Guidance for Decision Makers

General Chiropractic Council

The General Chiropractic Council Guidance for Decision Makers:

Sanctions



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GCC Guidance for Decision Makers

The General Chiropractic Council ('the GCC') is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Chiropractors Act 1994 ('the Act').[Ref1]

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

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

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

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

The Purpose of this Guidance

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

The guidance is intended to be considered within the context of the legislation, rules, guidance and policies which govern the approach of the PCC and HC.

Publication History

This edition published 01 November 2026.

Changelog

Date	Change
November 2026	Fully revised and updated with reference to the Code of Professional Practice (2026) [Ref2]. Includes a clearer staged approach to decisions and wider guidance on specific cases (including where discrimination or sexual misconduct are a factor).
May 2018	Third edition published.
August 2010	Second edition published.
Autumn 2004	First edition published.

Contents

GCC Guidance for Decision Makers 2
The Purpose of this Guidance 2
Publication History 2
Changelog 2
The Role and Status of the Guidance on Sanctions 4
Approach to Sanctions and Reasons 5
Why are sanctions imposed? 5
The nature of allegations 5
The staged approach 6
Allegations that are not well founded 7
Allegations that are well founded 7
Submissions 7
The approach to sanction 8
Reasons 8
The Available Sanctions 9
Admonishment 9
Conditions of Practice Order (PCC) 10
Suspension Order (PCC) 13
Removal from the register 16
Factors and Evidence 17
Harm caused or risk of harm 17
Repetition 17
Assessing insight and remediation 17
Previous regulatory concerns 20
References and testimonials 21
Proceedings where a chiropractor is unrepresented 21
Considering previous interim suspension orders 22
Mitigating and Aggravating Factors 23
Mitigating factors 23
Aggravating factors 24
Particular Categories of Case 25
Convictions 25
Sexual Misconduct 27
Dishonesty and lack of integrity 28
Failing to provide an acceptable level of treatment or care 29
Discrimination and harassment 30
Exploitation of vulnerability and victimisation 31
Review hearings 32
Purpose of a review hearing 32
How a review hearing may arise 32
Approach of the reviewing committee 32
Options available to a review committee 33
Adjourned or unfinished reviews 35
Further reviews 35
Interim Suspension Orders 36
Health Committee 37
The Sanctions Available to the Health Committee 37
Conditions of Practice Order (Health) 37
Suspension Order (Health) 38
References 40
Other Relevant legislation, rules, guidance and policies 40

The Role and Status of the Guidance on Sanctions

1. The General Chiropractic Council ('the GCC') is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Chiropractors Act 1994 ('the Act') Ref1.

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

3. The sanctions guidance aims to promote consistency and openness in decision-making. It ensures that all parties are aware from the outset of the approach to be taken to sanctions by committees.

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

5. This guidance provides the framework for sanction decisions and committees are expected to apply it. The guidance is there to assist the committee in making decisions that are transparent, fair and consistent. Whilst it is guidance, the committee should provide clear written reasons for any deviation from it.

6. The guidance on sanctions is an important link between two regulatory roles of the GCC: setting standards of conduct and practice for the profession and dealing with complaints against chiropractors. The Council of the GCC is responsible for all decisions taken by the PCC and the HC, although Council members do not sit on either committee. The chiropractic and lay members appointed by the Council to sit on the PCC and HC must use their own judgement in deciding whether allegations against chiropractors are well-founded. These independent decisions must take account of the requirements of the Code of Professional Practice Ref2, effective 1 January 2026 and any other guidance the GCC issues to the profession.

7. The GCC has a legal duty[1] to meet the Welsh language standards which includes a right to participate in legal proceedings in Welsh. The GCC and committee will provide appropriate support to a chiropractor (or other participants) to assist them to use the Welsh language; and will not draw adverse conclusions from their use of the Welsh language or otherwise treat the Welsh language less favourably than English.

8. This guidance was published 1 November 2026 and comes into effect from 1 November 2026.

[1] Welsh Language Standards (No.8) Regulations (2022)

Approach to Sanctions and Reasons

9. A purpose of this guidance is to promote consistency in decision-making, though each case will be considered on its own facts. Decision makers should be clear about why a particular sanction has been imposed in each case.

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

Why are sanctions imposed?

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

12. The pursuit of protection of the public involves acting[3]:

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

13. The purpose of a sanction is not to punish, though a sanction may have a punitive or negative impact upon a chiropractor. The impact of the sanction on the individual chiropractor this will not usually affect the committee's assessment of what is the minimum sanction necessary to protect the public, maintain confidence and uphold standards.

The nature of allegations

14. The Act sets out four types of allegation[4]:

> a) the chiropractor has been guilty of conduct which falls short of the standard required of a registered chiropractor. This is further defined in the Act[5] as "unacceptable professional conduct", referred to in this guidance as ”UPC”;
> b) the chiropractor has been guilty of professional incompetence;
> c) the chiropractor has been convicted (at any time) in the United Kingdom of a criminal offence;
> d) the chiropractor's ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.

15. Where such an allegation is made the GCC will refer it for consideration by the Investigating Committee ('the IC'). If the IC considers there is a case to answer, allegations concerning a chiropractor's physical or mental health will be referred to the HC and allegations of any other kind will be referred to the PCC[6].

