Performance review

professional standards authority for Health and Social Care

General Chiropractic Council

Periodic review

2025/26

The General Chiropractic Council regulates chiropractors in the UK. There were:

4,158

chiropractors on the register as at 30 June 2026

This report covers the period 1 July 2025 to 30 June 2026

Key findings and areas for improvement

Standard 3 on Equality, Diversity and Inclusion (EDI)

The GCC continues to perform well in several areas. It has made some changes to its EDI governance arrangements, but they remain clear and appropriate for embedding EDI. It has made progress in updating its fitness to practise (FTP) guidance documents to ensure they address racist or other discriminatory behaviour – a gap we identified in 2023/24. It continues to use data and research to inform its work and, although it has not identified evidence of unfairness, it continues to look for, and take steps to reduce, risks of bias or unfairness (both actual and perceived) in its regulatory decisions. The GCC's data shows that male registrants are disproportionately represented in FTP referrals. It is implementing measures to reduce the underlying drivers of disparity rather than solely targeting the gender disparity. We welcome these plans but encourage the GCC to remain curious about what its data may be showing to assure itself there are no issues of unfairness. We have also suggested that it consider systematically collecting data on student progression and outcomes, in the same (or similar) way that it collects data on student admissions. We will continue monitoring its work on EDI and how it responds to our suggestions.

See overleaf for more detail

The Code of Professional Practice

The GCC's new *Code of Professional Practice* came into effect on 1 January 2026. To support registrants through the change, the GCC issued extensive communications around the time of its launch, created a new hub with videos and guidance on the changes and published new guidance on professional boundaries. This activity and supporting materials were generally well-received by stakeholders.

Accuracy of the Register

We identified two errors in the GCC's register this year. This was despite corrective action taken following a similar error we identified in 2023/24. The GCC holds a small number of final hearings each year and only three resulted in a sanction this year, so errors occurred on a high proportion of cases. The GCC corrected the errors and is taking steps to strengthen its assurance framework. While this response is positive, the evidence shows there were insufficient controls in place during the review period. We concluded Standard 10 is not met.

Fitness to Practise (FTP)

The GCC met four out five FTP Standards this year.

We audited all cases closed by the GCC between 1 July 2025 and 31 October 2025 at the earlier stages of its process. This helped us assess its closure decisions, quality of investigations, risk management and timeliness. Our audit also provided insight into the support the GCC provided to people involved with FTP investigations. Our findings provided assurance that, by and large, the GCC:

- made reasonable and appropriate closure decisions
- conducted robust investigations, gathering relevant information and seeking clinical advice or expert opinions where appropriate
- identified and managed risks, although it continues to take a risk-averse approach which may create challenges when identifying high priority cases
- supported parties by providing detailed process information, professional and sensitive case handling and regular updates.

We saw some delays in case progression but only one occurred during the review period, with the rest occurring before. The GCC proactively progressed multiple cases without delay by giving deadlines for responses, chasing promptly when responses weren't received and acting promptly on information received. The timeliness data shows improvement at the earlier stages of the FTP process and we welcome this progress. However, the end-to-end timeframe from referral to final hearing remains similar to last year, when the GCC did not meet this Standard because of timeliness. The caseload data also shows an increase in cases awaiting a final hearing and in open cases over 52 weeks old, which could indicate a backlog developing. We concluded that Standard 15 is not met again this year.

This was the third consecutive year that the GCC did not meet Standard 15 because of the timeliness of its FTP investigations. We therefore considered whether to escalate our

See overleaf for more detail

concerns about the GCC's performance, in accordance with our **escalation policy**. The GCC is taking action to address our concerns and there are some early signs of improvement, so the issues do not currently appear intractable. However, end-to-end timeliness has not significantly improved in the last three years and there has been a significant increase in the number of older cases. We therefore decided to escalate our concerns by writing to the Chair of the GCC's Council. We will continue to monitor the GCC's progress in improving its timeliness.

Standards met: 16 out of 18

General Standards
5 out of 5

Guidance and Standards
2 out of 2

Education and Training
2 out of 2

Registration
3 out of 4

Fitness to Practise
4 out of 5

Previous years

2024/25
17 out of 18

2023/24
17 out of 18

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our **Standards of Good Regulation** and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance.

Meeting a Standard means a regulator has demonstrated satisfactory performance in that area. It does not mean there is no room for improvement. Our oversight does not stop when we publish our report. It is an ongoing, continuous process and, where we have identified areas for improvement, we pay particular attention to these as we continue to monitor the regulator's performance.

Our performance reviews are usually carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. **Find out more about our review process**. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

Contents

General Standards

In this section:
Standard 1 (accessible information)
Standard 2 (clear about purpose)
Standard 3 (equality, diversity and inclusion)
Standard 4 (reports on itself and addresses concerns)
Standard 5 (consults with stakeholders)

1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

1.1 The GCC provides information through its website, monthly newsletters and social media. It also attends and holds events to share information about its work and role. We saw multiple examples of its communication activities this year, including:

- Extensive communications prior to, and after, the launch of the new Code for registrants, The Code of Professional Practice, and the launch of a new hub with videos and guidance on the changes.
- The creation of a new Graduate Information Pack with key information about the GCC's role and the application process for registration.
- Updates to the 'Raise A Concern' section of its website to improve clarity and accessibility of information. The changes were tested with members of the public prior to launch.

1.2 We identified two inaccurate entries on the GCC's register this year. This issue has been covered in more detail under Standard 10 as it relates to the public register. We did not identify any other inaccuracies in the information published by the GCC this year so do not think the issue is sufficiently widespread to also impact this Standard.

1.3 Stakeholders described the GCC's communications and information-sharing as timely, responsive, clear and increasingly transparent. Stakeholders were also particularly positive about the GCC's work to publicise the new Code.

Conclusion: The GCC provides information about its work, undertaking targeted communication activities where it identifies a need to raise awareness of changes or new information. Its efforts are well-received by stakeholders. We are satisfied that this Standard is met.

2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

2.1 The GCC launched its *2026-30 Corporate Strategy* this year. Its mission remains unchanged, and is "Enhancing professionalism in chiropractic care, and ensuring the public can access high quality care safely and confidently." EDI commitments are embedded throughout and there are three over-arching strategic aims:

- We will uphold professional standards throughout the education and career of every chiropractor.
- We will deliver our core regulatory and registration activities to a high standard.
- We will collaborate to shape the profession's future.

2.2 The GCC's *Business Plan 2026* sets out the work planned to support delivery of the strategy.

Conclusion: The GCC's new strategy continues to have a clear focus on upholding standards and public protection. We are satisfied that this Standard is met.

3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

3.1 This year, we continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. Our assessment of the GCC's performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality, Diversity and Inclusion (EDI) across its regulatory activities.

