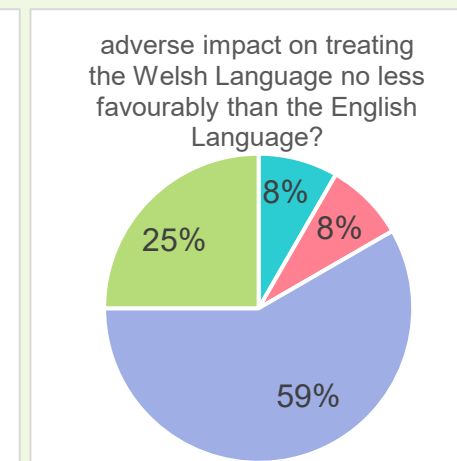
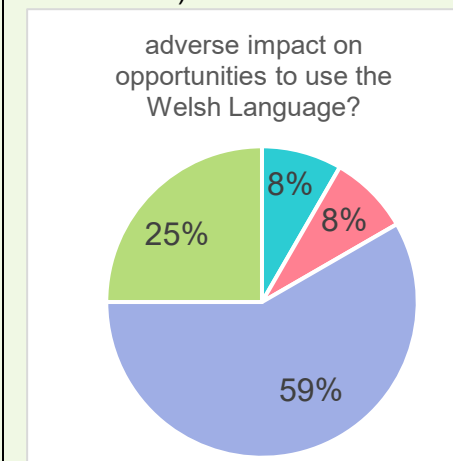
Do you think that the Equality and Welsh Language Impact Assessment accurately describes all the impacts that the proposed GCC strategy could have...



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

Consultation Report – Guidance for Registrants – Professional Boundaries

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 GCC Guidance for Registrants: Professional Boundaries?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

- The guidance will assist registrants to meet the expectations of the Code of Professional Practice
 - The guidance will help chiropractors **identify** professional boundaries in their practice.
 - The guidance will help chiropractors **maintain** professional boundaries in their practice.
 - The guidance will prevent chiropractors accidentally or inadvertently crossing professional boundaries.
 - The guidance will help chiropractors to manage inappropriate patient behaviour (e.g. patient pursuing an inappropriate relationship or attempting to "blur" professional boundaries).
 - The guidance is easy to understand.
 - The guidance will protect patients.
 - The guidance is not required.
-

Your views: should we remove or amend anything from the proposed guidance?

10. Are there any key areas that you think should be amended or removed in the proposed GCC Guidance for Registrants: Professional Boundaries?
 - Yes (please now answer question 11)
 - No
 - Not sure/no opinions
 11. Please explain any areas that you consider should be amended or removed in the proposed GCC Guidance for Registrants: Professional Boundaries.
-

Consultation Report – Guidance for Registrants – Professional Boundaries

Your views: is there anything missing from the proposed guidance?

12. Are there any key areas that you think are missing from the proposed GCC Guidance for Registrants: Professional Boundaries?
 - Yes (please now answer question 13)
 - No
 - Not sure/no opinions
 13. Please explain any areas that you consider are missing from the proposed GCC Guidance for Registrants: Professional Boundaries.
-

Our commitment to Equality, Diversity and Inclusion

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

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

The Welsh Language Standards

15. The following optional questions are about how the Equality and Welsh Language Impact Assessment (E&WLIA) considers the impact of the proposed GCC Guidance for Registrants: Professional Boundaries on the Welsh Language:
 - Yes
 - No
 - Don't know / not sure
 - I have not read the E&WLIA
 - Does the Equality and Welsh Language Impact Assessment describe all the impacts of the guidance?
 - Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC guidance could have on opportunities to use the Welsh language?
 - Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC guidance could have on treating the Welsh Language no less favourably than the English Language?
 - Could the proposed GCC guidance 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?

Consultation Report – Guidance for Registrants – Professional Boundaries

- Could the proposed GCC guidance 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?
- Could the proposed GCC guidance 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?
- Could the proposed GCC guidance 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?

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

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 - please answer questions 16 to 22
- No - please answer question 23.