[2] Chiropractors Act (1994) Section 1(4A) Ref1
[3] Chiropractors Act (1994) Section 1(4B) Ref1
[4] Chiropractors Act (1994) Section 20(1) Ref1
[5] Chiropractors Act (1994) Section 20(2) Ref1
[6] Chiropractors Act (1994) Section 20(12) Ref1

The staged approach

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

Allegations of unacceptable professional conduct, or professional incompetence

17. In the case of an allegation concerning either UPC or professional incompetence, the PCC must decide in this order:

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

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

19. The standards required of a registered chiropractor are set out in the Code of Professional Practice[Ref2]. The Act provides that, where a chiropractor is alleged and found to have breached any provision within the Code of Professional Practice, this shall not be taken, of itself, to constitute UPC but will be taken into account[7]. This is also the approach to be taken in cases of alleged incompetence.

Allegations of conviction in the United Kingdom of a criminal offence

20. In the case of an allegation concerning a conviction, the PCC must decide in this order:

a) whether the fact of the conviction is proven. If the fact of the conviction is not proven, the allegation is not well-founded. If the fact of the conviction is proven, the matter is well-founded;
b) if the allegation is well-founded, whether the criminal offence has any material relevance to the fitness of the chiropractor to practise chiropractic. If it has no material relevance, the PCC may take no further action;
c) if the criminal offence has material relevance, which of the sanctions available is the minimum necessary to protect the public.

21. The PCC will approach its decision by making determinations on each of these three stages. The definition of a conviction and the process to be followed by the PCC in such cases is set out in more detail below.

[7] Chiropractors Act (1994) Section 19(4) [Ref1]

Allegations of serious impairment due to the chiropractor's physical or mental condition.

22. In the case of an allegation concerning impairment of an ability to practise due to a physical or mental condition, the HC has to decide in this order:

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

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

Allegations that are not well founded

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

Allegations that are well founded

25. Where a committee finds that an allegation is well founded (and in the case of conviction also materially relevant), then the committee must impose a sanction (there is no option not to apply a sanction).[8],[9]

Sanction Submissions

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

[8] Chiropractors Act (1994) Section 22(4) Ref1
[9] Chiropractors Act (1994) Section 23(2) Ref1

The approach to sanction

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

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

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

Reasons

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

30. Committees will ensure reasoning on sanction is consistent with its findings on the allegations.

31. If the sanction imposed is lower or higher than that suggested by this guidance, the reasons for that will be explained in the written determination.

32. If the committee orders a sanction that will remain in place for a fixed period, the written determination will also include a clear explanation of why a particular period has been considered necessary.

33. The written determination must set out whether the committee considered imposing a more restrictive sanction and provide reasons for any conclusion that a more restrictive sanction was unnecessary.

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

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

The Available Sanctions

35. There are four sanctions available to the PCC:

a) Admonishment;
b) Conditions of Practice Order (of up to three years);
c) Suspension Order (of up to three years);
d) Removal from the register.

36. There are two sanctions available to the HC:

a) Conditions of Practice Order (of up to three years);
b) Suspension Order (of up to three years).

37. Each of these sanctions is addressed individually below.

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

Admonishment

39. The least restrictive sanction that can be applied by the PCC[10] is an admonishment, which does not directly restrict a chiropractor's ability to practise. An admonishment is only appropriate if the committee has decided there is no risk to the public requiring the chiropractor's practice to be restricted.

40. An admonishment may be appropriate if:

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

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

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

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

[10] Chiropractors Act (1994) Section 22(4a) Ref1

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

44. An admonishment will be published against the registrant's entry in the register for the period of time specified in the GCC Publication and Disclosure Policy Ref3.

Escalation

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

Conditions of Practice Order (PCC)

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

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

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

> a) the period for which the order is to have effect;
> b) a test of competence which must be taken by the chiropractor.[11]

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

> a) if a period is specified in the Order, when that period ends;
> b) if no period is specified but a test of competence is specified, when the chiropractor passes the test; or
> c) if both a period and a test are specified, whichever is the later of the period ending or the chiropractor passing the test.[12]

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

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

[11] Chiropractors Act (1994) Section 22(5) Ref1
[12] Chiropractors Act (1994) Section 22(6) Ref1

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

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

52. Committees should consider the GCC Bank of Conditions Ref4 when deciding which conditions to impose in a case. The conditions bank is indicative, and the committee is not limited to these conditions.

53. Before the committee decides on any conditions to be imposed, it will consider inviting any submissions from the GCC and the chiropractor as to whether the proposed conditions will be workable. This is likely to be particularly important if the committee intends to impose conditions requiring workplace supervision. Seeking such submissions may mean the committee needs to adjourn for a brief period of time to allow the GCC and chiropractor an opportunity for consideration.

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

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

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

56. Committees will need to give careful consideration to the length of a Conditions of Practice Order and provide reasons for the length of the order. In determining the length, the committee should be satisfied the order's duration is proportionate and may consider:

a) the degree of risk to public protection posed by the chiropractor;
b) the degree of risk to public confidence in the chiropractic profession;
c) the amount of time which is likely to be needed to undertake any training for the purpose of demonstrating remediation;
d) the committee's reasons for assessing conditions as being the proportionate response to its findings.

57. Details of a Conditions of Practice Order will be published against the registrant's entry in the register for the period of time specified in the GCC Publication and Disclosure Policy [Ref3].