3.2 The GCC made some changes to its EDI planning and governance arrangements this year. We are satisfied that they remain clear and appropriate for embedding EDI across its activities:

- It no longer has a standalone EDI action plan but has incorporated its EDI activity and commitments into its Corporate Strategy for 2026-30 (supported by annual business plans). It continues to publicly report on progress against its annual business plans, and therefore its overall strategy, at every quarterly Council meeting. The GCC's Council retains overall oversight of EDI plans and activities.

- The GCC's EDI Working Group, which was set up in 2022 to provide support and input on EDI work, has been disbanded.[1] Instead, the GCC will seek targeted input from individuals with relevant lived experience, for example through the use of temporary advisory boards or similar.

3.3 The GCC continues to conduct and publish Equality Impact Assessments (EIAs) when appropriate. This year, it published EIAs with its:

- Consultation on new guidance for registrants on professional boundaries (in October 2025). It updated the EIA following the consultation to incorporate responses received (in December 2025).
- Draft changes to its Guidance on Sanctions (in June 2026).

3.4 The GCC continues to collect diversity data about its decision-makers at key points in its recruitment process. It does not publish the data it collects (to avoid the risk of individuals being identified from the small numbers) but it provides reports to its HR and Remuneration Committee and it uses the data to inform its succession planning and future recruitment.

3.5 The GCC told us its decision-makers reflect the diversity of the UK population and, where relevant, the GCC register. The GCC will be recruiting new FTP panel members in 2027 and has strategies in place aimed at continuing to increase the diversity of these decision-makers. We would welcome the sharing (or publication if possible) of evidence demonstrating any changes in the diversity of the GCC's decision-makers as this would provide additional assurance against this outcome and help promote public confidence in the GCC's processes.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.

3.6 Since we first introduced our new approach to assessing this Standard, the GCC has demonstrated progress against this outcome by strengthening its EDI requirements for registrants and students and providing resources to support them in improving their EDI skills and knowledge.

3.7 The following were in place this year and have a clear focus on EDI and explicit requirements around valuing diversity, challenging discrimination and taking account of diverse needs:

- the GCC's *Education Standards*, supported by *Best practice guidance for education providers on EDI*, *Student Clinical Placement Guidance* and a Clinical placement toolkit

[1] The GCC told us the Group came to a "natural end" as members indicated an intention to leave due to additional commitments.

- the GCC's quality assurance processes for education and training programmes, which require education providers to demonstrate that they continue to meet the *Education Standards* each year
- the GCC's standards for registrants, particularly *The Code of Professional Practice*, which took effect from 1 January 2026 and contains more patient-centred and strengthened EDI requirements, supported by new guidance for registrants on professional boundaries.

3.8 There is currently limited evidence of the impact the above have had since their introduction. We recognise that cause and effect can be difficult to demonstrate and it may take time to produce evidence of impact. The GCC plans to gather evidence of impact through a registrant survey on attitudes to EDI and we will monitor this work.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

3.9 The GCC continues to collect diversity data and uses its data and other evidence, including research produced by other organisations and regulators, to look for, and remedy, any unfairness in its processes and decisions. Its analyses to date have not identified any clear evidence of unfairness, but it has not become complacent. It:

- Continues to deliver annual mandatory training to staff and decision-makers to reduce the risk of bias and unfairness.
- Promoted its Victim Support Scheme and updated the 'Raise A Concern' section of its website to help reduce barriers to complaints.
- Recognises its own data and analyses are limited by the small numbers involved and is therefore using the GMC's model of High Impact Regulatory Decisions to help it identify bias, potential for bias, and potential for appearance of bias so that it can take steps to reduce the risk of bias, both actual and perceived.
- Is considering collecting other types of data to help it measure the fairness of its decisions (both actual and perceived), including through a project to explore alternative resolution in FTP and through a standardised questionnaire following all regulatory decisions.

The Progress in addressing an opportunity for improvement

In 2023/24, we identified a gap under this outcome, which the GCC had also identified for itself: the GCC's three key FTP process and guidance documents referenced the previous Code but did not mention racist or other discriminatory behaviour apart from in the context of criminal proceedings or vulnerable witnesses. The GCC updated its Investigating Committee (IC) decision-making guidance in October 2025 and Fitness to Practise Procedure Manual in April 2026 (although the FTP team's approach had already been updated in practice following the changes to the IC guidance). The work to update the third document, its Guidance on Sanctions, was delayed until a new Director of Fitness to Practise was in post but in June 2026 the GCC launched a consultation on proposed changes, which include explicit reference to allegations of discrimination, harassment and victimisation. We welcome this progress and will review the final version once available.
development.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

3.10 This he GCC continues to:

- Publish its own EDI data, research and analysis.
- Consult a range of diverse stakeholders to inform its work and is exploring how it can engage under-represented groups and encourage their participation. It is replacing its EDI Working Group but will continue to seek input by creating targeted groups that will be formed on a temporary basis comprising of people with relevant lived experience.
- Work with other regulators and organisations and monitor their research and approaches to identify any learning for itself.

3.11 Although the GCC's data shows that male registrants are disproportionately represented in FTP referrals, it does not plan to explore this specific issue. Instead, it is using its resources to take a broader approach, implementing measures designed to reduce the underlying drivers of disparity more generally rather than solely targeting the gender disparity.

3.12 Most of the GCC's complaints come from members of the public so it has updated its website to help people better understand when to make a referral. It also began work to pilot a mediation service to help manage complaints about chiropractors. The pilot will commence after this review period so we will monitor its progress and impact. We welcome these plans but encourage the GCC to remain curious about what its data may be showing to assure itself there are no issues of unfairness.

3.13 To improve the diversity of student admissions and progression and reduce unfair differential attainment, the GCC strengthened its education requirements in these areas and asks education providers every year to provide information on progression rates, differential attainment and action being taken to address any gaps identified.

Opportunity for improvement

The GCC asks education providers to provide diversity data for student admissions, but not for progression or outcomes. Providers may (and sometimes do) voluntarily include data in response to questions about student progression and differential attainment in their submissions for the GCC's annual quality assurance process. We encourage the GCC to consider obtaining data on student progression and attainment in a systematic way as this data may provide valuable insights and evidence of trends or improvements.

Conclusion: The GCC continues to perform well against this Standard and demonstrates an ongoing commitment to EDI. We are satisfied that the GCC meets all four outcomes and the overall Standard.

4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

4.1 The GCC continues to publicly report on its performance at quarterly Council meetings. It also publishes annual reports on several aspects of its work, including its FTP and Registration functions and its different Committees (Audit & Risk, Education, HR and Remuneration, Investigating and Professional Conduct).

