

GCC Registrant Guidance –
Professional Boundaries:

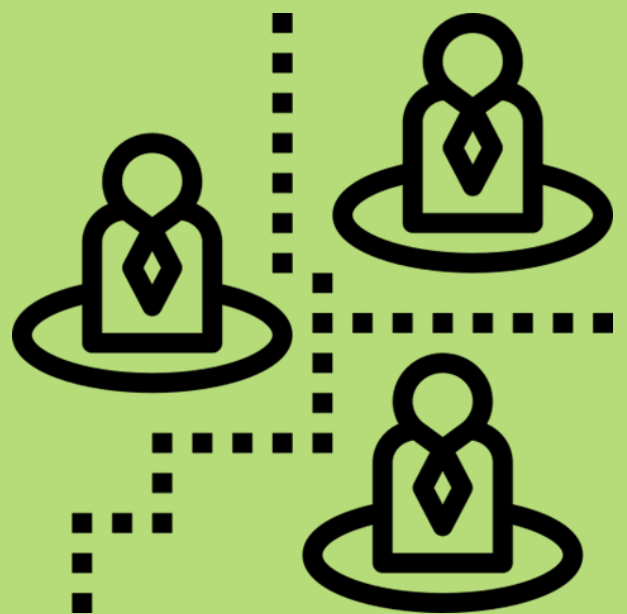
Equality Impact

Assessment

and Welsh Language Impact Assessment

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to support the publication of the
GCC Registrant Guidance – Professional Boundaries

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GCC Registrant Guidance – Professional Boundaries – Equality Impact Assessment

Step 1 – Scoping the EIA

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices – sometimes unwritten – that contribute to the way our policies are implemented and how our services are delivered.

Title of policy or activity
Review of Maintaining Sexual Boundaries Guidance, and creation of new guidance on Professional Boundaries.
Is a new or existing policy/activity?
Existing policy
What is the main purpose and what are the intended outcomes of the policy/activity?
<ul style="list-style-type: none"> • We are reviewing and updating our guidance to ensure it remains relevant, comprehensive, and aligned with the new Code of Professional Practice. • The existing Maintaining Sexual Boundaries guidance was developed in 2015–2016 and focuses primarily on sexual boundaries. • Our preparatory work identified that this narrow focus no longer reflects the full range of professional boundary issues that arise in practice. Breaches of professional boundaries (sexual and emotional) continue to represent a significant proportion of fitness to practise concerns. We also identify the risk of breaches of financial boundaries; and the importance of recognising boundaries beyond the patient/chiropractor relationship (for instance with colleagues or employees). • In response, we are broadening the scope of the guidance to address professional boundaries more holistically, ensuring it supports practitioners in maintaining safe, respectful, and ethical relationships with patients and others across a range of contexts.
Who is most likely to benefit or be affected by the policy/activity
<p>The primary beneficiaries of the revised professional boundaries guidance will be chiropractors and their patients. For chiropractors, the expanded guidance will provide clearer, more comprehensive support in navigating a wider range of issues that may arise in practice, including inappropriate behaviour from patients. This will help build confidence in professional judgement, reduce the risk of boundary breaches, and support compliance with the new Code of Professional Practice.</p> <p>Patients will also benefit through strengthened safeguards that promote respectful, safe, and person-centred care.</p>

<p>Additionally, the updated guidance will benefit educators, employers, and professional bodies by providing a consistent framework for teaching, supporting, and assessing professional conduct within chiropractic practice.</p>	
<p>Who is doing the assessment?</p>	
<p>Elizabeth Austin, Education and Standards Officer Andrew Fielding, Policy and Insights Officer.</p>	
<p>Dates of the Assessment</p>	
<ul style="list-style-type: none"> When did it start? 	<p>May 2025</p>
<ul style="list-style-type: none"> When was it completed? 	<p>December 2025</p>
<ul style="list-style-type: none"> When should the next review of the policy/activity take place? 	<p>Further review post consultation on draft guidance.</p>