Escalation

58. If the PCC concludes that imposing a Conditions of Practice Order will not be sufficient in the circumstances of the case, having regard to the over-arching objective, it must go on to consider imposing a Suspension Order on the chiropractor's registration.

Ordering a Review Hearing when imposing a Conditions of Practice Order:

59. When imposing a Conditions of Practice Order, the committee should consider if they wish for it to be reviewed prior to its expiry. The committee can order a Review Hearing to consider whether the chiropractor is fit to resume practice before the Order expires.

60. When ordering a review, the committee should be clear as to the purpose of the order and the evidence that would likely assist the reviewing committee to assess compliance with the conditions.

61. If the committee does not consider that a Review Hearing is necessary, it should clearly explain its reasons in its determination.

62. There are more details about Review Hearings and the options available to the committee when reviewing a sanction when reviewing a sanction at paragraphs 197 – 219 of this guidance.

Suspension Order (PCC)

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

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

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

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

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

Duration of a suspension order

68. Committees will need to give careful consideration to the length of a Suspension Order and provide reasons for the length of the order. In determining the length, the committee should be satisfied the order's duration is proportionate and may consider:

a) the degree of risk to public protection posed by the chiropractor;
b) the degree of risk to public confidence in the chiropractic profession;
c) the amount of time which is likely to be needed to undertake any training for the purpose of demonstrating remediation;
d) whether to account for any previous interim suspension orders;
e) the committee's reasons for assessing conditions as being the proportionate response to its findings.

69. Whilst the committee has the power to impose a suspension of up to three years, it must impose the minimum required for protection of the public, taking into account the statutory over-arching objective to protect the public, and the three limbs set out in paragraph 11, in the circumstances of the particular case.

70. Where a committee considers remediation is unlikely to be achieved within 12 months it should consider carefully whether its findings are compatible with continued registration.

Further considerations

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

72. Details of a Suspension Order will be published against the registrant's entry in the register for the period of time specified in the GCC Publication and Disclosure Policy Ref3.

Escalation

73. If the PCC concludes that imposing a Suspension Order will not be sufficient in the circumstances of the case, having regard to the over-arching objective, it must go on to consider removal of the chiropractor's name from the register.

Ordering a Review Hearing when imposing a Suspension Order

74. When imposing a Suspension Order, the committee should consider if they wish for it to be reviewed prior to its expiry. The committee can order a Review Hearing to consider whether the chiropractor is fit to resume practice before the Order expires.

75. When ordering a review, the committee should be clear as to the purpose of the order and the evidence that would likely assist the reviewing committee to assess insight and remediation.

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

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

78. There are more details about Review Hearings and the options available to the committee when reviewing a sanction when reviewing a sanction at paragraphs 197 – 219 of this guidance.

Protecting the public before a Suspension Order comes into effect

79. In cases when the PCC decides to impose a Suspension Order, the committee will consider whether it is necessary to impose an Interim Suspension Order to protect members of the public during the period until the Suspension Order comes into effect[13].

80. A Suspension Order does not take effect for 28 days and, if an appeal is lodged, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise, if an Interim Suspension Order has not also been imposed.

81. Further detail on Interim Suspension Orders is contained below.

[13] Chiropractors Act (1994) Section 24(2) Ref1

Removal from the register

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

a) a particularly serious departure from the principles set out in the Code of Professional Practice where the conduct is considered to be fundamentally incompatible with being a chiropractor;
b) their ability to practise safely and effectively is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the chiropractor poses to public protection is so significant that they should not be allowed to practise;
c) a reckless disregard for the principles set out in the Code of Professional Practice and for patient safety;
d) doing serious harm to others (patients or otherwise), either deliberately or through incompetence; particularly where there is a continuing risk to patients (see Failing to Provide an Acceptable Level of Treatment or Care);
e) abuse of position of trust;
f) violation of a patient's rights or exploiting vulnerable people;
g) sexual misconduct, including involvement in child sexual exploitation;
h) offences involving serious violence that have resulted in a custodial sentence;
i) dishonesty, especially when it is denied, persistent or covered up;
j) acting without integrity;
k) abusing professional standing;
l) persistent lack of insight into the seriousness or consequences of their actions;
m) discrimination, harassment or victimisation based on a protected characteristic.

83. Details of a Removal Order will be published against the registrant's entry in the register for the period of time specified in the GCC's Publication and Disclosure Policy [Ref3].

Protecting the public before a Removal Order comes into effect

84. In cases where the PCC decides to remove a chiropractor from the register, it will consider whether it is necessary to impose an Interim Suspension Order to protect members of the public during the period before the removal takes effect.

85. A Removal Order does not take effect for 28 days and, if an appeal is made, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise.

86. Further detail on Interim Suspension Orders is contained below.

Factors and Evidence

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

Harm caused or risk of harm

88. Harm may take many forms, for example, it can be physical, psychological, emotional or financial. Complainants may not always wish to provide evidence about the impact of the conduct upon them (or the person being harmed or at risk of harm). However, where evidence of impact is available from the complainant a committee may take that evidence into account in assessing seriousness.

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

90. In some cases, it will be relevant for a committee to consider the extent to which the harm or conduct was deliberate and/or reckless.

