General Chiropractic Council

Consultation Report

The General Chiropractic Council's Guidance for Decision Makers: Sanctions.

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

Published November 2026.

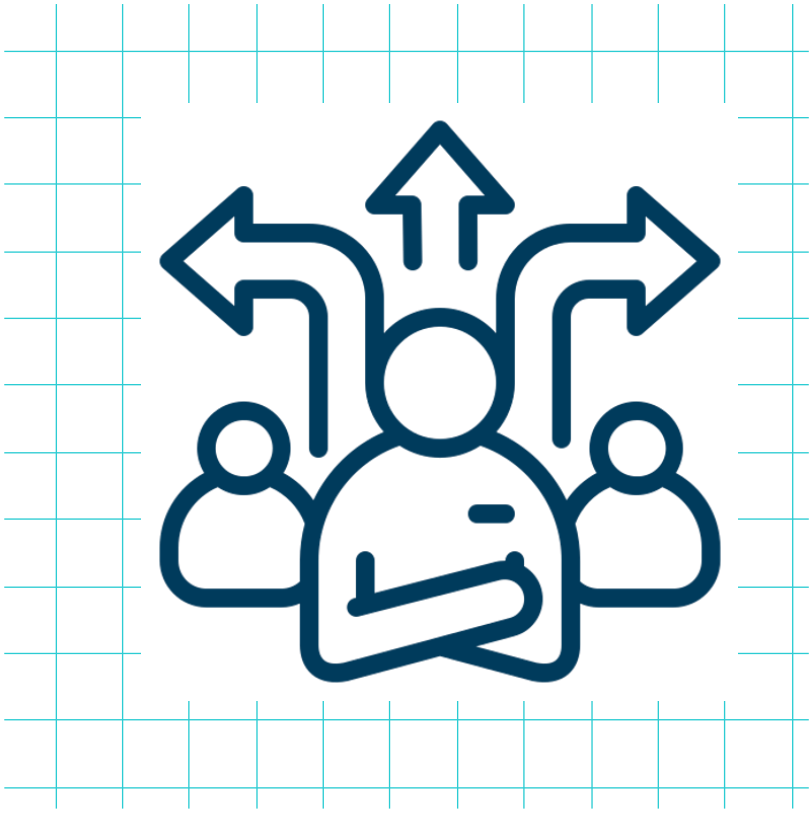


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Abstract

This report summarises the development of the General Chiropractic Council (GCC) Guidance for Decision Makers: Sanctions, and the findings of the consultation into the guidance held from 29 June 2026 to 16 August 2026.

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

Background

The need for guidance on sanctions

The GCC's previous sanction guidance had not been updated since 2018. It therefore required updating to reflect changes in law, regulatory practice and expectations since it was last published.

Experience from Fitness to Practise cases, learning from the Professional Standards Authority and developments across healthcare regulation also showed that decision makers needed clearer, more comprehensive support.

The revised guidance was therefore developed to promote fair, consistent and proportionate decisions, provide a clearer staged approach to selecting the minimum sanction necessary to protect the public, and give fuller guidance on matters including insight and remediation, aggravating and mitigating factors, particular categories of case and review hearings.

Development of the guidance

The guidance was developed through a thorough legal review of the 2018 guidance, relevant legislation and case law, learning from Fitness to Practise cases and feedback from learning points. We also considered current sanction guidance and emerging practice across other healthcare regulators to identify areas where the GCC guidance could be clearer, more comprehensive and better aligned with contemporary regulatory practice.

Drawing on this work, we produced a substantially revised draft with a clearer staged approach to decision making and expanded guidance on the available sanctions, insight and remediation, aggravating and mitigating factors, particular categories of case, review hearings and Health Committee proceedings. The draft was then refined through internal legal and policy review and early engagement with key stakeholders before being presented to Council for approval to consult.

Consultation

At its June 2026 meeting, Council agreed that the draft guidance should be published for consultation with the public, registrants and other key stakeholders.

The purpose of the consultation was to seek the views of stakeholders and explore the feasibility and practical implications of the proposals during the Fitness to Practise process.

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

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

During the consultation period, the GCC met with representatives of the professional associations and their legal representatives during a regular Quarterly Defence Meeting. The consultation was also discussed at the first meeting of the Registrant Health Working Group.

We also considered relevant recent guidance and recent consultations from other health regulators and other bodies. This included:

- The Health and Care Professions Council Sanctions Policy, (March 2026);
- The Guidance for Medical Practitioners Tribunal Hearings (September 2025)
- The General Dental Council Guidance for the Practice Committees and Conditions Bank for Practice Committees (January 2026)
- The General Optical Council Hearings and Indicative Sanctions Guidance (June 2026)

We reviewed best practice and research shared by the Professional Standards Authority. This included:

- Learning points shared with the GCC following concerns with previous committee decisions (unpublished).
- Research Report: Improving the handling of sexual misconduct cases in fitness to practise (September 2026)

We have carefully reflected on all the comments, themes, issues and feedback received when preparing this report, and the final guidance, for presentation to Council in September 2026.

Substantive changes made to the final guidance

The following table highlights the substantive changes made to the final guidance following the consultation. Links in "Comment" point to relevant thematic discussion arising from the consultation. Paragraph numbers refer to the numbering of the final guidance.

Change made	Comment
Changes for readability and navigation	
Throughout the document some changes have been made to aid readability, increase consistency and assist in navigation.	Headings have been reworded or added. Sections have been moved or condensed where content was repeated. Sections have been reordered so that they have a consistent structure. References to sections of the Act have been moved to footnotes. Hyperlinks to elsewhere in the guidance are now "in line". Statements have been split into multiple parts.
Participation in proceedings using the Welsh Language	
Paragraph 7 added	GCC duty to comply with the Welsh language standards.
The nature of allegations	
Paragraph 14 edited	Edited to reflect the allegations set out in the act. Allegation "a)" has been split into two sentences. The first sentence reflects the legislation, the second sentence defines "UPC". Allegation c) has been clarified to better define an allegation of criminal offence.
The staged approach	
Paragraphs 22 and 23 moved	The paragraphs have been moved earlier in the guidance.

Change made	Comment
Paragraphs 24 and 25 added	Added to be clearer about how a committee should respond when it finds an allegation is, and is not, well founded. If an allegation is well founded (and in the case of conviction also materially relevant) there is no option not to apply a sanction.
Overview of Available Sanctions	
Paragraph 38 updated	Clarifies that the registrant has the right to appeal sanctions imposed by the Health Committee as well as those imposed by the PCC.
Conditions of Practice Order	
Paragraph 52 updated	Following a comment from a lay member of an FTP committee, the paragraph clarifies that the conditions bank is not exhaustive.
Paragraph 56 added	Considers the reasons for the duration of the Conditions of Practice Order.
Paragraph 57 added	Details of order will be published against the registrant's entry in the register.
Paragraph 59-62 edited	Condensed and standardised across sanctions. The approach to Review Hearings has been moved to a separate section.
Suspension Order	
Paragraphs 68-70 edited	Considers the reasons for the duration of the Suspension Order.
Paragraph 72 added	Details of order will be published against the registrant's entry in the register.
Removal Order	
Paragraph 82, point b) added	A new definition brings parity with the GMC and other regulators.
Paragraph 83 added	Details of order will be published against the registrant's entry in the register.

Change made	Comment
Harm caused or risk of harm	
Paragraphs 88-91 reordered and a new paragraph added	Reordered for clarity due to conflation of "harm" and "risk". New paragraph added to address deliberate or reckless conduct.
Assessing insight and remediation	
Paragraphs 95-101 reordered and new paragraphs added	Expanded on how to evidence insight and remediation, and specifically the advantages and disadvantages of assessing oral and written evidence.
Paragraphs 102-104 added	New section on the role of apologies.
Paragraph 107 added	The importance of corroborating the depth of insight from multiple evidence sources.
Paragraph 114 edited	Expanded to include consideration of whether remediation is possible, and examples of activities which may demonstrate a reduction in future risk.
Previous regulatory concerns	
Paragraphs 118, 119 altered.	Examples of previous regulatory concerns have been clarified. The revision is clearer that any finding of fact by a regulator (whether it led to a sanction or not) could illustrate a repetition of conduct.
Proceedings where a chiropractor is unrepresented	
Paragraphs 125-127 added	Support and assessment of unrepresented chiropractors.
Considering previous interim suspension orders	
Paragraphs 128-130 edited	Redrafted to be clearer with references to the relevant caselaw.

Change made	Comment
Mitigating and Aggravating Factors	
Paragraph 138 added	Systemic issues as mitigation.
Paragraph 140 and 141 expanded	Expanded for consistency and to highlight the importance of considering weight and relevance of aggravating factors. Further factors (abuse of vulnerability, deliberate or reckless acts, safeguarding concerns) added.
Particular categories of cases	
Paragraph 143 added	Bullet point index added to aid navigation
Convictions	
Paragraph 144-146 added	The guidance now aligns the definition of a conviction within the Act, and how other criminal conduct (e.g. abroad or out-of-court disposals) is dealt with.
Paragraphs 147 -158 expanded	The process has been separated into sections to reflect the staged approach. New paragraphs added to consider multiple convictions from the same event; discharges and alcohol related convictions.
Sexual misconduct	
Paragraph 159 added	Sets the context of the seriousness of the conduct on the victim and impact on trust and confidence in the profession.
Paragraph 160 expanded	Further categories of sexual misconduct included
Paragraph 162 added	Clarification to reflect the guidance in the Guidance for Registrants – Professional Boundaries.
Paragraph 164 expanded	Expanded to include Children and Adult Barring lists as well as Sex Offenders Register.

