General Chiropractic Council

GCC Guidance on Sanctions:

Equality Impact Assessment

and Welsh Language Impact Assessment

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GCC Guidance on Sanctions

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GCC Guidance on Sanctions – Equality Impact Assessment

Step 1 – Scoping the EIA

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

Title of policy or activity
Review of GCC Guidance on Sanctions
Is a new or existing policy/activity?
Replacement of existing policy
What is the main purpose and what are the intended outcomes of the policy/activity?

• The work is intended to update the principles that practice committee panels (panels) should consider when deciding on the appropriate sanction, if any, in fitness to practise (FTP) cases. It is also intended to provide more clarity on the policy and to ensure the content is relevant and up to date. We are reviewing and updating our guidance to ensure it remains relevant, comprehensive, and aligned with the new Code of Professional Practice.
• The existing GCC Guidance on Sanctions was published in April 2018 and requires updating to align with the new Code of Professional Practice (2026) and the revised expectations of the public and GCC of the profession.
• Our preparatory work identified that the existing guidance did not reflect recent case law.
• The existing guidance did not reflect as an aggravating factor:
  ○ the seriousness of conduct that could amount to discrimination, harassment, or victimisation on the basis of any protected characteristic—including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation
  ○ the seriousness of sexual misconduct (except in the specific case of conduct intended to “initiate or pursue a sexual relationship”).

Who is most likely to benefit or be affected by the policy/activity
The guidance is intended to be used by members of the Health and Professional Conduct Committees when considering appropriate sanctions to impose. It will directly affect chiropractors who have 1. been found guilty of conduct which falls short of the standard required of a registered chiropractor (defined as "unacceptable professional conduct" (“UPC”) 2. been found guilty of professional incompetence;

3. been convicted (at any time) in the United Kingdom of a criminal offence;
4. been found (by the Health Committee) that their ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.

Patients will also benefit through sanctions guidance that requires the committee to impose a sanction that is sufficient to protect patients.

Other users of the guidance may include:

- Legal Representatives
- Registrants and potential registrants
- Education and training providers

Who is doing the assessment?	
Hannah Fellows, Fitness to Practise Director Andrew Fielding, Policy and Insights Officer	
Dates of the Assessment	
• When did it start?	April 2026
• When was it completed?	November 2026
• When should the next review of the policy/activity take place?	Further review post implementation.

Useful Information

What information would be useful to assess the impact of the policy/activity on equality?
We need informed views about whether the proposed guidance unfairly disadvantages stakeholders with protected characteristics. Currently, we do not have any data which suggests that people with particular protected characteristics will be negatively impacted because of this guidance, however the consultation into the proposed guidance in Summer 2026 has provided further insight into how the guidance may impact equality. The document has benefitted from this process and been updated where appropriate. Once finalised, the impact of the guidance will be monitored over time.

Is there data relating to people with any/each of the protected characteristics?[1]
Registrants The GCC registrant database has provided us with information regarding the distribution of the protected characteristics of our registrant population. We have considered (as appropriate) findings of the Attitudes to EDI survey (Summer 2023) and the GCC Registrant Survey 2020 (main report and EDI report). We have considered two internal reports - the Investigating Committee thematic review of EDI carried out in 2022, and the EDI Thematic Review of the Professional Conduct Committee carried out in 2024. The IC Thematic Review (2022) found that males, and registrants aged 45-64, were overrepresented in the number of concerns. As the FTP process progresses, it becomes harder to robustly identify statistical patterns in FTP outcomes due to smaller datasets. However we acknowledge that chiropractors that are subject to a sanction from the Health Committee, by definition, are likely to have a long-term health condition or disability. **Patients** We do not have data on the protected characteristics of chiropractic patients, but have considered UK Census statistics[2]. We note that patient witnesses are likely to be vulnerable due to a variety of reasons but also by the nature of the process and previous patient/professional power imbalance
Where can we get this information and who can help?
Registrants During the consultation process into the guidance we will specifically seek the views of chiropractors who are living with a long-term illness or disability. We will continue to seek feedback from external stakeholders including professional bodies, the RCC, other regulators and the legal representatives through our standing meetings and on an ad-hoc basis where necessary.

