

GENERAL OSTEOPATHIC COUNCIL

England & Wales · Charity number 1172749

Details

Status Registered

Legal form Other

Registered 2017-04-25

Register [View on the Charity Commission register](#)

Contact

Address General Osteopathic Council
Unit A
Arc House
82 Tanner Street
London
SE1 3GN

Phone 02073576655

Email contactus@osteopathy.org.uk

Website www.osteopathy.org.uk

Activities

Objects: THE GENERAL OSTEOPATHIC COUNCILÆS (GOSC) STATUTORY FUNCTION IS TO DEVELOP AND REGULATE THE PROFESSION OF OSTEOPATHY (SEE SECTION 1(2) OSTEOPATHS ACT 1993 (AS AMENDED)).AS SET OUT IN THE HEALTH AND SOCIAL CARE (QUALITY AND SAFETY) ACT 2015 THE PRIMARY PURPOSE IS THE PROTECTION OF THE PUBLIC I.E. ÆTHE OVER-ARCHING OBJECTIVE OF THE GENERAL COUNCIL IN EXERCISING ITS FUNCTIONS IS THE PROTECTION OF THE PUBLICÆ (SECTION 3(A)).UNDER SECTION 3(B) OF THE SOCIAL CARE (QUALITY AND SAFETY) ACT 2015 ACT, THE PURSUIT BY THE GENERAL COUNCIL OF ITS OVER-ARCHING OBJECTIVE INVOLVES THE PURSUIT OF THE FOLLOWING OBJECTIVESÙ(A) TO PROTECT, PROMOTE AND MAINTAIN THE HEALTH, SAFETY AND WELL-BEING OF THE PUBLIC;(B) TO PROMOTE AND MAINTAIN PUBLIC CONFIDENCE IN THE PROFESSION OF OSTEOPATHY; AND(C) TO PROMOTE AND MAINTAIN PROPER PROFESSIONAL STANDARDS AND CONDUCT FOR MEMBERS OF THAT PROFESSION.

Activities: The General Osteopathic Council regulates the osteopathy profession in the UK . It does so by:assuring the quality of osteopathic education and training; registering qualified professionals and ensuring their continuing fitness to practise; setting and promoting high standards of practice and conduct; and helping patients with complaints or concerns about osteopaths.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Other Charitable Purposes
- **Who:** Other Defined Groups, The General Public/mankind

Geography

- Gibraltar
- Isle Of Man
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£2,993,458	£3,311,444	£2,601,074	30
2024-03-31	£2,902,861	£2,994,590	£2,882,430	28
2023-03-31	£2,996,818	£2,965,847	£2,858,764	28
2022-03-31	£2,883,984	£2,775,306	£2,904,918	26
2021-03-31	£2,920,145	£2,846,006	£2,792,913	27

Trustees

Name	Role	Appointed
Joanna Clift	Chair	2024-04-01
Caroline Guy		2020-04-01
Daniel Bailey		2020-04-01
David Propert		2025-04-01
Dr Patricia McClure		2022-07-01
Harrison Barton		2024-04-01
Katie Oswell		2026-02-01
Professor Debra Towse		2025-04-01
Sandie Ennis		2024-04-01

Accounts



General
Osteopathic
Council

Annual Report and Accounts 2024-25



General Osteopathic Council

Annual Report and Accounts 2024-2025

Presented to Parliament pursuant to section 40(5) of the Osteopaths Act 1993

© General Osteopathic Council 2025

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to the General Osteopathic Council, please email info@osteopathy.org.uk or call **020 7357 6655**.

This publication is available from our website: osteopathy.org.uk/annualreport

Contents

1. About the General Osteopathic Council	6
2. Introduction from Chair of Council	8
3. Introduction from Chief Executive and Registrar	9
4. Our strategic aims	10
5. Our governance, management and risks	12
6. How we performed against our strategic aims in 2024-25	15
7. Operational efficiency, effectiveness and performance	22
8. Looking ahead to the next year	24
9. Financial report and accounts for 2024-25	26

1 About the General Osteopathic Council

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and has a statutory duty to regulate and develop the osteopathy profession in the UK to ensure public protection.

We work with osteopaths, patients, and partner organisations to support safe, high quality patient care. We also work to maintain public confidence in osteopathy by protecting the reputation of the osteopathic profession.

We do this by keeping our public Register of osteopaths up to date, and by promoting high standards of practice and conduct, setting standards for osteopathic education and training, investigating concerns about osteopaths, and protecting the osteopathic title from misuse.