Useful Information

<p>What information would be useful to assess the impact of the policy/activity on equality?</p>
<p>We need informed views about whether the proposed guidance unfairly disadvantages stakeholders with protected characteristics. Currently, we do not have any data which suggests that people with particular protected characteristics will be negatively impacted because of this guidance. Once finalised, the impact of the guidance will be monitored over time.</p>
<p>Is there data relating to people with any/each of the protected characteristics?¹</p>
<p>Registrants</p> <p>The GCC registrant database has provided us with information regarding the protected characteristics of our registrant population. We have considered (as appropriate) findings of the Attitudes to EDI survey (Summer 2023) and the GCC Registrant Survey 2020 (main report and EDI report).</p>

¹ The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Section 14 of the act also identifies overlapping protected characteristics as protected. The Equality Act 2010 only applies to England, Wales and Scotland.

The same characteristics are protected by similar legislation in Northern Ireland ([Section 75 of the Northern Ireland Act 1998](#) covers public bodies, but other legislation covers provision of goods and services), the Isle of Man ([The Equality Act \(2017\)](#)) and Gibraltar ([The Equality Act \(2006\)](#)). The legislation in Northern Ireland additionally identifies Political Opinion and having (or not having) children as protected characteristics when dealing with public bodies.

Patients

We do not have data on the protected characteristics of chiropractic patients, but have considered [UK Census statistics](#).

The GCC was keen to better understand the patient perspective and their expectations during the development of the Code of Professional Practice and 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 into [patient attitudes to professional boundaries](#).

Where can we get this information and who can help?

We provided an early draft to the Royal College of Chiropractors and Professional Associations for further comment.

We also sought guidance from the GCC EDI Working Group. Members of the group are registrants with expertise in EDI and lived experience. The GCC EDI Working group particularly suggested the addition of the section on respect and dignity.

Step 2 – Evidence and Engagement

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

A communication plan has been developed to:

- create awareness and understanding of the boundaries guidance among stakeholders
- share and disseminate information in a timely fashion
- encourage stakeholders to provide meaningful input into the decision-making process
- generate new ideas to be considered and evaluated throughout the process.

The external stakeholder groups targeted include:

- Professional bodies
- Registrants
- Education providers
- EDI working group
- Patients and patient interest groups
- GCC partners
- Students

We carried out a consultation exercise that included a draft of the new guidance. The consultation asked respondents to reflect on how the draft guidance will impact the service they receive/provide. The only material change to the impact assessment following the consultation was the addition of “grooming” within the guidance itself.

Step 3 – Analysis by protected characteristic

The updated guidance requires registrants to recognise the power imbalances that come with being a healthcare professional; to be aware of the potential impact of their position on others; to take an active role in maintaining professional boundaries; and to not leverage their position to pursue personal, financial, sexual or emotional relationships with patients and/or carers. Differences in protected characteristics may lead to a power imbalance that could be exploited to the point of crossing a professional boundary.

The guidance recognises that a series of factors combine to shape vulnerability including an individual's personal characteristics (health conditions, capability and protected characteristics) and life circumstances (e.g. finances, mental health) and inherent features of chiropractic care (e.g. knowledge imbalance, stressful situations, pain). It acknowledges the intersectionality of these circumstances.

By expanding the guidance beyond sexual boundaries to include emotional (social), respect and dignity, and financial boundaries, the proposed updates aim to protect individuals across the full range of protected characteristics.

Following the consultation, the section on respect and dignity more closely reflects the Equality Act 2010 in defining comments or views that could cross a professional boundary.

We anticipate and intend that people with protected characteristics are likely to be positively impacted by the guidance.

Age

(include children and adults)

The guidance specifically identifies that children and young people under the age of 18 should be regarded as vulnerable, and the role of chaperones and advocates in protecting both the patient and the chiropractor.