4.2 We saw examples of the GCC acting on, or responding to, external events. It:

- Produced support and guidance for registrants in response to a Coroner's **Prevention of Future Deaths report** involving chiropractic treatment.
- Responded to the **Lord Mann rapid review** on how health regulators can better tackle antisemitism and racism.

Conclusion: The GCC continues to report on its own performance and monitor (and, where appropriate, act on) developments in the wider healthcare regulatory landscape. We are satisfied that this Standard is met.

5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

5.1 This year, the GCC:

- Published its consultation report on its Corporate Strategy 2026-30, which reflected changes made in response to the feedback it received.
- Ran a consultation on new professional boundaries guidance between 1 and 31 October 2025. It acknowledged the relatively short consultation period but considered this was mitigated by pre-consultation engagement with stakeholders, including professional associations, and previous research with the GCC's Patient Community on professional boundaries.
- Collaborated with other healthcare regulators and organisations to produce consent principles and a joint statement on the use of Artificial Intelligence (AI) in education.
- Acted on issues raised by registrants and professional associations about a BUPA video that misrepresented chiropractic practice and its regulation.
- Supported the launch of the National Centre for Chiropractic Research (NCCR). The GCC is providing some funding to support operational costs but is clear that it will not be funding or influencing research direction. The GCC will be represented on the NCCR's National Stakeholder Advisory Group and its role will be limited to oversight and assurance.
- Met with the Scottish government to discuss the regulation of non-surgical cosmetic procedures in Scotland and whether there is an impact on chiropractors and oversight of clinics.
- In response to a requirement flagged by a stakeholder, met with Disclosure Scotland to understand the Protecting Vulnerable Group (PVG) scheme registration requirements for chiropractors practising in Scotland and created a new webpage on the requirements relating to criminal records checks, which it publicised in its newsletter.

What we heard from stakeholders

Feedback was largely positive. Stakeholders described the GCC's approach as consultative, collaborative, constructive and effective. One stakeholder said "the GCC is timely with its communication and seems to pick up on emerging issues quickly."

One stakeholder was keen for more regular engagement with the GCC. Another said "There remains a perception that the GCC does not adequately listen to, or meaningfully engage with, the profession it regulates" and felt transparency on how feedback has shaped decisions could be improved.

We shared all of the stakeholder feedback with the GCC for it to consider and highlighted that it may want to reflect on how it can respond to the requests for more engagement and more transparency.

Conclusion: The GCC continues to actively engage with its stakeholders in a variety of ways. Most of the stakeholders that provided feedback spoke highly of the way the GCC consults and works with them. Overall, we think the evidence shows strong performance in this area. We are satisfied that this Standard is met.

Guidance and Standards

In this section:

6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

6.1 The GCC's new standards for registrants, The *Code of Professional Practice*, came into effect half-way through this review period, on 1 January 2026. As we reported last year, the new Code has the same overall structure and intent, but changes include explicit patient-centred requirements, which we welcomed.

6.2 We have not seen any evidence that raises concerns about the new Code since its introduction

Conclusion: The GCC launched its new *Code of Professional Practice* this year, after reviewing the previous version and identifying areas that could be strengthened or updated. The new Code contains clear patient-centred requirements. We are satisfied that this Standard is met.

7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

7.1 To support registrants with the introduction of the new Code, the GCC:

- issued extensive communications around the time of its launch (as mentioned under Standard 1);
- reviewed and updated its existing toolkits and guidance to reflect the changes made;
- published new professional boundaries guidance (as mentioned under Standards 3 and 5) and an accompanying video and is planning to publish a toolkit in the second half of 2026; and
- plans to publish a toolkit on safeguarding and wellbeing in the last quarter of 2026.

7.2 This year, the GCC also:

- raised awareness of a Health and Safety Executive inspection campaign targeting chiropractors who use radiation generators;
- set up a new webpage for registrants on the requirements relating to criminal records check; and
- produced further support and guidance for registrants in response to a Coroner's Prevention of Future Deaths report (as mentioned under Standard 4), including a letter to registrants highlighting sources of information on the risk factors for stroke.

7.3 Stakeholders were broadly positive about the GCC's guidance documents and supporting materials, describing them as clear, accessible, well-presented and useful. Some stakeholders highlighted areas where further guidance, such as case examples, would be useful. We shared this feedback with the GCC so that it can consider it when developing its toolkits and any other guidance or resources for registrants.

Conclusion: The GCC updated existing resources and published new ones to help registrants meet the new standards. It also continues to raise awareness of emerging areas of risk and produces guidance where it identifies a need for it. We are satisfied that this Standard is met.

Education and Training

In this section:
Standard 8 (maintains up-to-date standards for education and training)
Standard 9 (effectively quality-assures education provides and training programmes)

8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

8.1 The GCC's current Education Standards have been in place since March 2023. In September 2024, the GCC announced that all approved education programmes had successfully adapted to meet the standards.

8.2 The GCC published a Clinical Placement toolkit to accompany the Clinical Placement Strategy 2025-30 it published last year. The GCC plans to review the impact of the strategy once providers and visitors have had experience of using it.

Conclusion: We have seen no evidence to suggest the GCC's Education Standards are out of date or that they do not prioritise patient and service user care and safety. We are satisfied that this Standard is met.

9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

9.1 The The GCC continued carrying out its routine quality assurance activities, reporting regular updates at its public Council meetings.

9.2 The GCC did not change its overall approach to quality assuring education programmes this year, but it:

- Updated its policy on handling concerns about approved chiropractic programmes "to provide clearer guidance on the types of concerns the GCC will consider, the process for reviewing and escalating issues, and key responsibilities." The updated policy states the GCC will consider concerns relating to ongoing or widespread issues that could affect programme quality and that local routes should be exhausted first.
- As mentioned under Standard 5, published a joint statement which sets out principles for education providers to consider on the use of AI in education, including on accountability and academic integrity.

9.3 The GCC reviewed its annual monitoring process to identify potential improvements. Its review involved gathering feedback from education providers and conducting a comparative review of approaches used by other UK and international health regulators and accrediting bodies. The GCC found its approach was broadly aligned with best practice.

Conclusion: The GCC continues to carry out quality assurance activities to ensure programmes are delivering candidates that meet the requirements for registration. It has reviewed its processes and found that they broadly align with best practice. We are satisfied that this Standard is met.

Registration

In this section:
Standard 10 (maintains and publishes an accurate register, including restrictions on practice)
Standard 11 (registration process operates fairly and effectively)
Standard 12 (risks to public from those using protected title is managed)
Standard 13 (ensures registrants continue to be fit to practise)

10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

10.1 We checked 10 register entries, relating to all final hearings (nine) and interim suspensions imposed (one) during the review period. Three of the final hearings resulted in a sanction being imposed on the registrant. Two of the three sanctions imposed (one conditions of practice and one admonishment) were not reflected on the register.