Change made	Comment
Dishonesty and lack of integrity	
Paragraph 166 – 175 expanded	Expanded to include lack of integrity as linked, but separate, aspects of conduct. This reflects a similar section in General Dental Council guidance.
Failing to provide an acceptable level of treatment or care	
Paragraph 176 added	Sets the context of the seriousness of the conduct on the victim and impact on trust and confidence in the profession.
Paragraph 179 expanded	The section now also suggests factors to consider when assessing clinical failings.
Paragraph 180 expanded	Clinical failings may be remediable (where there is insight) through training or learning
Discrimination and harassment	
Paragraph 181 added, Paragraphs 181-189 expanded.	Sets the context of the seriousness of the conduct on the victim and impact on trust and confidence in the profession, with particular reference to groups who already experience barriers to accessing care. Section expanded to include the consideration of discrimination which may not meet the legal threshold of being unlawful and analysis of its seriousness and impact.
Exploitation of vulnerability and victimisation	
Paragraphs 190-196	Sets the context of the seriousness of the conduct on the victim and impact on trust and confidence in the profession. Section expanded to include factors that lead to vulnerability, inappropriate relationships that are not sexual and assessment of vulnerability and seriousness.

Change made	Comment
Review Hearings	
Paragraph 197 - 219	This section has been expanded using information that was previously repeated for each sanction. The section on review hearings now follows a staged approach.
Interim Suspension Orders	
Paragraph 221 added	An ISO is should not be considered as an automatic outcome.
Health Committee	
Paragraph 224-245 expanded	Detail on the Sanctions Available to the Health Committee is expanded to reflect other (PCC) sanctions.
Related Documents	
References page expanded	A new section "Other Relevant legislation, rules, guidance and policies" has been added to the document after the References.

Consultation reach at a glance

Communications and engagement activity

The consultation was supported by a dedicated communications and engagement plan. Activity included a consultation webpage, stakeholder communications, newsletter coverage, LinkedIn promotion and consultation-specific staff email signatures.

The consultation featured in both the registrant and stakeholder editions of the GCC July newsletter, generating 43 total clicks to the consultation content (31 from registrants and 12 from stakeholders). A further reminder was included in the August registrant newsletter, ahead of the consultation date, generating an additional 24 clicks to the consultation page.

Four dedicated LinkedIn posts promoted the consultation during the consultation period:

- Launch post (8 July 2026): 273 impressions, 14 clicks, 7 likes and 3 reposts.
- Explainer post (17 July 2026): 241 impressions, 7 clicks and 2 reposts.
- Final weekend reminder (14 August 2026): 209 impressions, 7 clicks, 4 likes and 2 reposts.
- Closing day reminder (16 August 2026): 139 impressions, 2 clicks and 1 like.

Across the four consultation-specific LinkedIn posts, activity generated a combined 862 impressions, 30 clicks, 12 likes and 7 reposts.

A consultation-specific email signature was also introduced for staff during the consultation period, providing ongoing promotion through routine correspondence. This was clicked 225 times.

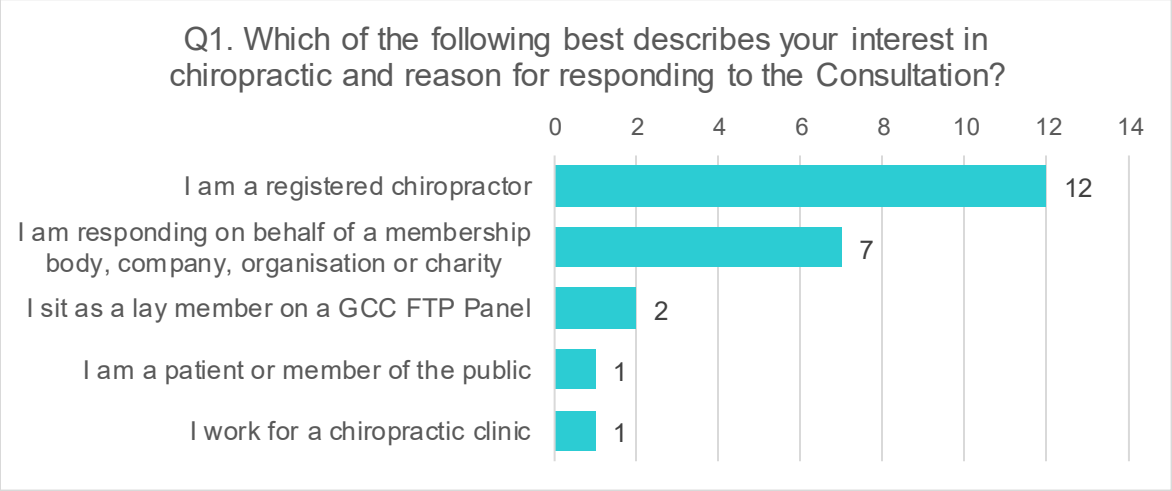
In total the webpage was viewed 367 times by 252 active users. There were 46 clicks from the website to the consultation form and the form was started 35 times.

Consultation responses

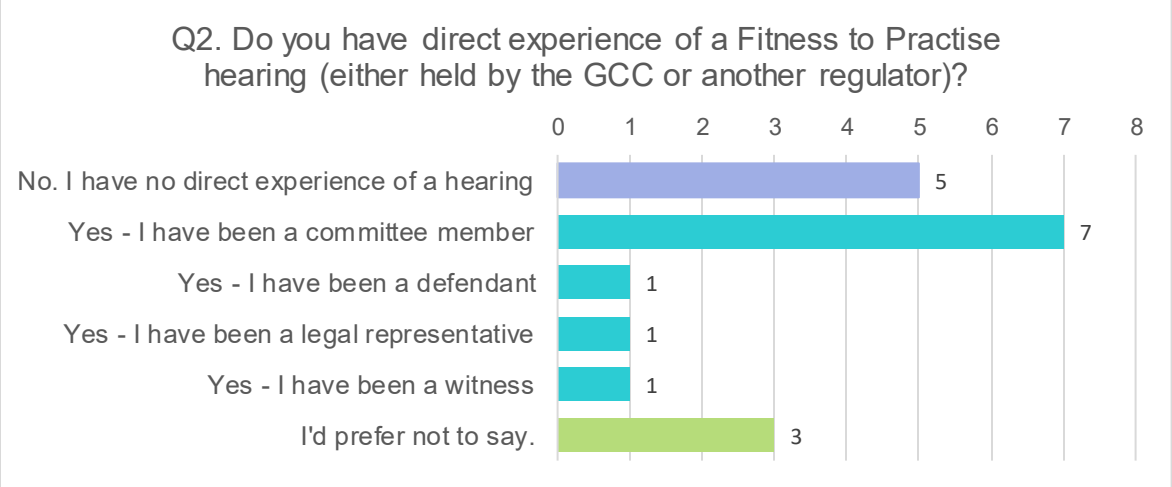
We received 14 completed consultation responses through the consultation form. A further 4 incomplete responses were included as they had completed the majority of the survey (they did not complete the EQWLIA question or the diversity monitoring).

Three organisations responded directly (via letter) to the consultation.

In total we considered 21 responses: 14 from individuals, and 7 from organisations.



Note: Two individuals (one chiropractor and one patient) answered this question twice - highlighting their role while also responding on behalf of an organisation.



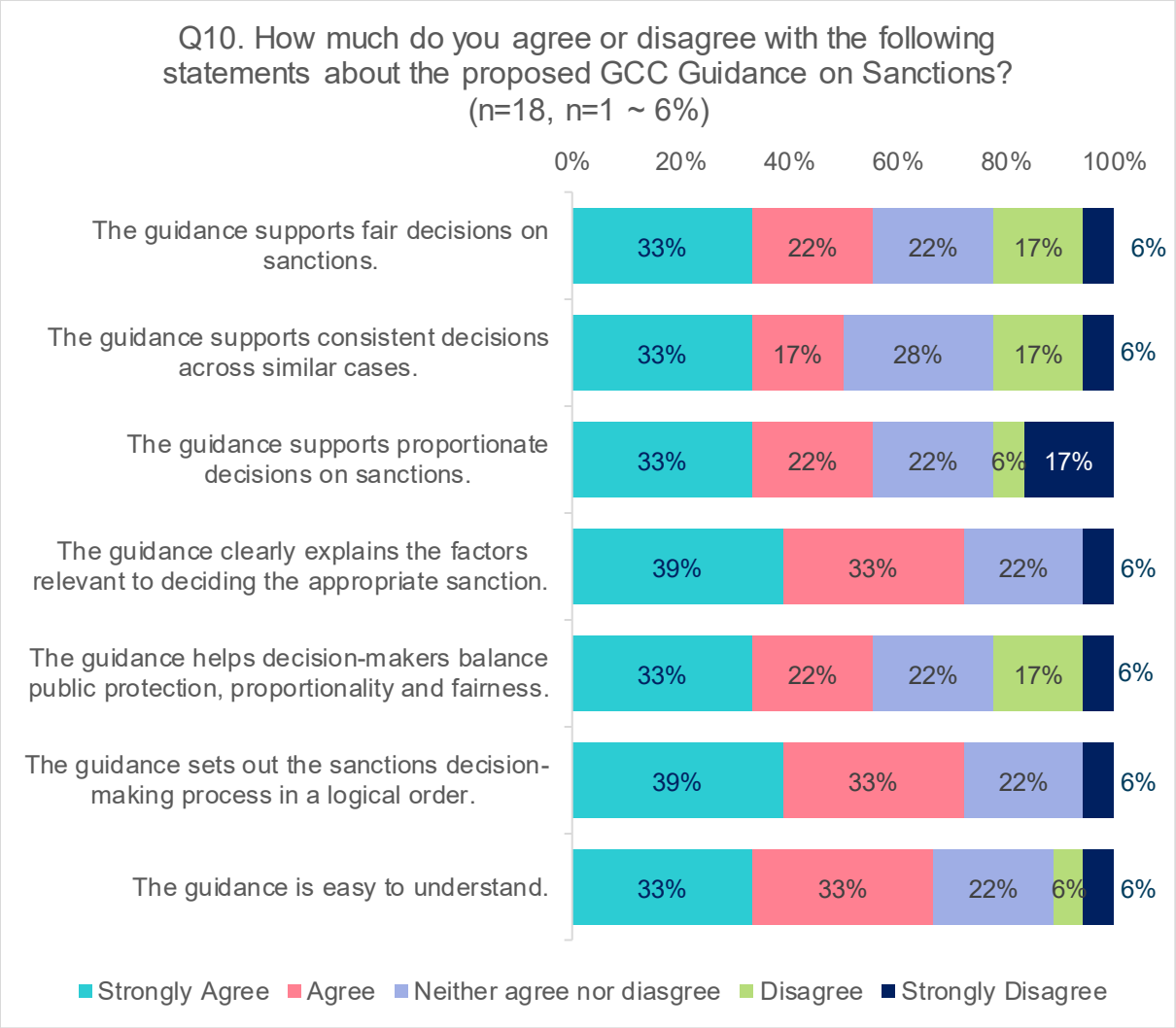
Further information on the demographics of respondents is available in appendix 2