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

Repetition

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

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

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

Assessing insight and remediation

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

96. Insight and remediation may be evidenced through written reflections, oral evidence, or a combination of both. Committees should focus on the substance, quality and authenticity of the statement rather than the method by which it is presented, or the existence of a reflective statement alone.

97. Written evidence may assist a chiropractor to provide a considered and structured account of their understanding of the concerns, the impact of their conduct and the steps taken to address any shortcomings. However, committees should recognise that written material alone may not always provide a complete basis on which to assess the depth, authenticity or sustainability of insight or remediation, particularly where the issues are serious or complex, or the chiropractor has received significant assistance in preparing their statement.

98. Oral evidence may assist a committee in exploring and testing a chiropractor's understanding of the concerns, their reflections on the impact of their conduct and the credibility of the steps they have taken to remediate. However, committees should recognise that the ability to communicate insight orally may be influenced by factors such as culture, language, gender, disability, health conditions, stress or anxiety associated with the proceedings.

99. Committees should evaluate all available evidence in the round and should not attach disproportionate weight to either written or oral evidence. The weight given to any evidence will depend on the circumstances of the case and the extent to which it assists the committee in assessing the chiropractor's insight and remediation.

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

101. Committees will be mindful that the absence of evidence does not necessarily demonstrate lack of insight and a chiropractor (particularly where they are not represented) should be invited to provide evidence before an assessment is made.

Considering apologies

102. Apologies are an important aspect of an individual’s duty of candour. The Code of Professional Practice and Guidance for Registrants: Duty of Candour expects registrants to apologise to a patient or their carer when something has gone wrong with the care, treatment or other services that they provide. An apology may be one of the ways an individual demonstrates insight.

103. The timing and nature of any apology will be informed by context and the working environment of the chiropractor. While a timely apology is encouraged, there may be good reason for a delay in any apology being offered, and panels should consider the various reasons why an apology may not be given. For example, chiropractors, including those who have limited access to legal advice, may fear the impact an apology will have on liability. Different cultural factors, neurodiversity, and lived experience may also impact on whether a chiropractor apologises, or how they frame an apology or insight.

104. For the purposes of fitness to practise proceedings before a committee, of itself an apology will not be treated as an admission of the facts alleged or of current impairment.

Insight

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

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

107. Where insight is a significant factor to the decision on sanction, and particularly where the case involves serious misconduct, attitudinal issues, discrimination, exploitation, dishonesty or abuse of trust, a committee may conclude that written reflections alone are insufficient and may require oral evidence from the chiropractor, or further independent corroborating evidence, before determining the extent of insight demonstrated.

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

109. Committees will have regard to when insight developed. Where concerns are accepted at an early stage, or even where insight can be demonstrated prior to referral of the concerns to the GCC, a committee may place more weight than where insight arises after adverse findings have been made. Committees should also have regard to the tension inherent in defending against an allegation and then demonstrating insight.

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

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

a) conduct has been repeated;
b) the seriousness or significance of the conduct has been minimised, or others are blamed for the conduct;
c) they failed to cooperate with the investigation by the GCC into the concerns.

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

Remediation

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

114. Committees will consider whether the conduct is capable of remediation and, if so, whether it has been remedied. If the conduct has been remedied the committee may conclude there is a lower risk of repetition. Examples of activities which may demonstrate a reduction in future risk may include:

a) reflective learning;
b) demonstration of sustained behavioural change;
c) participation in training or development programmes;
d) mentoring or supervision.

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

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

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

Previous regulatory concerns

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

118. Previous regulatory concerns may take the form of:

a) a finding of facts, impairment or UPC by a PCC or HC;
b) a finding of facts, impairment or UPC by another regulator;
c) a conviction by a court in the UK or elsewhere;
d) receipt of a caution or other evidence of a criminal offence.

119. Previous regulatory concerns are likely to be considered relevant where the chiropractor has engaged in similar conduct to that being considered by the committee. Such concerns may indicate an increased risk of repetition, lack of insight or inability to learn from previous failings. A previous finding of facts that did not cross the threshold of UPC or impairment may be relevant if the current case is considered to be a more serious repetition of previous conduct.

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

References and testimonials

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

122. The committee should consider:

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

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

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

Proceedings where a chiropractor is unrepresented

125. There are many reasons why a chiropractor may not have legal representation and a committee should not draw adverse conclusions from the fact that they are not legally represented.

126. An unrepresented chiropractor may be apprehensive or nervous about having to present a case before a committee and this may manifest itself in apparently difficult or defensive behaviour. A committee should take steps to ensure that the chiropractor understands the purpose and structure of the sanctions stage, and the evidence and the submissions that will assist the committee.

127. This procedural assistance must not extend to legal advice or advancing a case, but should facilitate effective participation. The committee's written determination should contain a record of the assistance given.

Considering previous interim suspension orders

128. The chiropractor may have been made subject to an interim suspension order suspending their registration during the investigation by the GCC (before the PCC or the HC has reached a relevant decision on any allegation). These orders are imposed by the IC[14] or PCC[15] to protect members of the public and are revoked either when they expire or at the sanction stage of the substantive hearing.

129. There is no principle that (as in criminal proceedings if an individual is remanded in custody) time spent suspended under an Interim Suspension Order must be deducted from the length of any sanction then imposed by the PCC or the HC at a hearing. However, the committee should take account of the interim order and its effect on the chiropractor when deciding whether a sanction is proportionate[16].