The guidance highlights that a carer (for instance of a child) should be considered as equivalent to the patient when considering if a behaviour is inappropriate.

It also identifies the role of age (and related "life experience") in creating a power imbalance within a relationship.

The guidance specifically draws the attention of the reader to grooming which, though it may impact adults and children, is of specific concern when directed at those under 18.

Our guidance may support registrants to adapt their practice to support both younger and older patients.

Disability

(include people with visible and non-visible impairments and people with many different access needs, for example because of neurodivergence, sight or hearing loss or mobility needs).

The guidance identifies the role of disability in creating a power imbalance (and possibility of vulnerability) within a relationship.

The guidance highlights that a carer should be considered as equivalent to the patient when considering if a relationship is inappropriate.

Our guidance may support registrants to adapt their practice to support patients and colleagues with a disability or access needs.

Gender reassignment

(consider that individuals at different stages of transition may have different needs)

Research from the [TUC in 2019](#) suggests that people who are trans or non-binary are disproportionately targeted by inappropriate sexual behaviour in the workplace.

The draft boundaries guidance lists example inappropriate and unacceptable sexual behaviours – including sexual assault, groping or repeated unwelcome touching (which is disproportionately aimed at people who have undergone gender reassignment).

The guidance highlights that sexual behaviour towards patients is always unacceptable, and does not need to be sexually motivated. It further highlights that unwanted sexual behaviour towards colleagues is unacceptable. It explicitly highlights that it can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

The section of the guidance on respect and dignity specifically identifies misgendering and using a previous name (“deadnaming”) as behaviours that could cross a professional boundary.

The guidance may support trans and non-binary chiropractors and patients in preventing inappropriate crossing of personal and professional boundaries.

Marriage and civil partnerships

(include same-sex unions)

The new Code of Professional Practice identified that an inappropriate emotional relationship (even if not sexual) could cross a professional boundary.

Anecdotally, these inappropriate relationships often develop following the breakdown of a marriage or romantic relationship involving one or other party.

The guidance may support chiropractors in maintaining appropriate professional boundaries when they require emotional support, or the professional chiropractor/patient boundary is becoming emotionally blurred for a patient.

The guidance highlights that the Principles and standards within the Code of Professional Practice continue to apply when providing care to patients who are also a family member (including a spouse).

Pregnancy and maternity

(include people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

The guidance identifies pregnancy and maternity as factors that may impact a power imbalance. The guidance also highlights that the factors that affect a power imbalance are not fixed, and may change over time (pregnancy is a changing characteristic).

It is not envisaged that the draft guidance should impact those who are pregnant or on maternity leave. While the guidance would be secondary to employment law, it does highlight that the relationship with colleagues (including employment) are considered professional boundaries.

Race

(include nationality, citizenship, ethnic or national origins)

Of the 109 responses to the GCC Attitudes to EDI registrant survey that described circumstances where the respondent had experienced discrimination, 23% (n=29) described discrimination related to their race or immigration status.

A follow up question asked about reporting the incident. Only 15 of the 109 reported definitively that they had felt able to report their experience, and of these only 3 reported a positive outcome from their report.

The draft guidance supports the creation of workplace policies in regard to boundary violations/incidents, including reporting procedures.

The guidance also considers cessation of care if a chiropractor is subject to racist or otherwise unacceptable behaviour from a patient.

Religion or belief

(include religious and philosophical beliefs, including lack of belief)

The guidance includes a section on respect and dignity which highlights that a chiropractor should be alert to the risks of crossing a professional boundary by sharing personal beliefs or personal information.

The guidance considers the expectations around cessation of care if a chiropractor is subject to a patient expressing beliefs or behaviours that are unacceptable within a healthcare environment (including expressing religious hatred).

The guidance is intended to support chiropractors and patients in maintaining appropriate professional boundaries around differing religious beliefs.