We received organisational consultation responses from:

- British Chiropractic Association
- Capsticks Solicitors LLP (GCC counsel)
- Chiropractor Patient Voice
- Cura Law Limited (responding in conjunction with the United Chiropractic Association)
- General Medical Council
- Professional Standards Authority
- Royal College of Chiropractors

Quantitative analysis of responses

Individuals

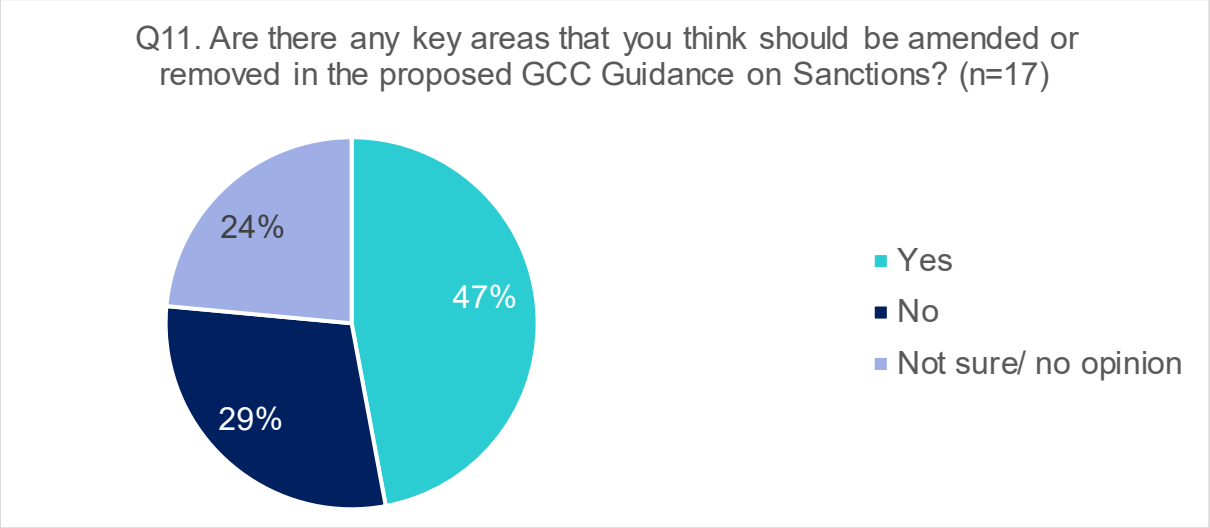


At least half of responding registrants agreed ('Strongly agree' or 'agree') with all statements at Q10, while less than a quarter disagreed ('Strongly disagree' or 'disagree') with each statement, and approximately a quarter chose to neither agree nor disagree throughout.

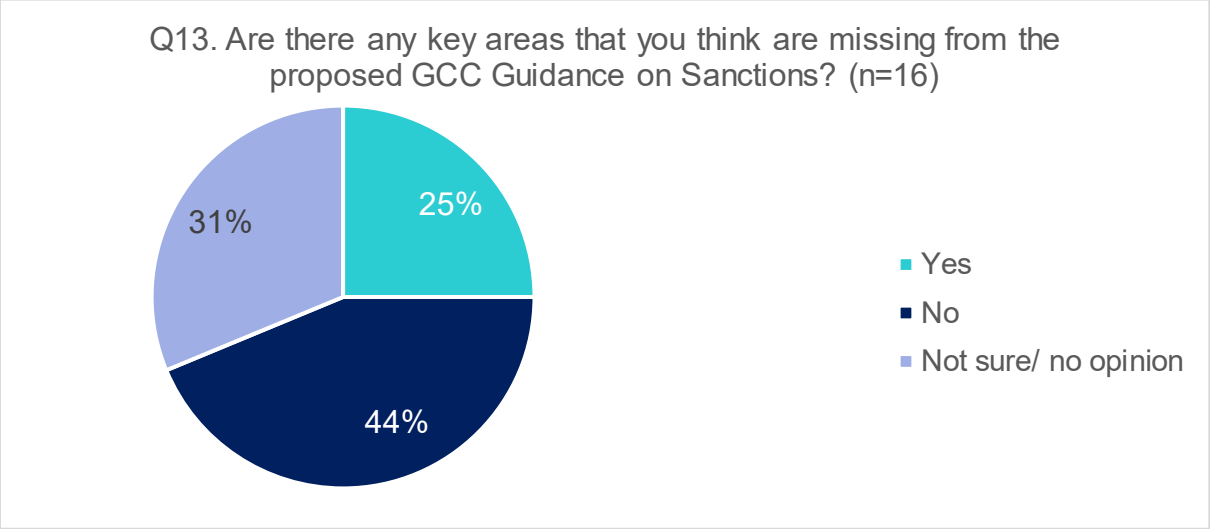
There were notable increases in agreement with statement 4 "The guidance clearly explains the factors relevant to deciding the appropriate sanction", statement 6 "The guidance sets out the sanctions decision-making process in logical order", and statement 7 "The guidance is easy to understand".

The lowest agreement was for statement 2 "The guidance supports consistent decisions across similar cases" with slightly more respondents selecting 'neither agree nor disagree' at this statement, likely due to the more hypothetical nature of the statement.

Overall, responses suggest that registrants were more likely to agree with statements that focussed on the content and structure of the guidance rather than its application and outcome.



As expected from a consultation, most respondents felt that there are key areas that should be amended or removed from the guidance (Q11). Their reasons were explored further in the question that followed (analysed below).



A quarter of respondents felt that key areas were missing from the guidance (Q13). Their reasons were explored further in the question that followed (analysed below).

Organisations

Of the four organisations that completed the consultation survey, the Professional Standards Authority remained neutral by selecting "neither agree nor disagree" for all the statements in Q10. Two of the remaining three organisations "agreed" or "strongly agreed" with the first five statements in Q10 (the fourth "neither agreed nor disagreed"). All three organisations agreed that "The guidance sets out the sanctions decision-making process in a logical order" (Q10.6) and "The guidance is easy to understand" (Q10.7).

General feedback from response comments.

In general, the guidance was received positively, with respondents recognising the importance of the Guidance on Sanctions as a tool to protect to the public.

> A worthwhile consultation to update the Guidance on Sanctions.
>
> **Comment from a patient**

> The proposed Guidance on Sanctions is a significant improvement on previous versions and provides a clear, transparent, and structured framework for decision-making. We welcome the emphasis on public protection, proportionality, consistency, insight, remediation, and the recognition that cultural, linguistic, and health-related factors may influence how registrants engage with regulatory processes.
>
> **Comment from a professional association**

> We particularly welcome the emphasis on proportionality and on identifying the minimum sanction necessary to protect the public, together with the clearer explanation of the factors that should inform that decision.
>
> **Comment from a standards setting organisation**

Generally, they were thought to be clearly set out, with a clear and logical approach.

> Overall, we consider the guidance to provide a clear and logical framework for determining sanctions. It supports fair and consistent decision-making, while appropriately recognising that each case must be considered in light of its individual circumstances.
>
> **Comment from a standards setting organisation**

> The proposed Guidance on Sanctions is generally well structured and provides greater clarity regarding the graduated approach to sanctions, the importance of public protection, and the role of insight and remediation in decision-making.
>
> **Comment from a professional association**

> We do not suggest that any major areas should be removed. Overall, the proposed guidance appears to set out a helpful and logical framework for decision-makers.
>
> **Comment from a regulator**

though one registrant suggested that they were confusing and highlighted the need for clarity.

> … they are confusing and they should be able to be understood with ease.
>
> **Comment from a registrant (16 - 20 years)**

Along with constructive criticism of the proposed document (considered below) there was also general comment on the Fitness to Practise process.

> [The] process is far too expensive and very adversarial, there is a completely disproportionate response to Relatively Trivial infractions…
>
> **Comment from a registrant (over 20 years)**

> …we should be moving towards a no blame learning culture Not an adversarial expensive culture which is fundamentally quite parasitic
>
> **Comment from a registrant (over 20 years)**

While the frustration with the process is understandable, the need for a more proportionate approach to Fitness to Practise was identified within the General Chiropractic Council Strategy 2026-2030, and work is already underway to address many of the concerns raised.

While these planned changes are intended to create a more proportionate and timely system, there will still be cases that are so serious as to require a sanction, and this document needs to be seen within the context of the whole Fitness to Practise system.