130. Where a committee is imposing a sanction of suspension to mark the seriousness of the conduct to maintain public confidence in the profession, but there are no current public protection concerns, it may be appropriate to take into account the duration of a previous Interim Suspension Order[17]. In contrast, if there are ongoing public protection concerns and a period of suspension is considered necessary to allow the practitioner time to remediate then the duration of a previous Interim Suspension Order is less likely to be relevant in determining the choice or duration of the sanction.

[14] Chiropractors Act (1994) Section 21 Ref1
[15] Chiropractors Act (1994) Section 24(2a) Ref1
[16] Akhtar v General Dental Council [2017] EWHC 1986 (Admin)
[17] Kamberova v Nursing and Midwifery Council [2016] EWHC 2955 (Admin)

Mitigating and Aggravating Factors

Mitigating factors

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

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

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

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

135. Mitigation should only include factors that genuinely reduce culpability or the seriousness of the conduct.

136. The following are examples of mitigating factors:

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

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

138. While systemic factors (for example inadequate supervision, staffing pressures, organisational failures, ineffective governance arrangements, poor workplace culture or deficient training arrangements) will not excuse unacceptable conduct, they may assist committees in understanding how concerns arose and in assessing risk of repetition, remediation and proportionality. Committees may wish to consider to what extent the chiropractor had responsibility and ability to influence systemic issues, and any evidence of their reporting, escalating or acting to reduce the impact of the systemic issues.

139. Committees will be mindful that the absence of what would otherwise be an aggravating factor is not to be treated as a mitigating factor.[18]

Aggravating factors

140. When deciding on a sanction, the committee will need to consider any aggravating factors presented to it, or which it identifies as being relevant.

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

142. Aggravating factors may include:

a) previous regulatory findings;
b) abuse of position of trust;
c) lack of insight;
d) direct or indirect patient harm (or conduct which could foreseeably cause harm);
e) a pattern of UPC over time;
f) discrimination based on a protected characteristic;
g) abuse of vulnerability;
h) deliberate or reckless acts;
i) safeguarding concerns.

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

Particular Categories of Case

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

- Convictions
- Sexual misconduct
- Dishonesty or lack of integrity
- Failing to provide an acceptable level of treatment or care
- Discrimination and harassment,
- Exploitation of vulnerability and victimisation

Convictions

Meaning of 'conviction' and approach to other criminal disposals

144. A 'conviction' within section 20(1)(c) of the Act means a finding of guilt of a criminal offence by a court in the United Kingdom. This definition includes a finding of guilt following either a guilty plea or a trial and irrespective of any sentencing by the court. Convictions should be considered using the staged approach outlined in paragraph 19.

145. Cautions, conditional cautions and other out-of-court disposals administered by the Police or other enforcement authorities are not convictions within the Act, but may still be considered to amount to UPC under section 20(2) of the Act. These should be considered using the staged approach outlined in paragraph 16.

146. Convictions arising in other jurisdictions, including Crown Dependencies, are not convictions within the Act, but may still be considered to amount to UPC under section 20(2) of the Act. These should be considered using the staged approach outlined in paragraph 16.

Finding of fact of the conviction

147. If the PCC receives in evidence a signed certificate of the conviction, then it must accept the certificate as conclusive evidence of the offence having been committed, unless it also receives evidence to the effect that the chiropractor is not the person referred to in the conviction.[19]

Finding of material relevance of the conviction

148. The purpose of considering a conviction is not to punish the chiropractor for a second time. The PCC is concerned with the over-arching objective to protect the public, and the three limbs set out in paragraph 11.

[19] General Chiropractic Council (Professional Conduct Committee) Rules 2000, Rule 7(1) Ref5

149. The material relevance of the conviction to the fitness to practise of the chiropractor is a matter for the judgement of the committee, not a matter of proof. The committee may consider and take due account of aspects of the case including (but not limited to)

a) the nature and gravity of the offence;
b) the nature and severity of the sentence;
c) any mitigating or aggravating circumstances;
d) how a fair-minded and informed member of the public would view the conduct.

150. In a hearing about a conviction, the GCC case presenter will be invited to put forward evidence about the circumstances leading up to the conviction and the character and previous history of the respondent chiropractor. The chiropractor will then have the opportunity to address the committee by way of mitigation and present any evidence.

151. Where multiple convictions arise from or materially contribute to another (e.g. drink-driving leading to careless driving causing serious injury), there is a strong public interest in considering them together, to avoid understating seriousness.

152. Convictions resulting in an absolute or conditional discharge are unlikely to be considered materially relevant, but the seriousness will be fact specific (for instance if the offence took place in the course of their professional practice).

153. Convictions for offences involving drugs or alcohol (including drink driving) are likely to be considered materially relevant, but the seriousness will be fact specific.

154. The committee may decide to take no further action if it finds that a conviction has no material relevance to the fitness of the chiropractor to practise [20]. In this case no action is taken and the chiropractor is informed of this outcome. The committee must give full reasons for the decision in its written determination.

155. However, the committee may decide that a conviction has material relevance to the fitness of the chiropractor to practise even if the offence occurred in the chiropractor's private life, rather than in the course of their professional practice, as such convictions may impact upon public confidence in the profession.