10.2 The GCC rectified the errors when we queried them and conducted a review of what happened. It found weaknesses in its processes, with the absence of systematic quality assurance checks that would have identified and corrected the errors.

10.3 Prior to us identifying the register errors this year, the GCC was already in the process of implementing an action plan to enhance various aspects of its registration function, including implementing a Registration Quality Assurance framework. It identifed further learning from its review of the register errors and incorporated this into its existing plan.

10.4 A similar issue occurred in 2023/24, where our checks (rather than the GCC's controls) identified that a chiropractor who had been erased was still showing as practising on the GCC's register. The GCC took corrective action following that incident so we were concerned to see similar errors this year.

Conclusion: The number of errors is small in absolute terms and they involved relatively low-level sanctions. However, the errors occurred on a high proportion of the cases that resulted in a sanction and demonstrated weaknesses in the controls in place to ensure those sanctions were accurately reflected on the Register. The GCC has responded in a transparent way and is strengthening its assurance framework. While this response is positive, the evidence shows there were insufficient controls in place during the review period. We concluded this Standard is not met.

11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

11.1 The GCC's registration processes remain the same as last year and median processing times remain low at one week for both UK and international applications.

11.2 The GCC created a new Graduate Information Pack this year to explain the registration process to new graduates and help provide a smooth experience for them.

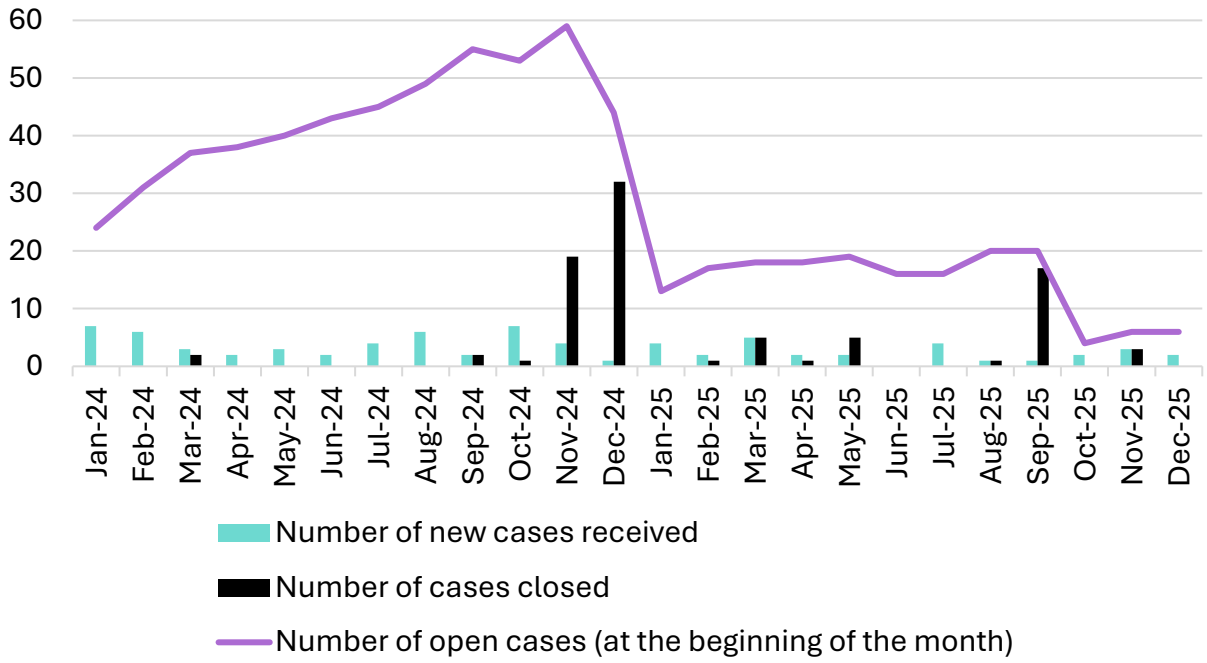
> **"Graduates have reported prompt processing of their registration applications, and we have not encountered any concerns during this period. Overall, the system appears efficient and supportive for new entrants to the register."**
>
> **Stakeholder feedback**

Conclusion: We have no concerns about the GCC's registration processes and are satisfied that this Standard is met.

12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

12.1 We We have been monitoring the GCC's data on its protection of title cases in recent years because it was taking longer to investigate these types of cases, largely due to staff vacancies. Last year, performance improved after successful recruitment and the GCC continued to reduce its open caseload (Figure 1) this year. It also continued to reduce the time taken to investigate these types of cases: it reported the median time taken to close protection of title cases in 2025 was 27 weeks, down from 39 weeks in 2024 and 41 weeks in 2023.

Fig. 1 Protection of title cases 2024-25



12.2 A small number of stakeholders told us they would like to see more rigour and transparency in the GCC's protection of title work. The GCC publishes the above data but does not detail the outcomes of cases, or trends in outcomes. It may therefore want to consider whether it can publish any further information to increase transparency in this area.

12.3 The GCC's Business Plan 2026 includes work to "review [its] current approach to enforcing protection of title under Section 32 [of the Chiropractors Act 1994], including assessing the public and professional understanding of its use in animal chiropractic contexts. [The GCC] will gather evidence on current enforcement activity, identify policy options and prepare for consultation the following year." This work is in its early stages so does not impact this year's assessment but we will monitor it as it progresses.

Conclusion: We will monitor the work the GCC does to review its approach to non-registrants using a protected title but we have no concerns about how it managed these cases this year. The data shows it has sustained the improvements from last year and improved further in terms of timeliness and throughput of investigations. We are satisfied that this Standard is met.

13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

13.1 The GCC's CPD requirements remained the same this year: registrants must undertake 30 hours of CPD and must complete a focused reflection on a topic set by the GCC each year.

13.2 In 2024/25, the topic was the duty of candour and in 2025/26, the topic is safety and quality in practice. The GCC publishes case studies on the selected topic in its monthly newsletter to support registrants with their learning. It also issues communications and reminders as the CPD submission deadline approaches. The GCC reported that the end of the 2024/25 cycle (in September 2025) went smoothly and more registrants submitted on time compared to previous years, with very few last-minute calls from registrants.

13.3 One stakeholder reported that CPD processes can feel compliance-driven rather than outcomes-focused. The GCC has this year started reviewing its CPD framework. It encouraged registrants to take part in an independent research survey on CPD and plans to use the findings to inform its review. It has also commissioned external consultants to conduct its own research. We will monitor this work, including how the GCC incorporates stakeholder feedback in its plans

Conclusion: We have seen no evidence to suggest that the GCC's CPD requirements are disproportionate. We are satisfied that this Standard is met.