To frame that context more clearly, page 2 of the guidance now specifically highlights the context, and all the relevant primary and secondary legislation, the GCC publication schedule, protocol for hearings document and practical arrangements for remote hearings document are included on the references page.

Specific themes from qualitative analysis.

These themes are presented in the order they appear in the revised guidance. Comments reference the paragraph numbers in the consultation edition.

Welsh Language

There were no Welsh language responses to the consultation, however there were comments relating to the use of the Welsh Language.

> In addition, consideration should be given to the potential impact of language on the assessment of insight, reflection, remorse, and communication during regulatory proceedings, particularly where Welsh is an individual's first language. Ensuring appropriate linguistic support and cultural awareness may help promote fair and consistent decision-making.
>
> **Comment from a professional association**

Most comments relating to the Welsh Language were relevant to the assessment of the guidance in the EQWLIA, or addressed practical issues within the FTP process (and not decision making on appropriate sanctions). We do, however, acknowledge that there was a need to specifically address that a committee will provide support to use Welsh, and that no adverse conclusion should be drawn by the committee from the use of Welsh. This is addressed in paragraph 7.

Admonishment as a minimum sanction

One legal counsel highlighted that the Act requires a sanction if an allegation is well founded.

> The GCC may wish to confirm that there is no option for taking 'no further action' if an allegation is found well founded (and in the case of conviction also materially relevant). I.e. at a minimum the PCC will impose an admonishment
>
> **Comment from legal counsel**

Paragraph 25 has been added to clarify this.

Submissions

A strong theme emerging from responses to the consultation, and during the Quarterly Defence Meeting, was whether the GCC should present an expectation of a sanction. This was a change from the previous guidance.

> We submit that the previous guidance should be retained and that the GCC should not make submissions advocating any particular sanction. The GCC is an independent and impartial regulator. Its role is not to prosecute a registrant or to seek a particular punitive outcome, but to place the relevant evidence before the committee so that the committee can make findings and, where an allegation is well founded, exercise its own judgement as to sanction. Once the evidential and fact-finding stages have concluded, it should be for the committee alone to determine whether a sanction is necessary and, if so, the least restrictive sanction required to meet the overarching objective. Permitting the GCC case presenter to recommend a particular outcome would risk changing the character of the sanctions stage from independent regulatory decision-making into an adversarial contest between competing sanction bids.
>
> **Comment from a professional association**

> There is no need for the GCC to make submissions on the law, the committee's statutory purpose or the range and effect of the available sanctions. The committee is assisted by a legal assessor, whose function includes advising it on these sanctions and the need to give adequate reasons. The committee also has the sanctions guidance itself. The existence of that independent legal assistance is an important safeguard and removes any justification for the GCC case presenter to assume an advisory role or to contend that a particular sanction should be imposed.
>
> **Comment from a professional association**

Following consideration paragraph 26 has remained unchanged.

The staged approach to decision making (paragraphs 17 to 23) separates the decision of UPC from the decision of which sanction is the minimum necessary to protect the public. Once impairment or UPC is decided, there is no option not to apply a sanction. The GCC is not an outlier among health regulators in making a submission at this stage, and it will clarify for the chiropractor the sanction that the regulator considers appropriate in light of the need to protect the public, maintain public confidence and uphold professional standards.

The paragraph makes it clear that the submissions from both the GCC and chiropractor are not binding on the committee and both are intended to assist the independent committee.

One comment highlighted that the Medical Practitioner Tribunal Service publishes a matrix of sanctions bandings for case types commonly seen at hearings. The GCC will consider if producing similar guidance would be of assistance.

Appeals

One professional association sought assurance that the right to appeal a decision of the Health Committee remained. It was inadvertently omitted from the overview of the available sanctions, while remaining in later sections. Paragraph 38 been amended in the final version.

> Proposed paragraph 33 states that a chiropractor has a right of appeal within 28 days against any decision of the PCC, but does not refer to decisions of the Health Committee…
>
> … The GCC should confirm that the omission in paragraph 33 is inadvertent and amend it to state the appeal position for both the PCC and HC clearly and consistently.
>
> **Comment from a professional association**

Conditions Bank

One FTP committee member asked for clarification of the role of the conditions bank. This is added at paragraph 52.

> At para 47, confirm that the bank of conditions is not exhaustive. Current language is that panel should refer to the bank. Might be helpful to include that panel is not limited to these conditions.
>
> **Comment from a lay member of FTP committee**

Conditions of Practice Order

While responses from professional associations felt that greater prominence should be given to whether proposed conditions of practice should be workable:

> The proposed guidance should give greater prominence to whether conditions are workable in the realities of chiropractic practice, particularly for sole practitioners and chiropractors working in small clinics. Conditions dependent upon workplace reporting, formal supervision or access to a particular type of reviewer may be impossible to satisfy in practice and can operate as a de facto suspension.
>
> The committee should be required to consider availability, cost, geographical practicality, confidentiality, the proposed supervisor's role, how compliance will be evidenced, and whether the wording is sufficiently precise for both the chiropractor and the GCC. Where a workable condition cannot be formulated, the committee should explain why. Conversely, a condition should not be rejected merely because due to administrative arrangements.
>
> **Comment from a professional association**

Others suggested that the proposed guidance gave this too much prominence:

> In our experience Panels (including across Regulators) have taken different approaches in relation to the 'workability'. For example, an inability to currently source a supervisor may be seen as evidence of the 'unworkability' of conditions or the conditions providing the appropriate level of restrictions based upon the current availability of a supervisor.
>
> **Comment from legal counsel**

> The proposed guidance appears to place considerable weight on the registrant's own views about whether conditions would be workable. Whilst the registrant's submissions may be relevant, there is a risk that the drafting could encourage committees to give disproportionate weight to submissions that conditions are impracticable or unworkable.
>
> **Comment from a regulator**

Paragraphs 53 and 54 remains unchanged. While the GCC is alive to the challenges facing chiropractors working alone or otherwise unable to access supervision, the overarching objective must be to protect the public. We consider that a lesser or greater sanction than that which is necessary to protect the public should not be imposed simply because certain conditions may not be supported by a specific person or body.

Duration of a sanction

The proposed guidance was felt by some to not include sufficient detail on the length of time of an order (suspension or conditions of practice)

> The document explains the available maximum periods but gives limited assistance on selecting the length of a Conditions of Practice or Suspension Order. It should state that duration must be reasoned and linked to the purpose of the order. Relevant considerations include the time realistically required to complete remediation, obtain evidence, undertake treatment, demonstrate sustained change and arrange a fair review.
>
> **Comment from a professional association**

> Committees should avoid selecting conventional or rounded periods without explaining why that period is necessary. They should also consider whether an order's duration…creates a disproportionate overall restriction.
>
> **Comment from a professional association**

> The GCC may wish to include the maximum time periods for each order in the summary box (as well as in the text in subsequent sections)
>
> **Comment from legal counsel**

The maximum duration has been added to paragraph 35. The Guidance has been expanded to explicitly require the panel to explain why the duration of a sanction is necessary (paragraphs 32, 56, and 68-70).

Removal Order

One respondent highlighted that Parliament had established a statutory definition of "fundamentally incompatible" in relation to regulation as a health professional within the AAPA Order (2024).

> We have moved away from describing conduct as 'fundamentally incompatible' with registration in the MPTS guidance. Under Article 9(1)(c) of the AAPA Order 2024, Parliament established automatic removal thresholds for specified listed offences. We consider that this statutory threshold defines what is 'fundamentally incompatible' and therefore we now describe removal / erasure as being as being action that is available 'where a doctor's behaviour, performance, or the impact that a health condition is having on 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 doctor poses to public protection is so significant that they should not be allowed to practise.'
>
> **Comment from a regulator**

While this definition is not yet within the legislative framework for chiropractors, it has been included within paragraph 82 of the guidance as an example of the level of conduct that is likely to lead to a removal order.

Reckless and deliberate conduct

There were a number of comments relating to the recklessness and deliberateness of the conduct and the extent to which a chiropractor should foresee the degree of risk.

> We support the recognition that reckless disregard for patient safety, or a fundamental failure to protect patients from harm, should be regarded particularly seriously.
>
> **Comment from a standards setting organisation**

> The extent to which the harm was deliberate and/or reckless could also be highlighted.
>
> **Comment from legal counsel**

This has been strengthened in paragraphs (90 and 91).

Assessing written and oral evidence of insight and remediation

A number of comments related to the difficulty of assessing evidence, and the importance of guidance in how to interpret different forms of evidence.

> Assessing insight and reflective material
>
> The guidance could be strengthened by recognising the limitations of written reflections when assessing insight. The PSA's guidance on accepted outcomes, highlights the challenges in assessing insight on written evidence alone in difficult or complex cases, particularly where there may be serious or fundamental attitudinal issues, or where registrants may have received significant support producing reflective statements or used AI.
>
> We suggest that the sanctions guidance should encourage committees to consider the quality, authenticity and depth of insight, rather than the existence of a reflective statement alone. Where insight is central to the decision on sanction, and particularly where the case involves serious misconduct, attitudinal concerns, discrimination, exploitation or abuse of trust, the committee may need to test insight through oral evidence or other reliable evidence.
>
> **Comment from a regulator**

The proposed guidance recognised that the way a chiropractor expresses themself may be affected by their cultural background, neurodiversity or other factors. This was welcomed, but some comments felt it could be expanded further.