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

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

[2] Office for National Statistics (England and Wales), National Records of Scotland and Northern Ireland Statistics and Research Agency.

Patients

We will look to identify appropriate methods to further consider the impact on patients – including through secondary research and encouraging patient and public responses to the consultation.

Step 2 – Evidence and Engagement

If you have involved stakeholders, briefly describe what was done, with whom, when and where.

During the consultation phase a communication plan was developed to:

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

The external stakeholder groups targeted successfully included:

- Professional bodies
- Registrants
- An advisory group of registrants with experience of living with a disability or health condition
- Legal representatives for chiropractors
- GCC partners

Despite our best efforts, we acknowledge there was limited engagement from

- Education providers
- Patients and patient interest groups

The GCC has published an accompanying consultation response with further details.

Limitations of the evidence base

The availability and quality of evidence varies across protected characteristics. In some areas, particularly where case numbers are low or equality data is incomplete, it is difficult to draw robust conclusions about differential impacts. The absence of identified adverse impacts should not be interpreted as evidence that no impacts exists.

The GCC will continue to monitor the implementation of the guidance and consider future evidence, research and stakeholder feedback to identify any unintended consequences.

Step 3 – Analysis by protected characteristic

The nature of the Guidance on Sanctions means that there are two lenses (relating to discrimination, disadvantage and protected characteristics) that should be considered:

- The role of the guidance in protecting patients and the public from discriminatory conduct (through the enforcement of sanctions);
- The application of the guidance to prevent discrimination or bias, or provide support, in relation to the chiropractor or others involved in the hearing.

Patients and the Public

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

It highlights various forms and circumstances of discrimination and is clear that they all may amount to UPC. The guidance will support consistent decision-making by directing panels to recognise the harm caused by discriminatory conduct not only to individual patients, colleagues or the public, but also to the confidence or willingness of certain groups to access care.

Registrants (and other participants in the hearing).

The guidance reinforces the need to take proper account of context and protected characteristics, so that decisions are fair, evidence-based and free from bias.

The guidance highlights areas where the context of a protected characteristic may be relevant to assessing evidence and submissions – in particular when assessing insight and remediation, when providing references or testimonials, and in cases where a chiropractor is unrepresented (which may be associated with a protected characteristic).

Providing accommodations (to assist where a participant requires support to give evidence) is mostly outside of the scope of this guidance – but is addressed within the legislation, rules, guidance and policies relevant to the fitness to practice process.

When a sanction is required, the impact of that sanction on the individual may vary depending on their personal circumstances, including protected characteristics, health needs, caring responsibilities or other relevant factors. The guidance therefore emphasises the importance of ensuring that the sanction is the least restrictive option that is necessary to protect the public, and committees should take account of relevant individual circumstances when determining and reviewing sanctions to avoid unintended disadvantage while maintaining public protection and confidence in the profession.

Although much of the analysis focuses on registrants and patients, the fitness to practise process also involves complainants, witnesses, representatives, committee members and other. The principles within the guidance, including fairness, proportionality, consideration of context and appropriate support for participants, are intended to contribute to an accessible process for all those involved. The GCC will continue to consider the needs of different participant groups when reviewing the operation of the guidance and the wider PCC and HC processes.

Age (include children and adults)
Registrants Age, "experience" and "stage of career" are likely to be strongly correlated concepts. There is some evidence from the IC thematic review that older registrants are more likely to be subject to FTP concerns. The data in the PCC Thematic Review was insufficient to draw conclusions on age disparity at sanction, but other health regulators have identified a pattern in their own FTP data of older registrants being more likely to receive a sanction. The guidance promotes consistent decision making by focusing on the objective consideration of the competence of the chiropractor, and their insight and ability to remediate, rather than considering "experience" as a factor. The guidance addresses when it is appropriate to consider the "stage of a chiropractor's career" as a mitigating factor (for instance when they were inexperienced but has subsequently been able to reflect on how they would do things differently) and when it is not. **Patients and the public** Child sexual exploitation and possession of child sexual abuse material are specifically identified as conduct that is highly likely to result in removal from the register. The guidance specifically identifies that the age of a patient (under 18), or the frailty of a patient are factors contributing to vulnerability. Exploitation of vulnerability and victimisation will be treated seriously because of the significant impact it will have on the patient.