16. Age:

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

17. Are you:

- Male
- Female
- Prefer not to say

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

- Yes
- No
- Prefer not to say

19. How do you describe your sexual orientation?

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

Consultation Report – Guidance for Registrants – Professional Boundaries

20. 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

21. 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

22. 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

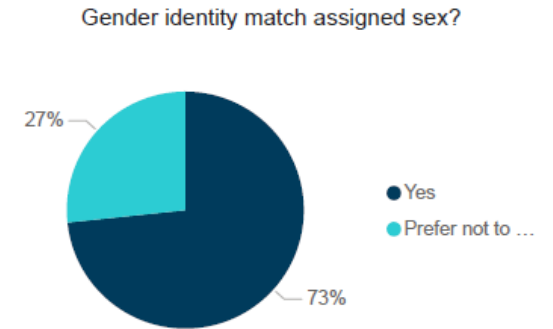
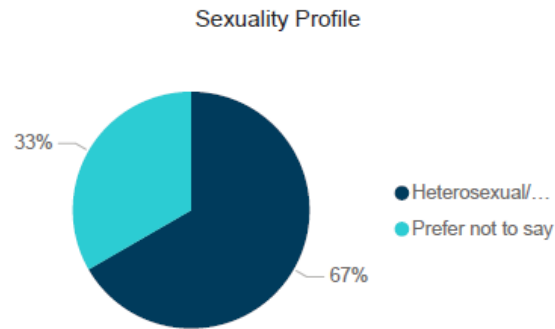
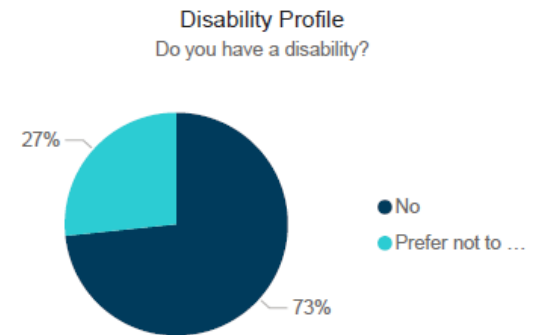
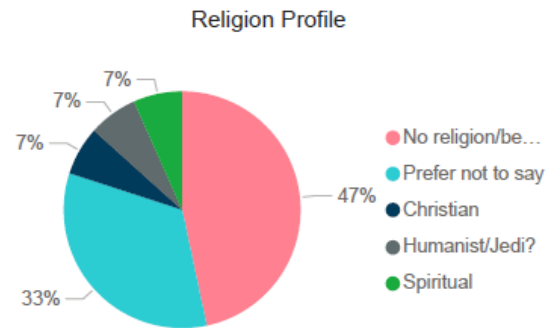
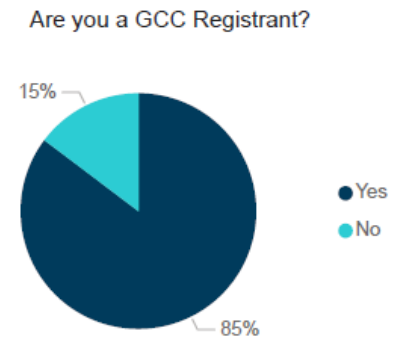
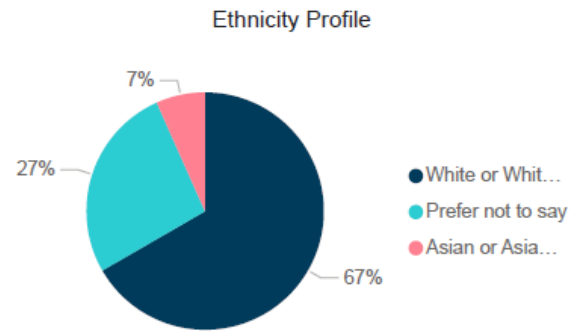
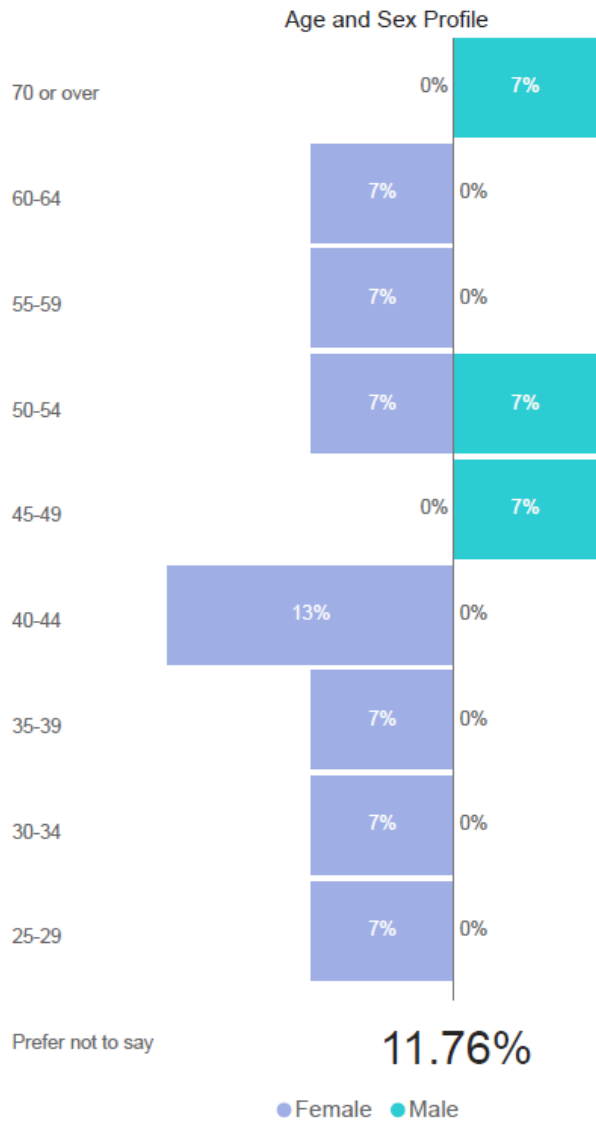
- English
- Gypsy/Irish Traveller
- Irish
- Northern Irish
- Scottish
- Welsh
- Other White

Other

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

23. Please share any further comments on the proposed GCC guidance or any further comments about this consultation:

Appendix 2 - Diversity profile of respondents



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