> Re para 93, excellent to include cross-cultural implications for displaying insight. Reference should also be made to any relevant literature on gendered differences in this regard.
>
> **Comment from a lay member of FTP committee**

> We welcome the recognition that insight and expressions of remorse may vary across cultures and individuals. However, the assessment of insight remains inherently subjective. Additional practical examples or case studies illustrating poor, developing, and good insight may assist Committees in applying this aspect of the guidance more consistently.
>
> **Comment from a professional association**

The guidance has been reorganised to separate assessing insight and remediation evidence (paragraph 95-101) including the strengths and challenges of written and oral evidence. The importance of corroborating evidence in cases where testing insight is a significant factor is considered in paragraph 107.

The role of apology and the duty of candour

A related consideration is the role and timing of an apology in demonstrating insight. The Duty of Candour expects that a chiropractor will apologise to a patient when something goes wrong with the care (Standard C11 of the Code of Professional Practice) and it is established (though not always recognised by chiropractors) that an apology is not an admission of guilt or liability.

An early apology may prevent a concern being raised with the GCC and can demonstrate insight into what went wrong (and how to remediate it) without a chiropractor believing that the conduct amounted to UPC.

> The draft guidance could make clear that committees should consider whether there is evidence that the timing or absence of an apology was influenced by factors outside the registrant's control, such as organisational governance arrangements, advice received during ongoing litigation, or the culture within their workplace. In these circumstances, committees should avoid drawing adverse inferences solely from a delayed or absent apology without first taking those contextual factors into account.
>
> Including this additional explanation would assist committees in assessing the evidential weight to be attached to an apology, or the absence of one, while maintaining the focus on whether the apology demonstrates genuine insight and remediation.
>
> **Comment from a regulator**

In response we have expanded the section considering apologies (paragraphs 102-104) and added an explicit direction that an apology is not an admission of facts alleged or current impairment (paragraph 104).

The extent of insight and remediation

The ability to remediate (particularly when conduct is behavioural or attitudinal); the extent of insight and remediation; and how to measure remediation were all discussed by respondents.

> We welcome the emphasis placed upon insight and remediation. Decisions on sanctions should appropriately recognise chiropractors who identify shortcomings, reflect upon them, undertake relevant education or training and demonstrate that changes have become embedded in their practice. The draft recognises that successful learning or training may provide evidence of remediation in cases involving professional competence.
>
> **Comment from a standards setting organisation**

> Insight and remediation are addressed in general terms in the guidance but in terms of its application to specific types of cases, only dishonesty is addressed specifically in this regard (Para 136). Some misconduct, such as sexual misconduct, is also hard to remediate, as it is behavioural by nature and as such insight and remediation are fundamental. It is important that panels are given some guidance to assist them in assessing genuine insight and remediation in light of such cases which is an area of concern that we see in reviews of decisions.
>
> **Comment from a regulator**

Paragraph 107 now points to examples where insight may be central to a decision on sanction and suggests that insight should be tested across evidence.

Further guidance on the ability to remediate was added to paragraphs 113, 175 and 180.

The tension between defending an allegation and demonstrating insight

A number of comments highlighted that the right to contest an allegation should not count against a chiropractor when their insight was assessed ahead of applying a sanction.

> The assessment of insight should focus on the chiropractor's response to the findings actually made once those findings are available. Admissions may be relevant, but early admission should not become the only reliable marker of insight. A chiropractor may accept and address identified risks without adopting every aspect of the GCC's case or the complainant's account. This safeguard is particularly important because findings may involve mixed conclusions, nuanced clinical judgements, or only part of an allegation being proved.
>
> We submit that the guidance should contain a standalone principle confirming that exercising the right to contest an allegation or appeal a decision is not, without more, evidence of a lack of insight. This is sufficiently important that it should not be left to implication within the wider discussion of insight and should be explicitly covered.
>
> **Comment from a professional association**

While we disagree that insight should focus on the chiropractors response after a finding of fact (see comment on apologies and the Duty of Candour), we acknowledge that tension exists between the right to contest allegation and the demonstration of insight.

> A registrant must remain free to contest allegations and exercise appeal rights without that being treated as an aggravating feature on its own. Committees should focus on the findings actually made and give proper weight to objective remediation, safe practice, audit, supervision and behavioural change.
>
> **Comment from a professional association**

In response we added a sentence acknowledging the tension (paragraph 109).

Previous regulatory concerns

The role of previous regulatory findings in respect of demonstrating repetition of behaviour was felt to be insufficiently clear:

> The GCC may wish to provide greater clarity in relation to the definition of 'adverse findings' i.e. findings at Facts or UPC. We would anticipate the Defence adopting the stance that a finding can only count if it is 'well founded' but note that this could lead to situations where a Registrant has committed similar conduct but that conduct in isolation has not crossed the threshold for UPC, but a later (and more serious) repetition is then adjudicated without the full context.
>
> **Comment from legal counsel**

This was clarified in paragraph 119 and 120.

References and testimonials

The professional associations both commented on the role of references and testimonials in the guidance.

> The guidance appropriately cautions against placing undue reliance on character references. However, it may be helpful to provide further direction on the circumstances in which testimonials can meaningfully demonstrate remediation, behavioural change, or current professional practice, particularly where concerns relate to competence rather than character.
>
> **Comment from a professional association**

With one suggesting that requiring the attendance of a reference is unhelpful.

> The principal questions should be authenticity, the author's knowledge of the findings, the basis and duration of their knowledge of the chiropractor, and relevance to risk, insight, remediation or professional standing. Attendance could be one possible consideration, but not a prerequisite for meaningful weight. The express statement that no adverse inference should be drawn from the absence of testimonials is welcome and should be retained.
>
> **Comment from a professional association**

These areas of the guidance have not been materially changed. Testimonials at the sanction stage are predominantly concerned with issues of character (questions of remediation and competence are better addressed through evidence and expert witnesses).

The question of attendance is required to ensure that the evidence can be further explored by the committee (including through an online meeting) if required.

Unrepresented chiropractors

> The proposed guidance contains no specific provision addressing cases in which a chiropractor is unrepresented. Unrepresented registrants may be at a particular procedural disadvantage when addressing sanction. They may not understand the distinction between evidence and submissions, the ascending approach to sanctions, the significance of insight and remediation, the types of evidence likely to assist, or the practical implications of conditions, suspension, removal and review. These difficulties may be compounded by ill health, disability, neurodiversity, language needs, financial constraints or the stress of the proceedings. The absence of focused submissions or supporting evidence should not therefore be treated automatically as an absence of insight, remediation or relevant mitigation.
>
> **Comment from a professional association**

We agree that there was a need to specifically address proceedings when a chiropractor does not have a legal representative – how they would be supported to participate in proceedings and that no adverse conclusion should be drawn by the committee.

Considering previous interim suspension orders

There was discussion of the relevance of "time spent" under an interim suspension.

> Committees …should also consider whether an order's duration, together with time already spent under an interim order, creates a disproportionate overall restriction.
>
> **Comment from a professional association**

The GCC considers that an interim suspension order is not a sanction – it serves a fundamentally different purpose (immediate protection of the public) to the imposition of a suspension or conditions of practice order, and it is not appropriate to give this time undue weight when imposing a sanction.

In this aspect the GCC is in agreement with the following comment:

> We endorse the stance that time spent under an interim order (such as an interim suspension) should not automatically be deducted from a substantive sanction on the basis that interim orders and substantive sanctions serve fundamentally different statutory purposes.
>
> **Comment from a regulator**

However, we also note that this may not apply in cases that purely focus on public confidence (not protection):

> You may also wish to consider the case of Kamberova v Nursing and Midwifery Council [2016] which establishes that time spent under an interim suspension remains nevertheless a factor to consider when evaluating overall proportionality in cases engaged purely on public confidence grounds.
>
> **Comment from a regulator**

In response the relevant paragraphs (128-130) have been redrafted to be clearer with references to the relevant caselaw.

Mitigating and Aggravating factors

There was some criticism that this section was underdeveloped – particularly highlighting a need for deeper consideration of systematic issues and duress as mitigation:

> …further consideration could be given to the influence of workplace, organisational, and system-level factors on professional conduct and performance. This may be particularly relevant in cases involving workload pressures, inadequate support structures, communication failures, or other contextual factors that contribute to concerns.
>
> **Comment from a professional association**

> Paragraph 81 of the 2018 guidance expressly identified that a chiropractor was acting under duress as one of the non-exhaustive factors which might support an admonishment. That factor has been omitted from the equivalent list in proposed paragraph 36, without explanation.
>
> **Comment from a professional association**

> The Guidance identifies as potential mitigation "any evidence of wider systemic issues in the workplace" (paragraph 110 (e), page 21). However, there is little practical guidance for Panels on how workplace factors should be assessed.
>
> While systemic factors will not excuse unacceptable conduct, they may assist committees in understanding how concerns arose and in assessing risk of repetition, remediation and proportionality. This is also an area that has received increased focus in the context of understanding the causes of major failures of care. It may therefore it may be helpful to provide more guidance for committees on how to identify and account for factors such as inadequate supervision, staffing pressures, organisational failures, ineffective governance arrangements, poor workplace culture or deficient training arrangements.
>
> **Comment from a regulator**

It was considered that an allegation being found proven in circumstances where a registrant has acted under duress was so rare that it is not helpful to identify it as a factor.

The wording does not prevent a committee considering duress (the document is guidance) but does not encourage the committee to look specifically for evidence of duress where it would be more productive to consider wider systemic issues (that would include duress).

The assessment of systemic issues has been expanded in paragraph 138.

Particular Categories of Case

Convictions

One respondent highlighted a need for clarity in the definition of a conviction within the guidance.