Disability (include people with visible and non-visible impairments and people with many different access needs, for example because of neurodivergence, sight or hearing loss or mobility needs).
Registrants Although not statistically robust due to small numbers, the PCC Thematic Review (2024) found that chiropractors with disabilities have a slightly higher proportion of UPC findings (5 out of 9 cases reviewed) compared with those without disabilities (19 out of 41 cases). In addition, chiropractors receiving a sanction from the Health Committee will, by definition, have a disability, illness or long-term health condition. The staged approach to decision making for the Health Committee makes it clear that the GCC must prove that the chiropractor's ability to practise is seriously impaired as a result of their condition – not just that they have a condition. When reviewing conditions of practice orders and suspensions imposed by the Health Committee, the focus is again on the chiropractor's ability to practise safely, not on whether they have, or do not have, a health condition.

Finally there is guidance on when it is, and is not, appropriate to consider medical conditions when imposing a conditions of practice order.

More widely, the PCC and HC are reminded of the impact of health and neurodiversity on the chiropractor's expression or demonstration of insight and remorse. The guidance reminds the committee that awareness of, and sensitivity to, these issues are important in considering and assessing the degree of insight or remorse shown.

Patients and the public

The guidance directs that disability discrimination will be treated seriously because it may have a significant impact on the complainant (or person being harmed or at risk of harm) and is likely to damage public confidence in the chiropractic profession.

The guidance specifically identifies that the frailty or disability of a patient are factors contributing to vulnerability. Exploitation of vulnerability and victimisation will be treated seriously because of the significant impact it will have on the patient.

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

Registrants

The guidance recognises that the communication of evidence and remorse may be influenced by factors including gender (which may include gender presentation).

The committee is expected to evaluate the weight given to any evidence in terms of the circumstances of the case and the extent to which it assists the committee in assessing the chiropractor's insight and remediation. They are expected to test and corroborate evidence where it is significant to a decision on sanctions, and to be mindful not to draw a negative conclusion from an absence of evidence.

Patients and the public (including colleagues)

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

The guidance specifically highlights that sexual misconduct does not need to be sexually motivated, and can have the effect of threatening, intimidating, offending, undermining, humiliating or coercing a person or group. Sexual misconduct is considered very serious and it is highly likely that the only proportionate sanction will be removal from the register.

More widely the guidance directs that discrimination will be treated seriously because it may have a significant impact on the complainant and is likely to damage public confidence in the chiropractic profession. The guidance specifically addresses hatred towards others (including transphobic hate) even where the discrimination is not unlawful.

Marriage and civil partnerships
(include same-sex unions)

Registrants

The revised guidance specifically highlights the scenario of a chiropractor under investigation choosing not to request testimonials or references from family members (which would include a spouse). The committee is advised not to draw adverse conclusions if a chiropractor has chosen not to present a reference or testimonial.

The guidance reminds the committee that awareness of and sensitivity to these issues are important in considering and assessing the degree of insight or remorse shown.

Patients and the public

The latest figures from the Office for National Statistics highlight the prevalence of domestic abuse within the UK – estimating that 2.2 million females (9.1%) and 1.5 million males (6.5%) experienced domestic abuse in the last year.

The guidance seeks to protect victims of domestic abuse and coercive control where the perpetrator is a chiropractor, by stating that conduct in the chiropractor's private life (rather than during their professional practice) can be considered serious. The guidance specifically highlights as aggravating or serious conduct that abuses a position of trust, abuses vulnerability or harasses or victimises another. The guidance on criminal convictions (which would include domestic abuse convictions) specifically also highlights that convictions for an offence that occurred in the chiropractor's private life may also have material relevance to their fitness to practise.