Sex

(Male and female)

Of the 109 responses to the GCC Attitudes to EDI registrant survey that described circumstances where the respondent had experienced discrimination, 30% (n=38) described discrimination related to their sex (being female).

A follow up question asked about reporting the incident. Only 15 of the 109 reported definitively that they had felt able to report their experience, and of these only 3 reported a positive outcome from their report.

The draft guidance supports the creation of workplace policies in regard to boundary violations/incidents, including reporting procedures.

We recognise that there is further work needed in this area.

Sexual orientation

(include heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

Research from [the TUC in 2019](#) suggests that lesbian, gay and bisexual people are disproportionately targeted by inappropriate sexual behaviour in the workplace.

The draft boundaries guidance lists example inappropriate and unacceptable sexual behaviours – including “asking intrusive questions about a person’s private or sex life” (which is commonly aimed at LGBT people) and “spreading sexual rumours about a person” (which would include “outing” an individual).

The guidance highlights that inappropriate sexual behaviour is always unacceptable, and does not need to be sexually motivated to be unacceptable. It explicitly highlights that it can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

The guidance also acknowledges that an inappropriate emotional relationship (even if not sexual) may cross a professional boundary, and the expectations of the chiropractor in these situations.

The guidance may support lesbian, gay and bisexual chiropractors and patients in maintaining appropriate professional boundaries.

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?

We anticipate that the guidance will not have any detrimental impact on people with protected characteristics, and that their experience may be positively impacted by chiropractors following the guidance.

Step 5 – Analysis of impact on Welsh Language and opportunities to use Welsh

Welsh Language speakers – understanding the impact

In line with the GCC's duties under standard 42 of [Welsh Language Standards](#) consider the effect that the policy would have on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Our policy proposals are to produce guidance to support our standards. We did not identify any Welsh language impacts arising from the new standards. As this is guidance, it is intended to support compliance with our standards but does not restrict a registrant's professional judgement, nor does it place any restrictions on opportunities to use Welsh nor lead to unfavourable treatment.

The provision of Welsh Language services in healthcare in Wales is already required by legislation and therefore we do not believe that the guidance on maintaining appropriate professional boundaries would prevent patients or chiropractors from using the Welsh language, nor lead to any less favourable treatment of the Welsh than English language.

Welsh Language speakers – creating positive impacts

In line with the GCC's duties under standard 43 of the [Welsh Language Standards](#) consider how the policy could be formulated so that the decision would have positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

We do not believe there are any further opportunities to formulate the guidance in such a way as to increase positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Welsh Language speakers – decreased adverse impacts

In line with the GCC's duties under standard 44 of the [Welsh Language Standards](#) consider how the policy could be formulated so that the decision would have decreased adverse impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

We do not believe there are any further opportunities to formulate the guidance in such a way as to decrease negative impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.

Step 6 – Other identified groups

Socio-economic group and income

The guidance identifies the risk of financial exploitation and expectations of professionalism around financial boundaries. The guidance may help support patients that are on lower incomes, or are less able to manage their finances, by ensuring that a chiropractor's clinical decision-making remains independent of financial considerations.

Four countries diversity

How does the policy interact with the legal and cultural frameworks of the countries in which the GCC has a legal framework?

We do not believe there are any issues where the expectations within the guidance are in conflict with the legal or cultural frameworks of the countries in which we operate.

We acknowledge that some of the guidance relating to workplace relationships is also covered by employment law.

The aspects of this guidance relating to protected characteristics are also subject to the legal framework of the the Equality Act (2010) in England, Scotland and Wales, and Section 75 of the Northern Ireland Act (1998) and others.

Step 6 – Summary of analysis

We do not believe there are any negative impacts from the proposed guidance at this stage, but will seek to explore this during the consultation process.

We will review this once the consultation has been completed.

General Chiropractic Council

Park House

186 Kennington Park Road

London

SE11 4BT

T: +44 (0) 020 7713 5155

E: enquiries@gcc-uk.org

W: www.gcc-uk.org

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