> Paragraph 116 … defines a "conviction" as a finding of guilt by a criminal court "anywhere in the world". That does not reflect the wording of section 20(1)(c) of the Chiropractors Act 1994, which refers to a chiropractor having been convicted in the United Kingdom of a criminal offence. The previous guidance correctly described convictions for this purpose as findings of guilt by a criminal court in the United Kingdom.
>
> **Comment from a professional association**

Paragraph 144 now accurately reflects the wording of the Act. Paragraphs 145 (out of court disposals) and 146 (overseas convictions) deal with other findings of criminal conduct as UPC.

Conditional discharges

We note a comment concerning the status of conditional discharges.

> We are concerned that proposed paragraph 117 omits the express clarification in paragraph 56 of the 2018 guidance that a conditional discharge does not constitute a conviction under English law. The earlier paragraph distinguished conditional discharges, cautions and penalty notices, while explaining that cautions or penalty notices might nevertheless amount to unacceptable professional conduct. The proposed paragraph 117 retains the points concerning cautions and penalty notices but gives no explanation for deleting the conditional-discharge provision.
>
> **Comment from a professional association**

The test of a conditional or absolute discharge (Paragraph 152) is now its material relevance, not its existence.

Alcohol related convictions

Paragraph 153 was added in response to the following comment.

> The GCC may wish to include some comment in relation to alcohol related convictions (given that these are by far the most common). The stance taken by panels in previous decisions is that convictions for drunk driving are likely to be materially relevant but seriousness will be fact specific.
>
> **Comment from legal counsel**

Sexual Misconduct

Further changes were made to this section to strengthen the connection to the standards within the Code of Professional Practice and Guidance for Registrants on professional boundaries – particularly concerning the motivation of sexual misconduct (and that it does not need to be sexually motivated).

> Serious safeguarding and boundary-related misconduct
>
> The previous version of the guidance contained more detailed reference to serious child safeguarding concerns including child sexual exploitation, while the revised version appears to contain only brief mention. Given the seriousness of such conduct for public protection and public confidence, the guidance should support panels to identify where this type of behaviour may require a more restrictive sanction and to give clear reasons for any sanction imposed.
>
> **Comment from a regulator**

The guidance now specifically lists child sexual abuse material (paragraph 160) and also explains that any conduct leading to a chiropractor being placed on the Sex Offenders Register, Children's Barred List or Adult's Barred List is also likely to be regarded as particularly serious. (paragraph 164).

Failing to provide an acceptable level or treatment or care

A standards setting organisation highlighted that the paragraph highlighting clinical failings as a category of case where serious action is likely to be required did not fully explore the spectrum of clinical failing.

> We support the recognition that reckless disregard for patient safety, or a fundamental failure to protect patients from harm, should be regarded particularly seriously.
>
> … Given that clinical practice and professional competence are areas in which remediation may be particularly relevant, this section could usefully provide greater guidance on different types and degrees of clinical failing.
>
> … Greater recognition of this spectrum could assist committees in assessing the seriousness of the failing, future risk, remediation and proportionality, while maintaining patient protection as the overriding consideration.
>
> **Comment from a standards setting organisation**

They further highlighted that lack of insight should not be the only aspect of failure in clinical practice that added to the seriousness of the failing – and other aspects should be considered as part of the sanction consideration.

> In this context, we suggest some caution around paragraph 138, where a lack of insight appears to suggest that removal from the register may be the appropriate sanction. Lack of insight should be considered alongside the nature and seriousness of the failing, clinical risk and objective evidence of competence, rather than serving as the sole determining factor.
>
> **Comment from a standards setting organisation**

While we agree that clinical practice is a spectrum, the test of UPC or professional incompetence is a high bar which will "filter out" cases at the lower end of that spectrum.

The guidance on the importance of insight when setting sanctions for clinical failings is therefore appropriate. We recognise that clinical failings may be addressed through training or other learning, and paragraph 180 has been expanded to include this.

Discrimination and harassment

Respondents welcomed the inclusion of discrimination and harassment in the proposal but felt it needed more detail.

> The recognition of discrimination, harassment and victimisation as serious concerns is appropriate. However, further clarification would be helpful regarding how isolated incidents, unconscious bias, systemic factors, and deliberate discriminatory conduct should be differentiated when assessing sanction. This would support greater consistency and proportionality in decision-making.
>
> **Comment from a professional association**

> We welcome the proposed inclusion of discrimination in the sanctions guidance. However, we consider that more detail is needed to support committees in addressing this type of misconduct as is provided for dishonesty and sexual misconduct. …
>
> We suggest that the guidance should explain why discriminatory conduct may be particularly serious in a healthcare context, including because of its potential impact on patients, colleagues, public confidence and confidence among groups who may already experience barriers to accessing care. The guidance could also explain how discriminatory conduct may be relevant to insight, remediation, attitudinal concerns and risk of repetition. This would help avoid discrimination being treated only as a generic aggravating factor, without sufficient analysis of its nature, impact and seriousness.
>
> This is particularly important in the context of the Lord Mann Review and the findings from recent maternity reviews such as the Nottingham Independent Review and the Independent investigation into maternity and neonatal services in England (the Amos Review) which identified the patient safety implications of discrimination.
>
> **Comment from a regulator**

The guidance now contains more detail (paragraphs 181-189) including the consideration of discrimination which may not meet the legal threshold of being unlawful and analysis of its seriousness and impact.

Exploitation of vulnerability and victimisation

Similarly, the importance of vulnerability and victimisation was felt to need further detail.

> The guidance would benefit from more explicit discussion of vulnerability and how it should be taken into account when determining sanction. Vulnerability may be relevant to seriousness, culpability, harm, risk of repetition, public confidence and whether a particular sanction is sufficient to protect the public. It may also be relevant where a registrant has exploited, failed to recognise, or failed to respond appropriately to a patient's circumstances.
>
> We suggest that the guidance should make clear that vulnerability is not limited to fixed personal characteristics. It may arise or be increased because of the patient's health, the nature of care being provided, barriers to raising concerns, dependency on the practitioner, communication needs, previous experiences of harm, or the stress of participating in a fitness to practise process.
>
> **Comment from a regulator**

This was addressed in a new section paragraphs 190 to 196.

Paragraph 195 (which discusses inappropriate relationships which are not necessarily sexual) was added in response to the comments relating to specific targeting of vulnerability by a chiropractor:

> We suggest the guidance should address inappropriate relationships that are not necessarily sexual in nature. This has been an issue that the PSA has previously raised in learning points arising from our review of a previous case under our section 29 powers in relation to the distinction drawn by a panel between romantic and other boundary-related conduct, and noted that the GCC's guidance could be strengthened in this area. The guidance also doesn't touch on how sexual harassment might differ from other kinds of sexual misconduct.
>
> **Comment from a regulator**

> Rather than framing professional boundary breaches as a standalone case type, you will see that we incorporate boundary guidance directly into specific case categories like dishonesty and sexual misconduct where it is often a common feature. However, we treat predatory behaviour as a feature that increases seriousness across all types of allegations, encouraging decision-makers to evaluate it broadly. As this approach encourages decision-makers to assess the individual circumstances of every case, you may consider there is a benefit to taking a similar approach.
>
> **Comment from a regulator**

Review hearings

> The guidance should provide clearer and more consistent information about what a chiropractor is expected to demonstrate at review. The original committee should identify, without improperly binding the reviewing committee:
>
> - the concerns which remain outstanding;
> - the purpose of the order;
> - the evidence likely to assist a future review;
> - any training, reflection, audit, supervision or medical evidence that may be relevant; and
> - the criteria by which compliance and remediation can fairly be assessed.
>
> This would make orders more effective and reduce the risk that a chiropractor reaches a review without understanding what evidence is required. Any suggested evidence should remain proportionate and realistically obtainable.
>
> **Comment from a professional association**

> We consider that some guidance on the approach to be taken when there has been a breach of conditions (including the evidence that could be relied upon) likely to be helpful.
>
> **Comment from legal counsel**

> The GCC may wish to comment on the weight /significant of any comments made by a substantive panel on the reviewing panel (not binding, but likely to be a starting point for consideration given the substantive panels involvement with the underlying evidence at the hearing).
>
> **Comment from legal counsel**

On reflection, the draft guidance did not adequately separate the responsibilities of the committee issuing a sanction from the responsibilities of the committee hearing the review.

The committee issuing the sanction must consider a review and ensure the review hearing is properly informed. Their responsibilities are (where appropriate) stated with each sanction (e.g. paragraphs 59-62).

The staged approach and guidance for a Review Hearing committee is now within a new section starting at paragraph 197.

Interim Suspension Orders

On reflection it was important to further highlight the separation of an interim suspension order imposed before a finding of fact (e.g. paragraphs 128-130) (see also considering previous suspension orders) from an order imposed to prevent harm during the appeal period after a sanction is imposed.

There were differences in opinion on whether an interim suspension order should automatically follow a suspension or removal order.

One professional association argues against a presumption of interim suspension:

> Paragraphs 150–152 should more clearly preserve a separate and reasoned decision on interim suspension. The imposition of suspension or removal does not of itself answer whether immediate suspension during the appeal period is necessary. The guidance should require the committee to identify the specific risk that makes an interim order necessary, consider whether any less restrictive protection is available, address relevant submissions, and give separate reasons.
>
> **Comment from a professional association**

> The statement that a chiropractor should have had sufficient time to plan for an interim order risks appearing to predetermine the practical-impact assessment. Notice of a hearing does not mean that a chiropractor could reasonably know that an adverse finding, removal or immediate suspension would follow. That passage should be removed.
>
> **Comment from a professional association**

Whereas others felt it was illogical to continue to allow practice during an appeal.

> The guidance states that a panel will consider an interim order after imposing a removal order. In our view it should be clear that in most cases this will happen, as if the decision has been taken to remove it is illogical to allow them to return to practise for a period (which may be lengthy in the case of an appeal). This is a concern we have previously identified through our oversight.
>
> **Comment from a regulator**

It does not automatically follow in the Act that an ISO will follow a removal or suspension order, and so the guidance now makes that clearer (paragraph 221) while also placing more expectation that an ISO will always be considered (e.g. paragraphs 84-86).