Fitness to Practise

In this section:
Standard 14 (anyone can raise a concern about a registrant)
Standard 15 (timeliness of fitness to practise process)
Standard 16 (fitness to practise decisions are fair and proportionate)
Standard 17 (regulator identifies and prioritises cases posing a serious risk)
Standard 18 (all parties involved in the process are supported)

As part of our performance review this year, we audited all 35 cases closed by the GCC between 1 July 2025 and 31 October 2025 at the earlier stages of its process. This comprised 12 cases closed before the Investigating Committee (pre-IC) and 23 closed by the Investigating Committee (IC). The purpose of our audit was to assess:

- the impact of measures introduced by the GCC to improve timeliness, including the introduction of Clinical Advisers (CAs)
- decisions to close cases before IC stage
- drafting of Regulatory Concerns (RCs), as we have received feedback about this in previous performance reviews
- risk management in cases.

We also considered more general aspects of the case handling (including the quality of the investigation and communication with, and support for, the parties) and whether the cases raised any issues of public protection or public confidence. Details of our audit findings are set out against the relevant Standards.

14. The regulator enables anyone to raise a concern about a registrant.

14.1 Anyone can submit a concern through the GCC's website and the GCC provides an email address and telephone number for people that are unable to complete the online form, or require assistance to do so, or require further information about the process. As noted under Standard 1, the GCC updated this section of its website this year to improve the information and accessibility for users. It provides information on different types of concerns and signposts to organisations who may be able to help with concerns that the GCC cannot consider.

14.2 The GCC's annual FTP reports show that it receives referrals from a range of sources, but the large majority consistently come from patients or relatives of patients.

Audit of fitness to practise cases

14.3 The GCC's legislation requires it to refer cases to the IC if they are about a registered chiropractor and fall within any of the grounds set out under Section 20 of the Chiropractors Act 1994. This means that the GCC can only close a case without referring it onwards to the IC for a limited number of reasons, such as because it is not within the GCC's remit or it is a duplicate case.

14.4 As part of our periodic review this year, we reviewed all 12 cases closed pre-IC by the GCC between 1 July 2025 and 31 October 2025. We disagreed with the closure decision in two (linked[2]) cases and considered the GCC created barriers to the concerns being raised in these cases. The GCC disagreed with our view and advised that the cases were closed because the complainant was contacted and given several deadlines which they did not respond to. Regardless of our differing views, we were confident that the issues we identified in these cases (involving one complainant) were not widespread because we did not see any other instances in the cases we reviewed. Our audit therefore provided assurance that the GCC is routinely making reasonable decisions at the intial stage of its process.

14.5 Stakeholders did not report any barriers to raising concerns with the GCC.

Conclusion: The GCC provides different routes for people to raise concerns about registrants and, this year, it updated its webpage on raising a concern to improve the clarity and accessibility of information for people considering whether to make a referral. The GCC's annual FTP reports show that it consistently receives referrals from a range of sources, with the majority coming from patients or relatives of patients. Stakeholders have not reported any barriers to raising concerns. Our audit did not

[2] One complainant raised concerns about two chiropractors in the context of the same series of events. The GCC appropriately opened a separate case against each chiropractor and managed the cases concurrently.

identify any widespread concerns about pre-IC closures or systematic barriers to concerns being raised. We are satisfied that this Standard is met.

15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Our audit findings

15.1 We found that:

- The GCC's investigations were generally robust. In most cases, the GCC gathered enough relevant information to reach an informed and reasonable decision. It sought clinical advice or expert opinions where appropriate.
- CAs were used in very few cases (only two between 1 July and 31 October 2025) so we could not draw any meaningful conclusions about their use or impact. However, we had no concerns about the GCC's approach in the two cases we saw and we did not identify any cases where we thought the GCC should have considered seeking CA input but did not.
- The GCC only drafted and issued regulatory concerns (RCs) in three of the cases we reviewed so we could not draw broad conclusions. We had no significant concerns but suggested some opportunities for improvement, including that the GCC should consider issuing RCs in more cases to help registrants understand and respond to the case against them and that it should explain its approach to RCs to the parties, particularly where they are not issued or do not reflect all of the complainant's concerns. The GCC agreed that RCs can be an important tool to support fairness and clarity. It told us it plans to review its threshold and process for issuing RCs, with a presumption in favour of RCs where concerns are multi-stranded, evolve during the investigation, or involve a high volume of documentation.
- The GCC proactively progressed multiple cases without delay by giving deadlines for responses, chasing promptly when responses were not received and acting promptly on information received. We saw some cases with delays within the GCC's control but only one delay (of approximately seven weeks) occurred during the review period. Reasons for delays were usually recorded and included: a change in caseworker (due to staff turnover); annual leave; testing the new Case Management System; and high caseload. Where there was a delay in making the initial assessment decision, this was due to the GCC prioritising high risk cases over low risk initial assessments when there were resource/capacity issues.

15.2 We suggested some opportunities for improvement in relation to the GCC's approach to withdrawn complaints, taking witness statements, oversight of

outsourced cases and ensuring it avoids placing the onus on other parties to obtain information. The GCC was receptive to our suggestions and confirmed it will reinforce or strengthen its approaches in these areas.