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

Because pregnancy and maternity are temporary in nature it is complicated to estimate the impact of the guidance on individuals with these characteristics.

Registrants

Pregnancy and maternity may be considered, in some cases, as personal circumstances that are relevant to mitigation.

When considering a Conditions of Practice order, the committee must consider whether the proposed conditions will be workable. Maternity will be particularly important if the committee intends to impose conditions based on workplace supervision, training or further learning. These may be harder to fulfil if the registrant is not working at that time due to maternity (or paternity or adoption) leave.

The committee must also give reasons for the duration of any sanction, and pregnancy and maternity would likely be a factor in that decision making.

The guidance contains a provision to request a review hearing, which may be relevant if the chiropractor becomes pregnant after a sanction is imposed (and therefore being unable to meet the conditions of that sanction).

Patients and the public

While not specifically addressed beyond reference to maternity as a protected characteristic, the guidance contains several features that are relevant to the protection of people who are pregnant or have recently had a child. In particular, it strengthens the approach to discrimination, harassment and victimisation relating to protected characteristics, including pregnancy and maternity; emphasises the seriousness of sexual misconduct; treats abuse of vulnerability and abuse of trust as aggravating factors; and supports sanctions that maintain public confidence and protect patients from harm.

Race
(include nationality, citizenship, ethnic or national origins)

Registrants

The EDI Thematic Review of PCC cases found that there was no significant disparity in outcomes based on ethnicity, although the robustness of this finding was limited by the small sample sizes.

The guidance contains several features intended to support fair treatment of registrants and other participants from different racial, ethnic and cultural backgrounds. It recognises that the demonstration of insight, remorse and remediation may be influenced by cultural understanding, communication style and the use of a second language. The guidance reminds committees that cross-cultural communication differences can affect both the interpretation and expression of evidence and that awareness of these issues is important when assessing insight, remediation and credibility. The guidance expects the committee to test and corroborate evidence rather than rely only on the fact that evidence exists.

More broadly, the guidance reinforces the need for decisions to be fair, evidence-based and free from bias, and encourages committees to consider relevant contextual factors when evaluating evidence and submissions.

Patients and the public

The guidance strengthens the approach to discrimination, harassment and victimisation relating to protected characteristics, including race, ethnicity, nationality and national origins. By directing committees to recognise the harm caused by discriminatory conduct not only to individual complainants but also to public confidence the guidance addresses the impact of racism on the willingness of affected communities to access care. It further treats abuse of vulnerability, victimisation and conduct motivated by prejudice as serious matters requiring an appropriate regulatory response. It specifically references hate-motivated conduct (while it may fall short of the criminal definition of unlawful discrimination) as being of serious concern and directs the committee to consider definitions of antisemitism and racism.

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

Registrants

The EDI Thematic Review of PCC cases found that there was no significant disparity in outcomes based on religion or belief, although the robustness of this finding was limited by the small sample sizes.

The guidance contains several features intended to support fair treatment of registrants and other participants regardless of their religion or belief. It reinforces the need for decisions to be fair, evidence-based and free from bias, and encourages committees to take proper account of context and protected characteristics when evaluating evidence and submissions. The guidance also recognises that the communication of insight, remorse and remediation may be influenced by personal and cultural factors and reminds committees to assess evidence carefully, test and corroborate significant evidence where appropriate, and avoid drawing adverse conclusions solely from an absence of evidence. These principles help support equitable decision-making for registrants from a range of religious and philosophical backgrounds.

Patients and the public

The guidance contains several features that are relevant to the protection of patients, colleagues and members of the public with different religions or beliefs. It strengthens the approach to discrimination, harassment and victimisation relating to protected characteristics, including religion or belief, and directs committees to recognise the harm caused by discriminatory conduct. The guidance further identifies abuse of vulnerability, victimisation and conduct motivated by prejudice as serious matters that may aggravate the seriousness of misconduct. The guidance specifically references hate-motivated conduct (while it may fall short of the criminal definition of unlawful discrimination) as being of serious concern and directs the committee to consider definitions of antisemitism and anti-muslim hostility.