Health committee

Discussion with the registrant health working group highlighted the importance of separating the condition (whether physical health, mental health, neurodiversity, or addiction) from the insight into the impact of the condition and the ability to manage or use accommodations to mitigate that impact.

As an example, a condition with a potentially serious impact can be well managed and cause no concern, while a relatively more mild condition can cause an impairment if the chiropractor lacks insight and it is therefore not effectively managed.

The GCC is actively working to strengthen our guidance elsewhere in taking this approach, and will work with the registrant health working group to that end.

However, we do not believe the Guidance on Sanctions is the appropriate place for this. The Guidance is likely to assist the Health Committee when the chiropractor lacks insight into a condition, is therefore unwilling or unable to manage the condition appropriately, and this is impairing their ability to practise safely.

In these cases, it is appropriate to impose a sanction to protect the public, and so the guidance in the proposal remains broadly unchanged.

Comments on the Equality and Welsh Language Impact Assessment

The Equality and Welsh Language Impact Assessment (EWLIA) is intended to consider how the guidance may impact issues of equality, diversity and inclusion, and issues relating to the use of the Welsh language.

We were pleased that the consultation received a greater level of comments than EWLIAs in previous recent consultations.

> Yes, overall the Equality and Welsh Language Impact Assessment appears to appropriately identify many of the potential equality considerations associated with the proposed guidance, particularly in relation to culture, language, disability, and the assessment of insight and remorse.
>
> **Comment from a professional association**

> We welcome the sanctions-specific assessment and its recognition of several positive impacts, including clearer decision-making, stronger treatment of discriminatory and sexual misconduct, a focus on ability to practise safely rather than the mere existence of a health condition, sensitivity to cultural and linguistic differences, and protection against adverse inferences where testimonials are absent.
>
> **Comment from a professional association**

The constructive comments received can be broadly categorised into three groups.

- Comment on the guidance itself (from the point of view of EDI and Welsh)
- Comment on the EWLIA assessment process and document
- Comment on wider issues within the PCC and HC process (from the point of view of EDI and Welsh).

Comment on the guidance itself (from the point of view of EDI and Welsh)

Specific changes that have been made to the guidance where issues of EDI or Welsh were raised (and acknowledged) have already been addressed above, and include:

- Welsh language
- Assessing written and oral evidence
- Unrepresented chiropractors

There are also substantial new sections considering discrimination and harassment (including on the basis of protected characteristics) and exploitation of vulnerability and victimisation (where a power imbalance related to a protected characteristic is often a factor).

Comment on the EWLIA assessment process and document

There was some comment that the conclusions of the EWLIA were too generalised and did not logically follow the findings of the EDI Thematic Review of the Professional Conduct Committee carried out in 2024.

> However, its conclusion that the guidance will have no detrimental impact on people with protected characteristics is too categorical. It is difficult to reconcile with the assessment's own evidence of possible disparities: disabled chiropractors had a slightly higher proportion of UPC findings in the small sample reviewed, while female chiropractors received proportionately more suspensions and conditions once UPC was found. Although the datasets are small, these are potential risks requiring qualitative review, monitoring and mitigation—not a conclusion that no adverse impact exists.
>
> **Comment from a professional association**

Both the guidance, and the equality impact assessment have benefitted substantially from the consultation comments relating to equality, diversity and inclusion.

For each protected characteristic the EWLIA now assesses two impacts – the impact on registrants (and other participants in the PCC and HC process), and the impact on patients and the public resulting from sanctions being imposed by the policy.

The assessment also better explains the limitations of the available evidence, and the importance of continuing to monitor the process and review the impact of the guidance.

Comment on wider issues within the PCC and HC process (from the point of view of EDI and Welsh)

We considered some comments to be out of the scope of the Guidance on Sanctions. For example,

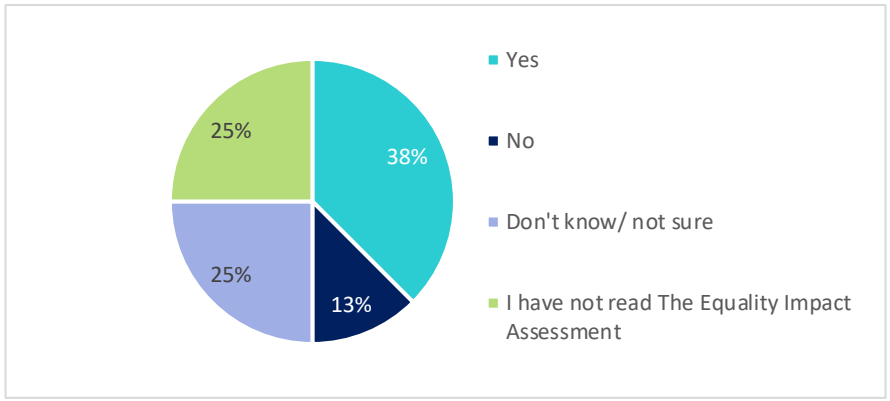
> We suggest that the following areas within the EIA could be strengthened: …
>
> - Further consideration and commitment to monitoring of the overrepresentation of certain groups within and at particular stages within the FtP process
> - More detail on how bias mitigation within the FtP process will be achieved, whether committee training supports this and how consistency of decision-making will be monitored
> - Reference to how the GCC will monitor whether access to representation may affect engagement with fitness to practise proceedings and consider whether further support, guidance or communication materials could assist registrants participating without representation
>
> • **Comment from a regulator**

Consultation Report – Guidance for Decision Makers – Sanctions

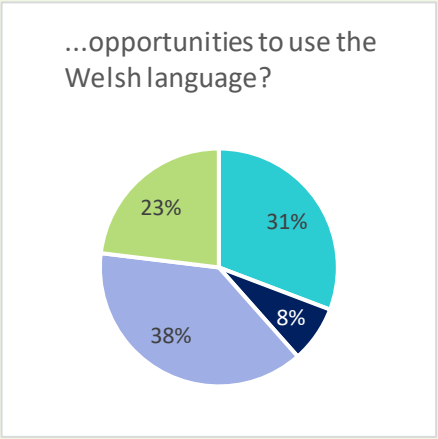
We agree with the importance of committee training, and monitoring of the process for trends (e.g. overrepresentation or access to legal representation), however these are matters for the GCC and not the PCC or HC. These comments will be stored and considered (as appropriate) as the FTP process is continually developed and reviewed.

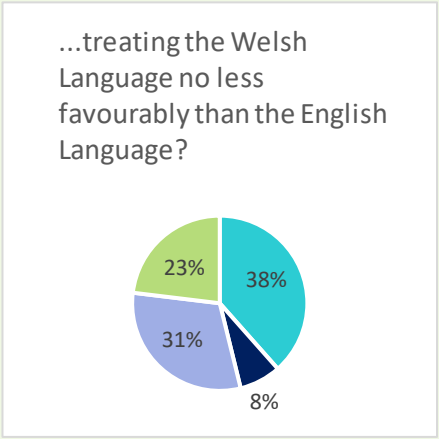
Equality and Welsh language Impact Assessment Questions

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

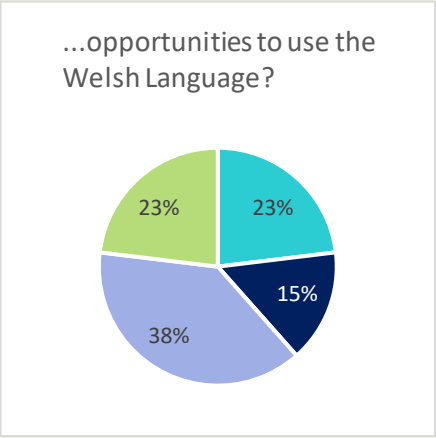


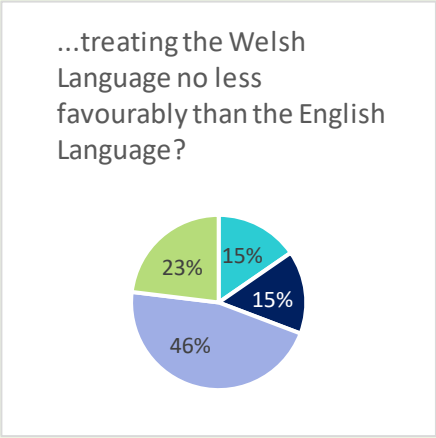
Welsh Language:
Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC Guidance could have on…



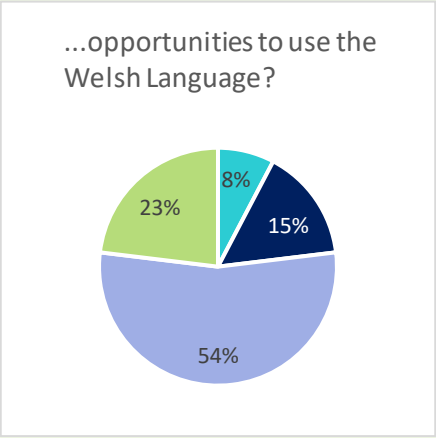


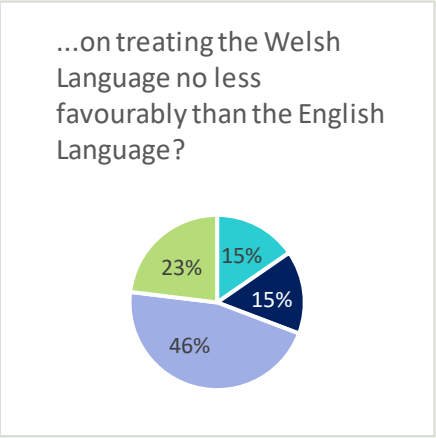
Could the GCC guidance be revised so that it would have a positive impact, or increased positive effects, on…





Could the GCC guidance be revised so that it would not have an adverse impact, or would have decreased adverse impacts, on…





Appendix 1 - Consultation Survey Questions

The following questions were asked of respondents:

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

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

2. Do you have direct experience of a Fitness to Practise hearing (either held by the GCC or another health professional regulator)? (Please select the most appropriate option)

   - Yes - I have been a witness in a Fitness to Practise hearing
   - Yes - I have been a legal representative in a Fitness to Practise hearing
   - Yes - I have been a panellist or committee member at a Fitness to Practise hearing
   - Yes - I have been a defendant in a Fitness to Practise hearing
   - No. I have not had direct experience of a Fitness to Practise hearing
   - I'd prefer not to say.