This is the value of regulation (see graphic below): to protect the public through ensuring that osteopaths maintain their knowledge and skills; work within a legal and ethical framework; collaborate with other osteopaths and other healthcare professionals; and help build and maintain public trust.

The value of regulation



Our role

The General Osteopathic Council (GOsC) is the regulator for osteopaths in the United Kingdom. By law, osteopaths must be registered with the GOsC to practise in the UK.

It is our role to protect the health, safety and wellbeing of the public, and to protect the reputation of the osteopathic profession. We are responsible for making sure the public continues to have confidence in the profession of osteopathy, and we are responsible for the professional standards that osteopaths and osteopathic students must follow in order to practise safely.

What we do:

- Keep a Register of all those allowed to practise osteopathy in the UK.
- Work with the public, patients and osteopathic profession to decide on, maintain and develop high quality standards of osteopathic practice and conduct.
- Help patients with any concerns they raise about an osteopath and have the power to remove from the Register any osteopaths who do not meet the professional standards and who are unfit to practise.
- Check the quality of osteopathic education and decide on the standards of practice that osteopathic students must demonstrate before they graduate.
- Protect the osteopathic title from misuse by making sure that only those with the correct qualifications and a valid up to date registration are able to call themselves an osteopath.
- Make sure that osteopaths carry out activities to support their continuing professional development (CPD).

The statutory objectives of the GOsC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the Trustees (who are also members of Council) are able to confirm they have had due regard to the Charity Commission's guidance on public benefit. The GOsC is a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749).

This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

2

Introduction from Chair of Council

I have found my first year as Chair of the GOsC Council to be very interesting and have been pleased to meet and work with many of our external stakeholders.



One of my main areas of focus over the past year has been recruitment of new Council members, as several of our members have recently come to the end of their terms. It

has been good to onboard both new lay and registrant members (and a new Associate member), and to build the Council team.

I am pleased that – once again – the executive team has reached all the Professional Standards Authority’s ‘Standards of Good Regulation’.

I know that there is always more work to be done. Council received the results of the first GOsC registrant survey this summer. This has given us a breadth and depth of information about what our stakeholders want and need from us, and some clear areas that we can focus on to improve our communications and engagement. I am also aware that the higher education sector faces significant challenges at the moment, and osteopathy is not an exception to this.

I am planning for us, as a Council, to engage more with the profession over the next months and years. I was pleased to attend the Institute of Osteopathy conference in London in November, and to represent the UK at the Osteopathy Europe conference in Luxembourg in the autumn. I have started to visit the osteopathic educational providers and will continue this in the coming year.

Finally, a reminder that anyone with an interest is very welcome to attend our Council meetings in person or online, you just need to register in advance so please email council@osteopathy.org.uk. We would be pleased to see you.

A handwritten signature in black ink, appearing to read 'Jo Clift'.

Jo Clift

Chair of Council
15 July 2025

3 Introduction from Chief Executive and Registrar

The business year of 2024-25 represents the first year of the new GOsC Strategy.



A significant milestone this year was the publication of the results arising from the independent registrant and stakeholder perceptions survey of the GOsC. The results of the research

provide fresh impetus and energy to the GOsC team to change and enhance how we work.

We know there are misconceptions around our work that we need to correct; we know trust in us as a regulator is not as high as we would like; and we know there can be fear associated with our work such as around fitness to practise.

We heard the results and we are taking action.

Since the survey we have introduced new communication channels to enable osteopaths to contact the GOsC staff team. We are holding weekly drop-in sessions where osteopaths can log into a Zoom link and ask any questions directly to GOsC staff, and we have introduced a new WhatsApp channel which is proving popular with osteopaths who have used this.

We are also continuing to promote the free and confidential Independent Support Service, which is available to all parties, including osteopaths, who find themselves involved in the fitness to practise process.

And I am delighted that Council has agreed to set aside resources to upgrade the GOsC website which we all acknowledge is outdated and does not allow us to communicate and engage with the profession as easily as we would like. This is an exciting project, and we look forward to sharing more news on this development in the coming year.

Finally, I would like to offer my thanks to all those who have contributed to our work this year, particularly my staff team, whose efforts are reflected in the successful year we report on in this Annual Report and Accounts.

Matthew Redford

Chief Executive and Registrar
15 July 2025

4 Our strategic aims

This Annual Report reflects the work of the General Osteopathic Council (GOsC) in the year to 31 March 2025.