Which is the appropriate sanction?

156. Where a committee finds that a conviction is proven and materially relevant, then the committee must impose a sanction (there is no option not to apply a sanction).[21]

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

[20] Chiropractors Act (1994) Section 22(3) Ref1
[21] Chiropractors Act (1994) Section 22(4) Ref1

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

Sexual Misconduct

159. Sexual misconduct is particularly serious because it may have a significant impact on the complainant (or person being harmed or at risk of harm) and it is likely to gravely undermine the trust and confidence the public places in the profession.

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

a) criminal convictions for sexual offences (including child sexual exploitation);
b) possessing, viewing or distributing child sexual abuse material;
c) sexual harassment;
d) other unacceptable sexual behaviour;
e) pursuing an inappropriate sexual relationship.

161. The PCC should take account of the relevant values, principles and standards set out in the Code of Professional Practice Ref2 (including Principle E and Standard E1) and the relevant expectations within the Guidance for Registrants (including Guidance for Registrants: Professional Boundaries).

162. Sexual misconduct does not need to be sexually motivated – it can have the effect of threatening, intimidating, offending, undermining, humiliating or coercing a person or group.

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

164. Conduct which leads to a chiropractor being placed onto the Sex Offenders Register, Children's Barred List or Adult's Barred List is also likely to be regarded as particularly serious and may be incompatible with any form of practice.

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

Dishonesty and lack of integrity

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

167. Dishonesty and lack of integrity are linked, but separate, aspects of conduct. Examples of dishonesty or lack of integrity in professional practice may include:

a) defrauding a partner in the practice;
b) falsifying or improperly amending patient records;
c) submitting or providing false references, or inaccurate or misleading information on a CV;
d) failing to take reasonable steps to ensure that statements made in formal documents are accurate;
e) providing inaccurate information to the GCC or another organisation when required to (including regulator, insurer, professional body or employer). For example, not disclosing a criminal conviction or offence when required to;
f) dishonesty in the context of conducting or presenting research
g) making false medical claims

168. The PCC should take account of the relevant values, principles and standards set out in the Code of Professional Practice [Ref2] (including Principle C and Standards C9, C11, A2, D15) and the relevant expectations within the Guidance for Registrants.

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

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

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

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

172. Conduct demonstrating a lack of integrity may still have the potential to place patients at risk of harm.

173. Factors which the PCC may wish to consider when assessing a lack of integrity may include:

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

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

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

Failing to provide an acceptable level of treatment or care

176. Failing to provide an acceptable level of treatment or care is particularly serious because it may have a significant impact on the complainant (or person being harmed or at risk of harm) and it is likely to gravely undermine the trust and confidence the public places in the profession.

177. The PCC should take account of the relevant values, principles and standards set out in the Code of Professional Practice [Ref2] (including Principle A, Principle B and Principle D) and the relevant expectations within the Guidance for Registrants (including Guidance for Registrants: Duty of Candour).

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

179. Factors which the PCC may wish to consider when assessing clinical failings include:

a) the nature and seriousness of the clinical failing;
b) the harm or risk of harm presented by the failing;
c) any evidence of repetition or frequency of the failing;
d) whether the failing was an isolated lapse in judgement;
e) whether there was a remediable deficiency in knowledge or skills;
f) an objective assessment of the competence of the chiropractor;

180. A particularly important consideration in such cases is whether or not a chiropractor has, or has the potential, to develop insight into these failures, and if the clinical failings could be addressed through training or other learning. If this is not evident, it is likely that a Conditions of Practice Order or Suspension Order may not be sufficient.

Discrimination and harassment

181. Discrimination will be treated seriously because it may have a significant impact on the complainant (or person being harmed or at risk of harm) and is likely to damage public confidence in the chiropractic profession - particularly among groups who already experience barriers to accessing care.

182. Unlawful discrimination means treating a person unfairly because of their protected characteristics under the Equality Act (2010) [22]. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

183. The PCC should take account of the relevant values, principles and standards set out in the Code of Professional Practice Ref2 (including Principle A, Principle B, Principle G and Principle H and Standards A5, B5, C13, E2, G6) and the relevant expectations within the Guidance for Registrants (including Guidance for Registrants: Professional Boundaries).

184. Discrimination can take many forms, including both direct and indirect discrimination as well as harassment and victimisation. It may occur in either a chiropractor's professional or personal life.

185. A committee may encounter cases based on discrimination, even where it is not unlawful under the Equality Act (2010) Ref6. Whether the discrimination is unlawful may be relevant to the Committee's assessment of seriousness. Discrimination not based on a protected characteristic (for example socio-economic factors), particularly where patients are treated less favourably or denied treatment, may be considered serious.

186. The Committee should have regard to widely recognised definitions of specific hatred towards others to assist them in establishing whether something amounts to discrimination for example antisemitism; anti-muslim hostility; racism; sexism; homophobic, biphopic or transphobic hate.

187. Committees will consider carefully the impact of the conduct. This may include adverse effects on the physical and emotional wellbeing of the complainant (or person being harmed or placed at risk of harm). It may also create or exacerbate barriers to the ability or willingness of certain groups to access care.

188. In cases where unlawful discrimination has been directed towards other healthcare professionals, there may be harm caused to those professionals and a risk to the provision of safe patient care where the conduct impacts upon the ability of professionals to work together effectively.