3. Which country do you live in?

Areas where we regulate chiropractors

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

Other

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

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

4. Are you currently registered as practising or non-practising?
    - Practising
    - Non-practising
5. How long have you been registered with the GCC?
    - Less than 2 years
    - 2 - 5 years
    - 6 - 10 years
    - 11 - 15 years
    - 16 - 20 years
    - over 20 years

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

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

---

10. How much do you agree or disagree with the following statements about the proposed GCC Guidance on Sanctions?

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

- The guidance supports fair decisions on sanctions.
- The guidance supports consistent decisions across similar cases.
- The guidance supports proportionate decisions on sanctions.
- The guidance clearly explains the factors relevant to deciding the appropriate sanction.
- The guidance helps decision-makers balance public protection, proportionality and fairness.
- The guidance sets out the sanctions decision-making process in a logical order.
- The guidance is easy to understand.

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

11. Are there any key areas that you think should be amended or removed in the proposed GCC Guidance on Sanctions?

- Yes (we will ask you to provide more information in the next question)
- No
- Not sure/no opinion

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12. Please explain any areas that you consider should be amended or removed in the proposed GCC Guidance on Sanctions?

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

13. Are there any key areas that you think are missing from the proposed GCC Guidance on Sanctions?

- Yes (we will ask you to provide more information in the next question)
- No
- Not sure/no opinion

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14. Please explain any areas that you consider are missing from the proposed GCC Guidance on Sanctions?.

Our commitment to Equality, Diversity and Inclusion

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

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

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

The Welsh Language Standards

16. The following optional questions are about how the Equality and Welsh Language Impact Assessment (E&WLIA) considers the impact of the proposed GCC Guidance for Decision Makers: Sanctions on the Welsh Language:

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

Does the Equality and Welsh Language Impact Assessment describe all the impacts of the guidance?

- Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC guidance could have on **opportunities to use the Welsh language?**
- Does the E&WLIA accurately describes all the impacts (positive and negative) that the proposed GCC guidance could have on **treating the Welsh Language no less favourably than the English Language?**

Could the guidance be revised to increase positive impacts?

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

Could the guidance be revised to decrease adverse impacts?

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

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

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

- Yes - please answer questions 17 to 23
- No - please answer question 24.

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17. Age:

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

18. Are you:

- Male
- Female
- Prefer not to say

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

- Yes
- No
- Prefer not to say

20. How do you describe your sexual orientation?

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

21. How do you describe your religion or belief?

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

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

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

- Yes
- No
- Prefer not to say

23. How do you describe your ethnic origin?

Arab or Arab British
- Arab
- Other Arab

Asian or Asian British
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian

Black or Black British
- African
- Caribbean
- Other Black

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

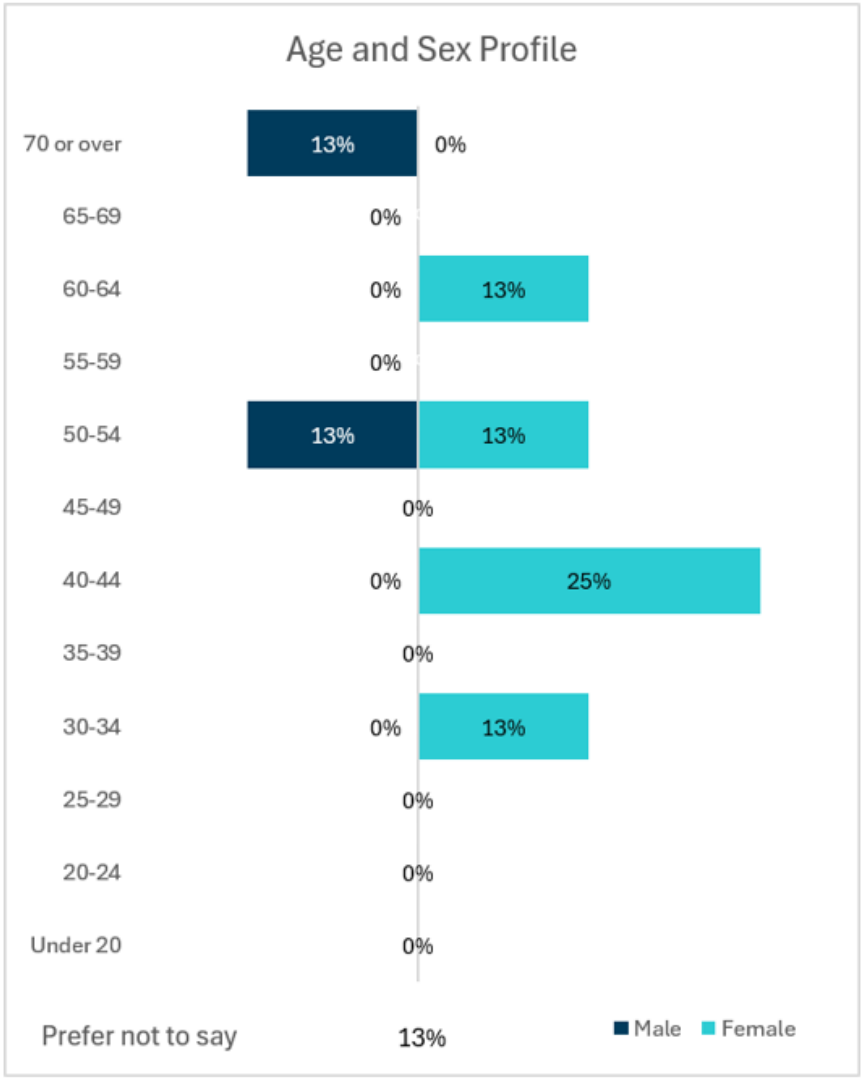
White or White British
- English
- Gypsy/Irish Traveller
- Irish
- Northern Irish
- Scottish
- Welsh
- Other White

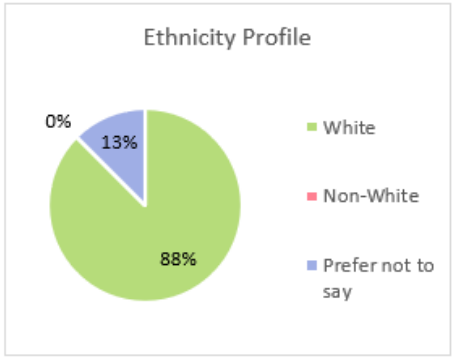
Other
- Prefer not to say
- Other ethnic group (please specify)

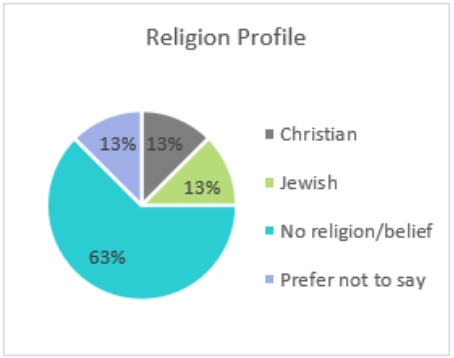
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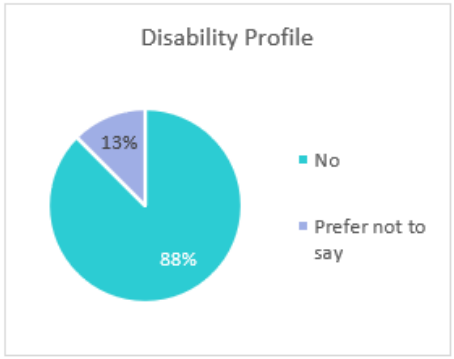
24. Please share any further comments on the proposed GCC guidance or any further comments about this consultation:

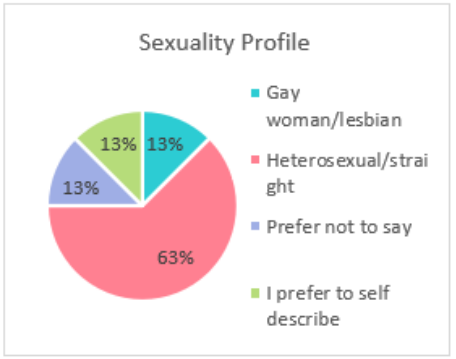
Appendix 2 - Diversity profile of respondents

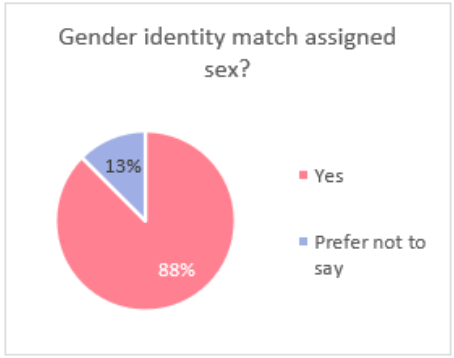












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