What we heard from stakeholders

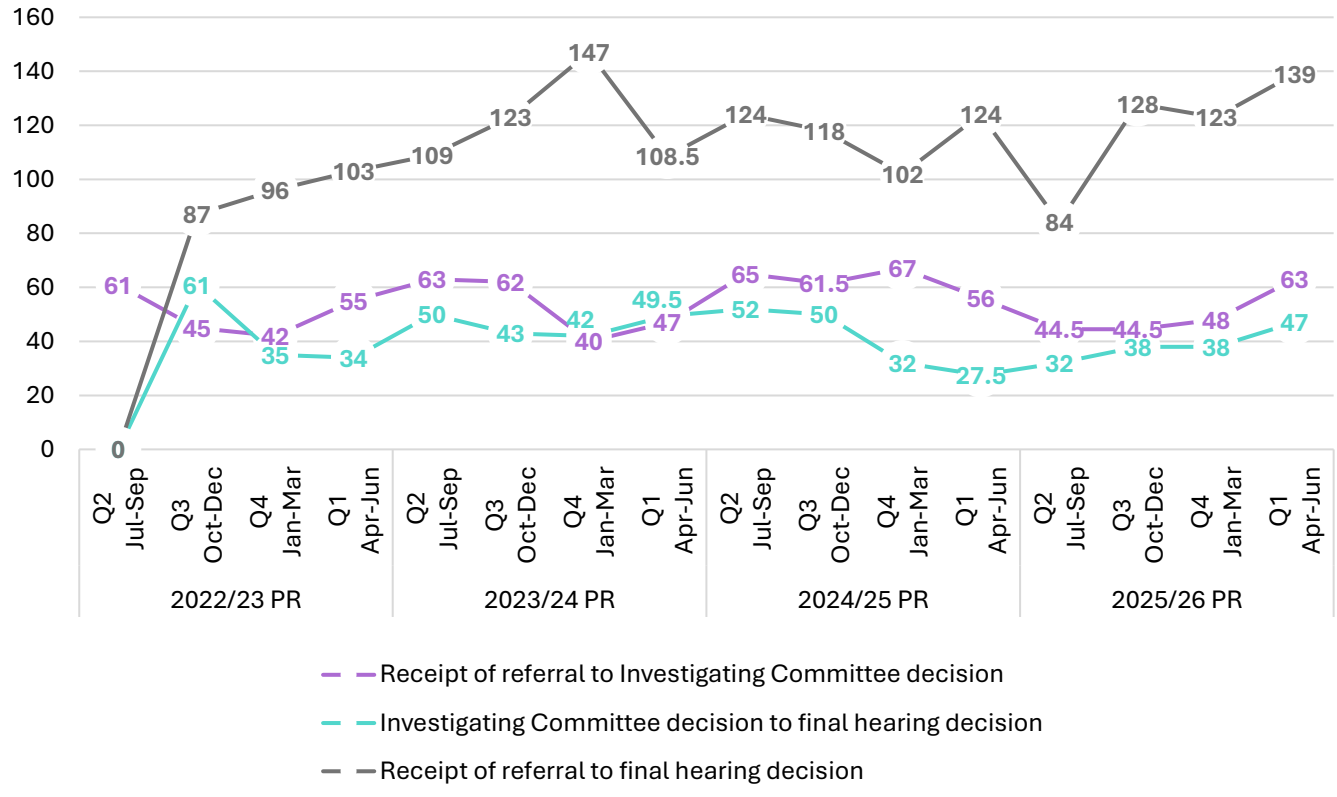
The GCC's FTP process was described as "thorough, balanced and fair" and "operational and accessible."

However, timeliness was flagged as a concern by two stakeholders, one of which particularly highlighted the impact delays can have on registrants, patient confidence and procedural fairness.

Timeliness data

15.3 Figure 2 shows that, at the earlier stages of the process, cases are being progressed more quickly than last year although we note an increase in the final quarter. Quarterly fluctuations are not unusual in relatively small caseloads like the GCC's, but we will continue to monitor the data. The end-to-end time from referral to final hearing remains comparable to last year.

Fig. 2 Median time taken to progress FTP investigations (in weeks)



15.4 Figure 3 shows that the GCC reduced the backlog of cases at the initial stage of its process. However, there is a risk of a backlog developing at the later stages of the process because there has been an increase in the number of cases awaiting final hearing (Figure 3) and an increase in the number of open cases over 52 weeks old (Figure 4). The GCC's quarterly performance updates to its Council show it is cognisant of the risk and is closely monitoring performance and resources. It told us the causes of delays at the later stages are understood and specific. It has plans and a budget in place to increase hearing activity.

Fig. 3 Number of open cases at each investigation stage

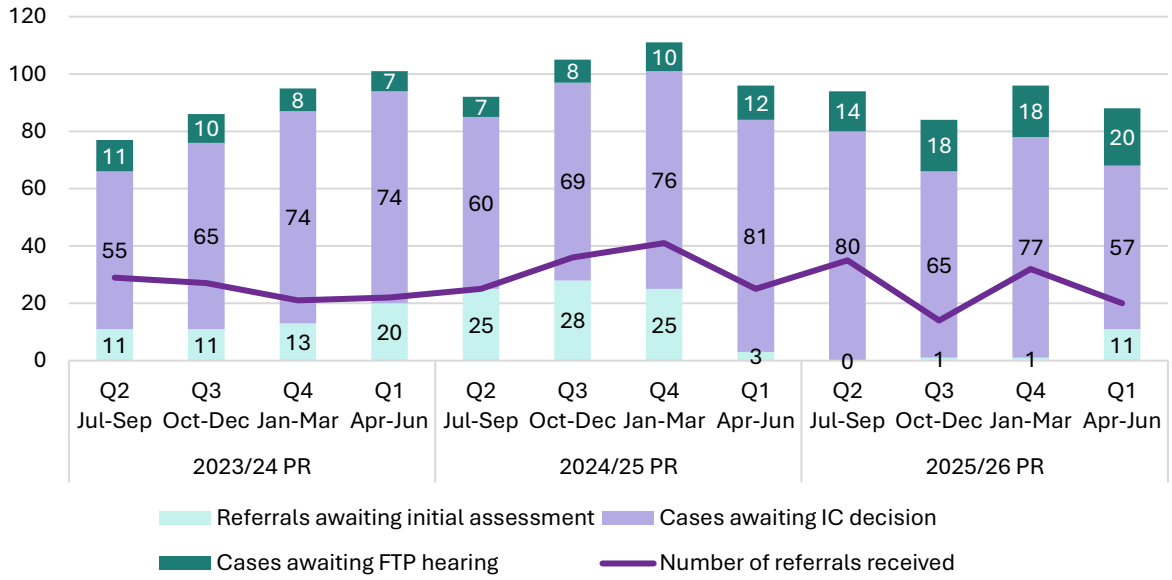
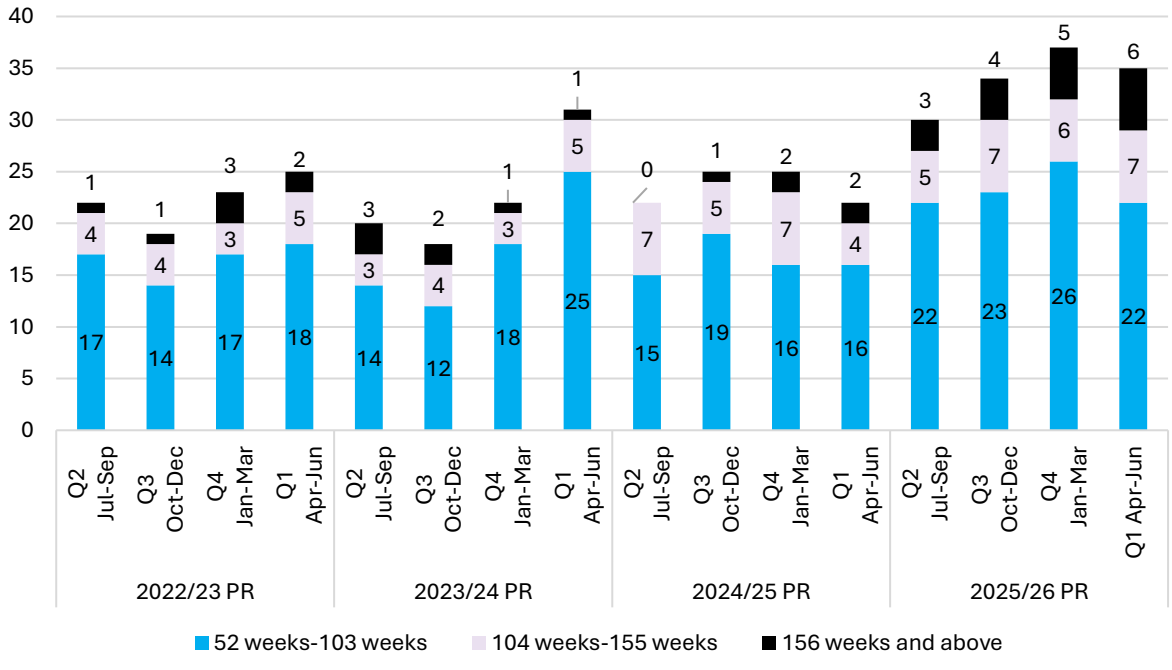