189. Where unlawful discrimination occurs in a chiropractor's private life, that is still something the committee is likely to take seriously given the risk to public confidence in the profession.

[22] Equality Act (2010) Sections 4 and 13-27.Ref6

Exploitation of vulnerability and victimisation

190. Exploitation of vulnerability and victimisation will be treated seriously because it may have a significant impact on the complainant (or person being harmed or at risk of harm) and is likely to damage public confidence in the chiropractic profession - particularly among groups who already experience barriers to accessing care.

191. The PCC should take account of the relevant values, principles and standards set out in the Code of Professional Practice Ref2 (including Principle A, Principle B, and Principle E and Standards A3, A6, B2, C8, C12, C13, F2, F3, F5,) and the relevant expectations within the Guidance for Registrants (including Guidance for Registrants: Professional Boundaries).

192. Many people accessing the services of chiropractors will feel vulnerable to some extent. It is important that a committee considers a person's full circumstances before reaching a view on the extent of any vulnerability.

193. Examples of factors that may make a person more vulnerable include:

a) having impaired capacity to make certain decisions;
b) being a child or young person under the age of 18;
c) disability;
d) frailty;
e) dependency on the chiropractor;
f) a history of abuse or neglect.

194. Where a person is assessed as being vulnerable, a chiropractor is likely to have an even greater obligation to consider their welfare and not act in a way which exploits their vulnerability.

195. Often the pursuit of inappropriate relationships, whether or not involving sexual misconduct, will be based upon the exploitation of a person's vulnerability. Inappropriate emotional, romantic or otherwise exploitative relationships may be regarded as inherently serious, even where the underlying conduct does not fall into another category of this guidance (such as dishonesty or sexual misconduct).

196. In assessing seriousness, the committee will consider carefully any direct impact of exploitation on the person being harmed or at risk of harm, the degree of any power imbalance or abuse of trust and the risk to public confidence in the profession.

Review Hearings

Purpose of a review hearing

197. When a committee decides that a period of registration with conditions or suspension is appropriate, it will normally order that a review hearing be held, because the committee will want to ensure that the chiropractor is fit to resume practice before the order lapses.

198. Where a review has been directed, it is important that no chiropractor should be allowed to resume unrestricted practice following a period of conditional registration or suspension unless the committee considers that they are safe to do so.

How a review hearing may arise

199. A review hearing will arise at any point prior to the expiry of an order in the following circumstances:

a) A review hearing has been ordered by the committee imposing the original (or subsequent) sanction order;
b) A review hearing has been ordered, but circumstances arise which mean the GCC or chiropractor consider it is necessary to hold a hearing earlier than scheduled. Either party may request an earlier hearing.
c) A review hearing has not been ordered, but a change in circumstances leads the GCC or the chiropractor to consider that it is necessary for the sanction to be reviewed. Either party may request an earlier hearing. In this case the committee's original reasons for not directing a review may be relevant to any decision that is then taken.

200. Note that there is a restriction on when a chiropractor may request a review of a sanction imposed by the Health Committee when a previous application was refused.

Approach of the reviewing committee

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

202. The committee will need to be reassured that the chiropractor is fit to resume practice either unrestricted, or with some form of restraint.

203. The committee will take the following approach to a review hearing:

a) remind itself of the findings of previous hearing(s) and the purpose of the existing order;
b) consider compliance with any conditions imposed at a previous hearing, taking account of any evidence provided;
c) consider the chiropractors fitness to resume practice, taking account of any evidence provided;
d) consider the appropriate options available to the committee on review.

204. When considering the chiropractor's fitness to resume practice, the committee will need to satisfy itself, as relevant, that:

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

205. The committee should consider whether the chiropractor has produced any evidence on these matters and will carefully consider the quality of that evidence.

Reviewing orders following a conviction in the United Kingdom of a criminal offence

206. When reviewing orders where the chiropractor has been convicted of a criminal offence, the committee will consider whether any sentence has been served and whether at the time of the review they appear in the Sex Offenders' Register, Children's Barred List or Adult's Barred List.

Reviewing orders made by the Health Committee

207. When reviewing orders made by the Health Committee, it is likely the committee will wish to see up-to-date medical evidence about the chiropractor's health and how they are managing their condition.

Options available to a review committee

208. The options available to a committee at a review hearing vary depending on whether the case is before the PCC or HC and the order being reviewed.

209. When extending or varying an order, or imposing a new order, the review committee's written determination must provide clear and cogent reasons for their actions (as if applying a sanction for the first time), including consideration of any conditions, proportionality and duration.

Reviewing a Conditions of Practice Order imposed by the PCC

210. At any time when a Conditions of Practice Order is in force, the PCC may (whether or not of its own motion)[23]:

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

211. Where the PCC extends or reduces the Conditions of Practice Order, or specifies a test of competence, the order will have effect as if [24]:

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

Reviewing a Suspension Order imposed by the PCC

212. At any time when a Suspension Order is in force, the PCC may (whether or not of its own motion) [25]:

a) extend, or further extend, the period for which the order has effect;
b) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.