Sex
(Male and female)

Registrants

Although not statistically significant, the 2024 EDI Thematic Review of 55 PCC cases (39 against male registrants and 16 against female registrants) found cases against male chiropractors were more likely to have a finding of UPC (49% - 19 cases) than cases against women (38% - 6 cases).

Of the cases where UPC was found, female chiropractors were more likely to receive a suspension (13% vs 5%) when UPC was found. Admonishments and removals are comparable rates between genders. Overall, while male chiropractors face a higher rate of UPC findings, female chiropractors appeared to receive more severe sanctions (suspensions and conditions of practice) when UPC is found. However, the sample size for female

chiropractors is too small for a statistically robust conclusion (each case represents a larger number of percentage points).

The guidance contains several features intended to support fair treatment of registrants and other participants regardless of sex or gender. It recognises that the communication and demonstration of insight, remorse and remediation may be influenced by personal circumstances and gender-related factors, and reminds committees to assess evidence in its proper context.

As previously identified (maternity and pregnancy), caring responsibilities may disproportionally impact female registrants' capacity to complete workplace supervision or training or learning as part of a conditions of practice order, and this should be reflected when considering the registrants ability to comply with a sanction.

Patients and the public

The guidance contains several features that are relevant to the protection of patients, colleagues and members of the public regardless of sex or gender. It strengthens the approach to discrimination, harassment and victimisation, and emphasises the seriousness of sexual misconduct, abuse of trust and exploitation of vulnerability.

The guidance directs committees to recognise the impact that such conduct may have on those affected and on public confidence in the profession, and supports sanctions that are proportionate to the seriousness of the behaviour. In doing so, it helps protect individuals from harm and promotes confidence that concerns involving sex-based discrimination, harassment or sexual misconduct will be treated appropriately and consistently.

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

Registrants

The guidance reinforces the need for decisions to be fair, evidence-based and free from bias, and requires committees to consider relevant contextual factors when evaluating evidence and submissions. These principles help support equitable decision-making for registrants of all sexual orientations and reduce the risk that assumptions, stereotypes or prejudice influence the assessment of credibility, insight or remediation. Based on our review, we have not identified any aspects of the guidance that would disadvantage registrants because of their sexual orientation.

Patients and the public

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

The guidance strengthens and widens the seriousness of sexual misconduct as an aggravating factor in FTP cases and guides that the sanction be of appropriate gravity. It specifically identifies that sexual misconduct does not need to be sexually motivated and

highlights sexual misconduct can be used to threaten, intimidate, offend, undermine, humiliate or coerce a person or group.

More generally the guidance directs committees to recognise the harm caused by discriminatory or prejudicial conduct, both to those directly affected and to public confidence in the profession, and supports sanctions that are proportionate to the seriousness of the behaviour. In doing so, it helps promote confidence that concerns involving homophobic, biphobic or other discriminatory conduct based on sexual orientation will be treated appropriately and consistently.

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

We anticipate that the guidance will have not have any detrimental impact on people with protected characteristics, and that the safety and professionalism of the chiropractic profession will be positively impacted by the guidance.

Intersectionality

While this assessment considers each protected characteristic separately, we recognise that individuals may experience multiple and overlapping characteristics and that these intersections can influence how they experience the fitness to practise process. For example, the experiences of a disabled registrant whose first language is not English may differ from those of a registrant who shares only one of those characteristics. Committees are expected to remain alert to the potential for cumulative disadvantage and ensure that relevant contextual factors are considered when assessing evidence, insight, remediation and compliance with sanctions.