Fig. 4 Number of cases over 52 weeks old



Conclusion: Our audit provided assurance that the GCC's investigations were generally robust. The data shows that timeliness at the earlier stages of the process has improved. We welcome this evidence, as well as the GCC's continued efforts to improve timeliness. However, these measures have not yet impacted end-to-end timeliness, which has not improved since last year. The caseload data also shows an increase in cases awaiting a final hearing and in open cases over 52 weeks old, which could indicate a backlog developing. We concluded that this Standard is not met.

As this was the third consecutive year that the GCC did not meet this Standard because of the timeliness of its FTP investigations, we considered escalating our concerns under our escalation policy. Our decision was finely balanced because timeliness has not significantly improved in the last three years and this year there has been a significant increase in the number of older cases, however there were several mitigating factors present. The GCC recognises the issues and continues to take action to address them. It identified staff turnover as a significant contributory factor and has put measures in place designed to mitigate the impact of any future staffing challenges. The evidence of improvements at the earlier stages of the process also suggests the concerns are not intractable. We concluded it was not necessary to escalate our concerns to the Secretary of State for Health and Social Care, but instead sent a letter to the Chair of the GCC's Council to ensure a continued focus on improvement in this area. We will closely monitor the progress of the GCC's work to improve its timeliness in FTP.

16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

Updates to guidance

16.1 This year, we were monitoring the GCC's work to update its Guidance on Sanctions and on boundaries and to produce a toolkit for registrants on professional boundaries.[3]

16.2 As mentioned under previous Standards, the GCC:

- Published new guidance on professional boundaries in January 2026, with a toolkit to follow later in 2026. The guidance covers a range of boundaries, including inappropriate relationships that are not sexual in nature.
- Launched a public consultation on a draft of its updated Guidance on Sanctions in June 2026.

[3] We identified this area through learning points on a case in 2023/24 which highlighted that the GCC's guidance (including its sanctions guidance) does not address inappropriate relationships that are not sexual in nature so we said the guidance could be strengthened in this area. We noted that it had existing plans in place to update its guidance and produce a toolkit for registrants.

16.3 We will continue to monitor developments on the above.

Our audit findings

16.4 The GCC's FTP process has three main decision points: pre-IC, IC and Professional Conduct Committee (PCC). Our audit was not focused on this Standard, however it provided insight into pre-IC and IC decisions.

16.5 Our findings provided assurance on the quality of the GCC's decisions because there were very few decisions that we disagreed with: in addition to being assured that the GCC was routinely making reasonable pre-IC decision (as mentioned under Standard 14), we found that 22 out of 23 IC decisions were reasonable and appropriate.[4]

16.6 In a small number of cases, we identified some opportunities for improvement in relation to the detail and reasons contained in IC decisions. The GCC was receptive to our suggestions.

Professional Conduct Committee (PCC) decisions

16.7 We did not appeal any of the PCC's final hearing decisions this year and have not done so since 2014.

16.8 We identified learning points on a small number of hearing decisions. There were no themes in the learning points issued this year or in recent years. The GCC responded in a comprehensive way to our learning points, sharing them with relevant members of the FTP team and issuing new guidance to its PCC members.

Conclusion: We have no significant concerns about any of the decision-making points in the GCC's process. The GCC's new professional boundaries guidance strengthens the guidance available to all parties involved in FTP proceedings about the standards expected of registrants and the GCC has progressed its work to update its Guidance on Sanctions. The evidence from our audit and reviews of final hearing decisions indicate that, on the whole, the GCC is making robust and reasonable decisions at each stage of its FTP process. We are satisfied that this Standard is met.

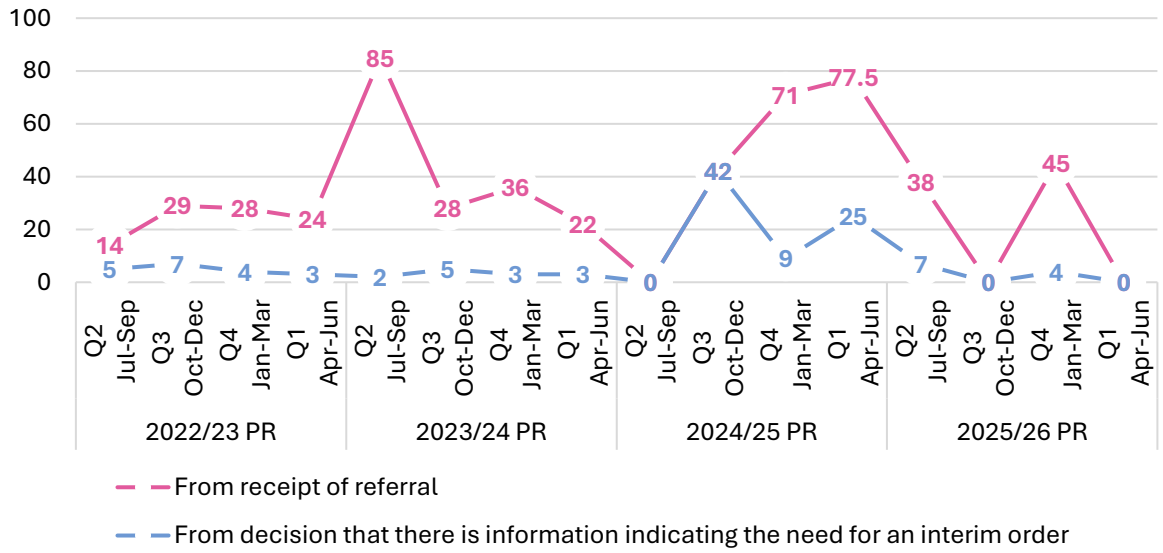
17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

[4] In one case, we could not be confident the decision was reasonable and appropriate because of flaws in the investigation, the drafting of the regulatory concerns and the IC reasoning. The GCC disagreed with our view and its position was that the independent IC was able to assess all of the evidence in the round and reached a reasonable decision. Notwithstanding the GCC's position, as the issues in this case were not widespread, they did not change our overall view that the GCC was routinely making reasonable decisions.

