

14 January 2026

Topic: Concerns ahead of Stage 2 Considerations of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill

Dear Mr Bruce and the wider Health, Social Care and Sports Committee Secretariat,

I am writing as the CEO of the British Chiropractic Association (BCA) in relation to the Health, Social Care and Sport Committee's ongoing consideration of the *Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill*. The BCA fully supports the Bill's purpose of improving public protection in relation to non-surgical cosmetic procedures and recognises the need for stronger safeguards in an area where oversight has been inconsistent. We welcome efforts to ensure that individuals undertaking such procedures are appropriately trained, regulated, and accountable.

As the Bill progresses, we wish to express our concern regarding suggestions that chiropractors and osteopaths should be excluded from the exemption provided to regulated healthcare professionals. We respectfully request that the Committee ensures that both professions remain included within that exemption.

We recognise that some of the concerns raised may stem from outdated misconceptions regarding the nature of chiropractic practice. Chiropractic is a regulated healthcare profession with a clearly defined scope of practice focused on musculoskeletal assessment, diagnosis, and management. It is recognised internationally, including by the World Health Organisation¹ who recommend it for the management of lower back pain. Chiropractic is also a regulated healthcare profession overseen by the General Chiropractic Council (GCC)². The General Chiropractic Council (GCC) is an independent statutory body established (the Chiropractors Act 1994³) by, and accountable to, the UK Parliament to regulate the chiropractic profession across the UK, Isle of Man and Gibraltar. The GCC protects the health and safety of the public by ensuring high standards of practice in the chiropractic profession. By law, all practising chiropractors must be registered with the GCC.

GCC registration requires practitioners to meet rigorous standards of education, clinical competence, ethical conduct, and ongoing fitness to practise, providing the highest quality of care and professionalism to their patients. Chiropractors are subject to a robust

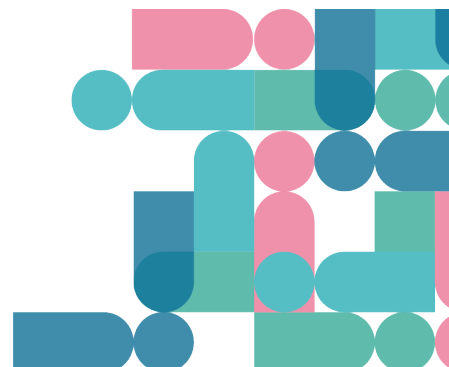
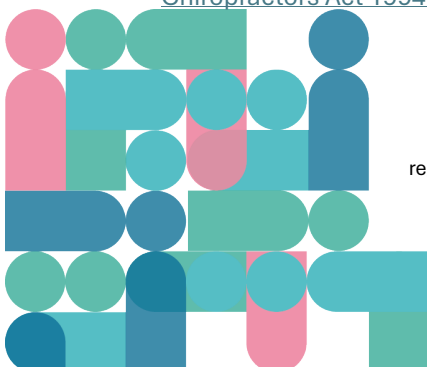
¹ WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. (<https://iris.who.int/server/api/core/bitstreams/29f3a0de-6c68-49b5-b8ed-e04f53022edd/content>)

² [What We Do | GCC](#)

³ [Chiropractors Act 1994](#)

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regulatory framework, including statutory powers of investigation, sanctions, and removal from the register where public protection requires it. They must adhere to the standards set out in the Code of Professional Practice for Chiropractors ⁴. These safeguards are directly aligned with the intent of this Bill.

Alongside the GCC, the Royal College of Chiropractic (RCC⁴) is an apolitical professional membership body that promotes and supports quality, safety and professionalism in chiropractic education, practice and research, enabling chiropractors to provide, and to be recognised for providing, high quality care for patients. It was incorporated in 1998 as an independent body to develop, encourage and maintain the highest possible standards of chiropractic practice for the benefit of patients.

The British Chiropractic Association (BCA) represents over 2,000 experienced, clinically trained chiropractors equipped to expand community-based and preventative MSK care. BCA members also hold a minimum four-year master's-level degree. Chiropractic degrees are available at a range of universities such as the University of South Wales, Teesside University, London South Bank University and the Health Sciences University. A new course opens this year at Coventry University and there are plans underway for a course in Edinburgh.

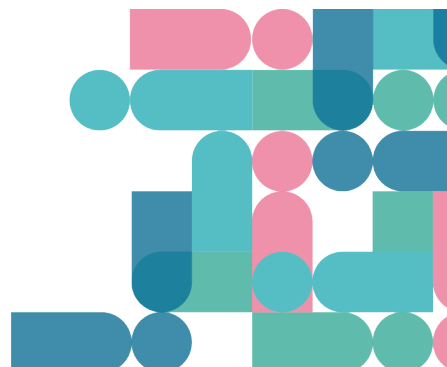
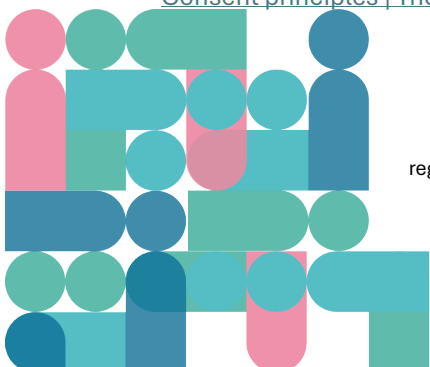
Chiropractors already support NHS services in various parts of the UK and deliver evidence-based musculoskeletal care across community and hospital settings. This includes assessment, rehabilitation, manual therapy and exercise-based interventions which help reduce reliance on hospital services.