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

Welsh Language speakers – understanding the impact In line with the GCC's duties under standard 42 of Welsh Language Standards consider the effect that the policy would have on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.
The guidance references the policies that are already in place to ensure that registrants, patients and other participants can engage with the Fitness to Practice process through the Welsh Language. It highlights that the committee should not draw adverse conclusions from the use of Welsh, or treat the Welsh language otherwise less favourably than English.The guidance also recognises the importance of cultural and linguistic context when assessing evidence, insight, remorse and remediation, helping to ensure that Welsh-speaking participants are not disadvantaged during proceedings. Together, these provisions support a fair, accessible and proportionate fitness to practise process for Welsh speakers.
Welsh Language speakers – creating positive impacts In line with the GCC's duties under standard 43 of the Welsh Language Standards consider how the policy could be formulated so that the decision would have positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.
We do not believe that there are any further opportunities within the guidance on sanctions to increase positive impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language. We believe the wider policies in place to meet the GCC's Welsh Language Standards will meet this requirement.
Welsh Language speakers – decreased adverse impacts In line with the GCC's duties under standard 44 of the Welsh Language Standards consider how the policy could be formulated so that the decision would have decreased adverse impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.
We do not believe that there are any further opportunities within the guidance on sanctions to decrease adverse impacts on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language. We believe the wider policies in place to meet the GCC's Welsh Language Standards will meet this requirement.

Step 6 – Other identified groups

Socio-economic group and income
Registrants Work by other health regulators has established that a key determinants in FTP outcomes, and subsequent sanctions, is whether a registrant is legally represented. We acknowledge that affordability of representation may be exacerbated for registrants from a lower socio-economic background or those on a lower income – this means that they could be disproportionately impacted as a result of this lack of access. This effect may be further exacerbated by intersections with other factors. In response, the guidance includes a section specifically addressing proceedings where a chiropractor is not legally represented – highlighting the assistance that should be provided and that the committee should not draw adverse conclusions from a lack of legal representation. There may be costs or financial losses incurred by chiropractors who are subject to any form of sanction. This increases with the seriousness of the sanction. The guidance acknowledges that suspension or removal from the register will have a punitive effect, in that it prevents a chiropractor from practising as a registered chiropractor. However, if the committee determines that a suspension is the proportionate sanction to fulfil the statutory over-arching objective, including maintaining public confidence in the profession, then it must impose that sanction. **Patients and the Public** The guidance treats abuse of trust, exploitation of vulnerability and victimisation as serious matters, helping to protect patients who may be less able to challenge poor treatment, seek alternative care or absorb financial losses arising from inappropriate conduct – particularly if caused by dishonesty or lack if integrity by a chiropractor. The guidance supports robust regulatory action in cases of dishonesty or lack of integrity, where financial gain (at the expense of a patient) is a concern and emphasises the importance of maintaining public confidence and protecting patients from harm.

Four countries diversity How does the policy interact with the legal and cultural frameworks of the countries in which the GCC has a legal framework?
We have not identified any issues where the expectations within the guidance are in conflict with the legal or cultural frameworks of the countries in which we operate. The aspects of this guidance relating to protected characteristics highlight as a legal framework the Equality Act (2010) in England, Scotland and Wales, and Section 75 of the Northern Ireland Act (1998) and others.

Step 7 – Summary of analysis

The revised guidance is expected to have a positive impact on equality, diversity and inclusion. It strengthens the approach to discrimination, harassment, victimisation, abuse of trust, exploitation of vulnerability and sexual misconduct over the previous edition, helping to protect patients, the public and the wider reputation of the profession.

The guidance also supports fairness for registrants and other participants in the fitness to practise process by emphasising objective, evidence-based decision-making and the need to consider relevant context and individual circumstances. It includes safeguards intended to reduce the risk of bias and to ensure that factors such as disability, health conditions, language, cultural background, pregnancy, maternity and caring responsibilities are appropriately considered where relevant.

No aspects of the guidance have been identified that are likely to result in unlawful discrimination or disproportionate adverse impacts on people with protected characteristics. The guidance is compatible with the GCC's Welsh Language Standards and supports a fair and accessible process for Welsh-speaking participants.

Overall, the guidance is expected to promote fair, consistent and proportionate decision-making while strengthening protections against discriminatory and harmful conduct. The impact of the guidance will be monitored following implementation to identify any unintended consequences and inform future reviews.

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