Reviewing a Conditions of Practice Order imposed by the HC

213. At any time when a Conditions of Practice Order imposed by the HC is in force, the HC may (whether or not of its own motion) [26]:

a) extend, or further extend, the period for which the order has effect;
b) make a Suspension Order

214. On the application of the chiropractor with respect to whom a Conditions of Practice Order is in force the HC may[27]:

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

[23] Chiropractors Act (1994) Section 22(7) Ref1
[24] Chiropractors Act (1994) Section 22(8) Ref1
[25] Chiropractors Act (1994) Section 22(9) Ref1
[26] Chiropractors Act (1994) Section 23(4) Ref1
[27] Chiropractors Act (1994) Section 23(6) Ref1

Reviewing a Suspension Order imposed by the HC

215. At any time when a Suspension Order imposed by the HC is in force, the HC may (whether or not of its own motion)[28]:

> a) extend, or further extend, the period of suspension;
> b) replace the order with a Conditions of Practice Order having effect for the remainder of the period of suspension; or
> c) make a Conditions of Practice Order with which the chiropractor must comply if they resume the practice of chiropractic after the end of the period of suspension.[29]

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

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

Restriction on requesting a review of a sanction imposed by the HC

217. Where a chiropractor makes an application which is refused, the HC shall not entertain a further such application unless it is made after the end of the period of twelve months beginning with the date on which the previous application was received by the HC.[30]

Adjourned or unfinished reviews

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

Further reviews

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

[28] Chiropractors Act (1994) Section 23(5) Ref1
[29] Chiropractors Act (1994) Section 23(6) Ref1
[30] Chiropractors Act (1994) Section 23(7) Ref1

Interim Suspension Orders

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

221. The power to impose an ISO is discretionary, and so committees should not consider it to be an automatic outcome.

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

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

Health Committee

224. As explained in paragraph 15 (The nature of allegations), allegations concerning a chiropractor's physical or mental health will be referred to the Health Committee (HC) and allegations of any other kind will be referred to the PCC.

225. Where the HC is satisfied an allegation is well-founded, they must impose either a Conditions Order or a Suspension Order.[31]

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

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

227. HCs will still have regard to all sections of this guidance, so far as they are relevant; in particular: 'Approach to sanctions and reasons' and Allegations of serious impairment due to the chiropractor's physical or mental condition.

The Sanctions Available to the Health Committee

Conditions of Practice Order (Health)

228. Where the HC imposes a Conditions of Practice Order, it has effect for the term specified in the Order[32], and may be imposed for up to three years in the first instance. There is no provision in the Act for the HC to specify a test of competence.

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

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

231. In considering whether a Conditions of Practice Order is the proportionate sanction, HCs will consider paragraphs 46 to 57 (Conditions of Practice Order) of the guidance, as relevant, in assessing:

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

[31] Chiropractors Act (1994) Section 23(2) Ref1
[32] Chiropractors Act (1994) Section 23(5) Ref1

Ordering a Review Hearing when imposing a conditions of Practice Order

232. When imposing a Conditions of Practice Order, the committee should consider if they wish for it to be reviewed prior to its expiry. The committee can order a Review Hearing to consider whether the chiropractor is fit to resume practice before the Order expires.

233. When ordering a review, the committee should be clear as to the purpose of the order and the evidence that would likely assist the reviewing committee to assess compliance with the conditions.

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

235. There are more details about Review Hearings and the options available to the committee when reviewing a sanction when reviewing a sanction at paragraphs 197 – 219 of this guidance.

Suspension Order (Health)

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

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

238. When considering whether a Suspension Order is the proportionate sanction, HCs will consider paragraphs 64-72 of the guidance (Suspension Order).

Protecting the public before a Suspension Order comes into effect

239. In cases when the HC decides to impose a Suspension Order, the committee will consider whether it is necessary to impose an Interim Suspension Order to protect members of the public during the period until the Suspension Order comes into effect[33].

240. As with PCCs, a sanction imposed by the HC does not take effect for 28 days and, if an appeal is lodged, not until that appeal has been decided, during which time the chiropractor would remain on the register and be able to practise, if an Interim Suspension Order has not also been imposed.

241. Further detail on Interim Suspension Orders is contained above in paragraphs 222-230.

[33] Chiropractors Act (1994) Section 24(2) Ref1

Ordering a Review Hearing when imposing a Suspension Order

242. When imposing a Conditions of Practice Order, the committee should consider if they wish for it to be reviewed prior to its expiry. The committee can order a Review Hearing to consider whether the chiropractor is fit to resume practice before the Order expires.

243. When ordering a review, the committee should be clear as to the purpose of the order and the evidence that would likely assist the reviewing committee to assess compliance with the conditions.

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

245. There are more details about Review Hearings and the options available to the committee when reviewing a sanction when reviewing a sanction at paragraphs 197 – 219 of this guidance.

References

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Other Relevant Legislation, Rules, Guidance and Policies

- **The General Chiropractic Council (Health Committee) Rules Order of Council 2000** *(Accessed September 2026)*: https://www.legislation.gov.uk/uksi/2000/3291/contents

- **The General Chiropractic Council (Professional Conduct Committee and Health Committee) Amendment Rules Order of Council 2006** *(Accessed September 2026)*: https://www.legislation.gov.uk/uksi/2006/1630/contents

- **Hearings Protocol** – General Chiropractic Council, (2026), *(Accessed September 2026)*: https://www.gcc-uk.org/assets/publications/Hearings_Protocol_2026_EN.pdf

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