In some areas, chiropractors also work as Advanced Musculoskeletal Practitioners or Spinal Specialists within NHS hospitals, contributing to multidisciplinary teams and improving access to timely, effective care.

We understand that in recent Committee discussions a couple of members have raised that chiropractors and osteopaths should be removed from current exemptions, despite the fact that a number of the professions regulated by the Health and Care Professions Council (HCPC), who would remain exempt, do not receive training related to injections and have no involvement in musculoskeletal diagnosis or treatment. It is also important to note that the HCPC and the GCC have recently been working in tandem with one another ⁵ to formulate consent principles, explicitly to strengthen patient safety and accountability, principles that align directly with the intent of this Bill. The BCA believe

⁴ [About the RCC - The Royal College of Chiropractors](#)

⁵ [Consent principles | The HCPC](#)



chiropractors and osteopaths should not be held to different, or higher, regulatory standards than other statutorily regulated healthcare professions. We believe that removing chiropractors and osteopaths would create an inconsistent and clinically unjustifiable distinction between regulated healthcare professions.

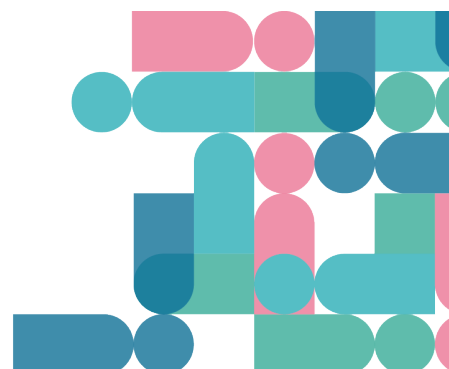
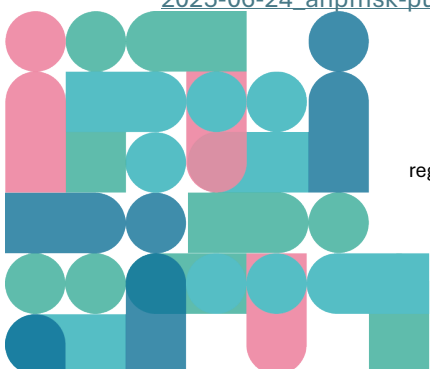
Excluding chiropractors from the exemption applied to regulated healthcare professionals would be inconsistent with their statutory status, level of professional regulation, and established role within UK healthcare systems. It would also risk undermining the Bill's central principle of proportionate regulation based on risk, competence, and accountability, rather than professional title alone.

As Scotland continues to experience significant pressure on MSK waiting lists with 107 865⁶, referrals by NHS Boards and All AHP MSK Specialties in the March 2025 quarter, it is important that the Bill does not unintentionally restrict professions capable of contributing to earlier intervention, community-based care and reduced escalation to secondary care.

The potential removal of chiropractors and osteopaths from the exemption would have the unintended consequence of hindering access to legitimate health-related musculoskeletal treatment.

The exemption, as currently drafted, correctly distinguishes between health-related treatment delivered by regulated healthcare professionals and cosmetic procedures undertaken for aesthetic purposes. Chiropractors do not carry out cosmetic interventions and have no professional involvement or commercial interest in aesthetic injectable practice. Within chiropractic practice, injections are used only in the context of treating illness or injury, most commonly in the management of musculoskeletal conditions and within clearly defined clinical governance arrangements. Where injectable medicines are used, this occurs only in limited circumstances, following additional training and with appropriate authorisation from an independent prescriber. In addition, chiropractors do not have independent prescribing rights and cannot autonomously prescribe, source, or administer substances commonly used in cosmetic practice. This creates an additional safeguard that is not present for many other exempt professions and ensures that any treatment involving injectables is subject to clear clinical justification, external prescribing oversight, and external professional accountability.

⁶ [2025-06-24_ahpmsk-publicationtables.xlsx](#)





In light of these issues, we would welcome the opportunity to meet with the Committee to discuss the exemption further and to provide clarification on chiropractic training, regulation and scope of practice. We believe that constructive engagement would help ensure that the Bill continues to achieve its purpose of improving public protection without creating unintended barriers for established healthcare professions that do not provide cosmetic procedures.

Thank you for your consideration of this matter. We look forward to supporting the Committee as the Bill progresses.

Yours sincerely,

Cait Allen

CEO

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