Timeliness of interim orders (IOs)

17.1 This year, the GCC applied for four IOs: three in Q2 2025/26, none in Q3 2025/26, one in Q4 2025/26 and none in Q1 2026/27. Figure 5 shows that IO applications were generally made quicker than last year (from receipt of referral and from the decision that an IO was needed) and we continue to see the usual quarterly fluctuations that we see when the numbers involved are small.

Fig. 5 Median time taken to interim order committee decision (in weeks)



Our audit findings

17.2 In recent years we have noted a small number of cases where there were lengthy delays before the GCC applied for an interim order. We used our audit this year to help us assess the GCC's approach to identifying and managing risks.

17.3 The GCC does not risk assess cases until it decides the concern is within its remit. This is not a unique approach amongst the healthcare regulators and is theoretically reasonable given that a regulator's ability to manage risks is limited where matters are not within its jurisdiction. However, there are potential risks arising from this approach that the GCC may want to consider: potential risks in the case can be missed and as a result would not be used to inform case-handling or decision-making; and if the initial assessment is delayed, the initial risk assessment will be too, meaning there could be unmanaged risks to the public and the risk rating would not inform the case-handling and decision-making during the delay.

17.4 The GCC has four risk ratings: low risk (1), moderate risk (2), high risk (3) and severe risk (4). The 35 cases we reviewed included cases categorised (by the GCC) as low, moderate and high risk at the time they were closed. None of

the cases closed during our audit period were categorised as severe risk or were subject to an IO.

17.5 We found that:

- The GCC routinely risk assessed cases and acted on any risks identified, for example by promptly obtaining further information or referring high risk cases to the IC to determine whether an interim suspension hearing (ISH) was necessary. [5]
- The GCC routinely risk assessed referrals, expert reports and registrants' submissions. However, other types of information (such as the registrant's FTP history, new information from the complainant/third parties and witness statements) were not consistently risk assessed or mentioned in risk assessments. We did not identify any instances where this led to missed or unmanaged risks.
- Risk assessments were documented, but they did not always contain a meaningful analysis of the case-specific risks. We did not see any instances where this led to an inappropriate risk rating being assigned.
- The GCC continues to take a cautious approach to risk:[6]
    - All cases that were risk assessed had an appropriate, or risk averse, risk rating – in eight cases we considered the risk rating should have been lower but there were no cases where it should have been higher.
    - Risk ratings were not always downgraded when they could have been, for example on receipt of an expert report that concluded there were no patient safety concerns.
    - The GCC referred 12 of the 13 high risk cases to the IC to consider whether an ISH was necessary at a very early stage (shortly after receipt of the referral). In all 12 cases the IC concluded an ISH would be premature because of limited evidence. The GCC took a different, more refined approach in the thirteenth high risk case – it identified it as a potential IO case at the outset, but gathered further information before reasonably concluding that a referral to the IC to consider an ISH was not warranted.

---

5 If the GCC identifies the potential need for an IO, it does not refer cases directly to an ISH but refers the case to the IC to consider whether an IO application should be made. The GCC introduced this process following receipt of legal advice but it is not derived from any rules or legislation and the GCC has not implemented a similar process for cases which are within the remit of the Professional Conduct Committee (which are referred directly to an ISH without a preliminary meeting of the PCC).

6 When we last audited the GCC for our 2022/23 performance review, we reported that the GCC takes a cautious approach to assessing risk, assigning a high-risk rating to most of its cases. We said that a cautious approach was reassuring but may make it more difficult for the GCC to prioritise cases if taken too far.

17.6 The GCC was receptive to our suggestions for improvements, which included: developing more detailed guidance on the difference between its risk ratings (to support cases being appropriately categorised); ensuring all new information is risk assessed and risk assessments contain a meaningful analysis of the case-specific risks; and refining its approach to referring cases to the IC for consideration of an ISH.

Conclusion: We have no significant concerns about this Standard. We suggested some areas where the GCC's processes could be improved, which the GCC was receptive to and confirmed it will act on. However, the data shows an improvement in IO timeliness and, overall, our audit provided assurance that the GCC routinely identifies and acts on serious cases, albeit in a risk-averse way. We are satisfied that this Standard is met.

18. All parties to a complaint are supported to participate effectively in the process.

Support for parties

18.1 The GCC provides information about its FTP processes on its website, which (as mentioned under previous Standards) was updated this year to improve clarity and accessibility.

18.2 The GCC has an arrangement in place for independent support services for complainants and registrants going through the FTP process. The GCC reports that uptake of the services is low but we saw examples of the GCC publicising the services on its website and in its newsletter.

Our audit findings

18.3 Our audit was not focused on this Standard, however it provided insight into the support the GCC provides to parties during the FTP process. We saw examples of good practice and most of our findings were positive:

- The GCC routinely provided detailed information about its processes at the outset, and repeated information where necessary.
- The tone of communications was clear, professional, sensitive and empathetic where appropriate. We saw examples of sensitive case handling and tailored adjustments being made to support parties to participate.
- Where there were delays, the GCC was proactive at apologising and explaining the reasons for this.
- After the GCC launched its new support service for registrants in May 2025, email signatures of FTP staff contained clear and prominent signposting to the support services for patients and registrants.
- Parties were usually contacted or updated on a regular (typically monthly) basis. We saw 14 cases where parties were not updated for between two to seven months (without explanation) but in 11 of these cases, this happened only once during the investigation and the rest of

the time parties were updated or contacted on a regular (typically monthly) basis.

18.4 We identified several opportunities for improvement that we shared with the GCC including that: it should consider stipulating at the outset how often it will keep parties updated; information provided should be clear and as specific and tailored as possible; and anonymous complainants should be kept updated unless they ask not to be.

18.5 The GCC agreed that regular, meaningful updates are important for transparency and confidence. It told us it is reviewing its minimum update standard and how the team can monitor this more proportionately whilst avoiding a transactional approach. It also agreed that anonymous complainants should still receive outcome notifications and case updates unless they expressly opt out and confirmed it would reinforce this approach within the team.

Conclusion: The GCC provides information about its processes and offers an independent support service to complainants and registrants going through the FTP process. Our audit found that, on the whole, the GCC supports parties through its process by providing detailed process information, professional and sensitive case handling and regular updates. We are satisfied that this Standard is met.

Quick links/find out more

- → Find out more about our performance review process
- → Read the **GCC's 2024/25 performance review**
- → Read our **Standards of Good Regulation**
- → Read our new **evidence framework for Standard 3**

professional standards authority
for Health and Social Care

020 7389 8030
info@professionalstandards.org.uk
professionalstandards.org.uk