Our **Strategy, taking us from 2024 through to 2030**, sets out our commitment to continuing to perform as a highly effective healthcare regulator, increasing our understanding of how our actions might impact upon or improve trust between the GOsC – as the regulator for osteopathy – and the profession and patients.

The purpose of our Strategy is to:

- describe what the GOsC's Council wishes the organisation to achieve
- set the direction of the GOsC's work, led by the Chief Executive and Registrar
- provide a framework for the monitoring of the GOsC's performance by Council

Our Strategy sets out our three strategic aims:

Strengthening trust:

We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.

Championing inclusivity:

It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so.

Embracing innovation:

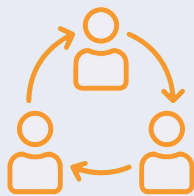
We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

Our vision and values

Our strategic aims are built from our vision and values.

Our vision is to be an inclusive, innovative regulator trusted by all.

Our values underpin the way we work now and in the future. This includes how we work with patients, the public, osteopaths and stakeholders, and how we work within our organisation. We work collaboratively to be an influential and respectful regulator with an evidence-informed approach.



Collaborative

We work with our stakeholders to ensure patients and osteopaths are at the centre of our approach to regulation.



Influential

We seek to support and develop those we work with to enhance public protection.



Respectful

We seek to hear, understand and consider the views of the people with whom we engage.



Evidence-informed

We use a range of evidence to guide our work to ensure the best outcomes for patients and the public.

5

Our governance, management and risks

The General Osteopathic Council (GOsC) consists of a Council, committees, and a small executive team. The GOsC identified principal risks in a number of areas in 2024-25 along with key mitigating actions.

Council

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

Brief biographies of current Council members are available on the GOsC website at: osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee (PEC); the Audit Committee; and the People Committee.

Each committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the People Committee.

Information about our committees, including the membership of each, is available on our website: osteopathy.org.uk/committees

Council members' attendance at Council and committee meetings

Individual members also attend working groups, training and development days, ad hoc meetings and appraisals throughout the year.

Name	Council	PEC	Audit	People
Jo Clift	5/5			
Daniel Bailey	5/5	4/4		
Harry Barton	5/5		4/4	3/3
Gill Edelman	4/5	3/4		
Elizabeth Elander	4/5			3/3
Sandie Ennis	5/5		3/4	3/3
Caroline Guy*	4/5	1/1*	4/4	
Simeon London	5/5	4/4		
Patricia McClure	5/5	4/4		
Chris Stockport**	3/3	1/2		0/1

* Caroline Guy was co-opted to PEC on 6 June 2024 to ensure the minimum number of members were in attendance due to conflicts of interest of other Committee members

** Chris Stockport was a member from September 2024 to February 2025

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions:

- the Investigating Committee
- the Health Committee
- the Professional Conduct Committee

The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the People Committee.

Information about the independent Fitness to Practise Committees, including the membership of each, is available on our website. See information about all of the GOsC's committees:

osteopathy.org.uk/committees

The GOsC Executive Team

GOsC operations are managed day-to-day by the Chief Executive and Registrar, Senior Management Team and other staff.

The GOsC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOsC advisers

Auditors

HaysMac LLP
10 Queen Street Place
London EC4R 1AG

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified in 2024-2025 by the GOsC continue to be as described last year, however, we have strengthened our mitigating actions including commissioning an audit of initial stage Fitness to Practise decisions, which demonstrated no areas of concern but provided some useful guidance.

Risk area	Mitigating actions
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities and make longer term plans around the deployment of resources.
IT infrastructure not able to support GOsC activity and/or future transformation programme	Independent IT audits to assess approach to IT security. Upgrade of GOsC registrant database and planned development of new GOsC website.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

Strategic ambitions undermined by pressures on sustainability:

As an organisation with a single main source of income, we recognise our strategic ambitions as a regulator would be undermined if our resources were insufficient. We keep abreast of the composition of the Register to ensure we are aware if there is any significant change taking place and what this may mean for our future plans. We ensure we have a structured and risk-focused approach to managing our reserves and our investment portfolio.

We mitigate this risk by undertaking longer-term financial planning so that we can make decisions around how we best use our assets, and this includes physical, people and financial assets.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

There is a risk in relation to our IT infrastructure if it does not provide us with the security we require, or legacy systems prevent us from undertaking our work efficiently and effectively. To mitigate these risks, we are implementing a new registration database

which will enhance our efficiency and operation, with the project supported by an expert IT consultant. We have also committed to redeveloping our website platforms, so these are reflective of our modern and inclusive approach to regulation.

Volume and complexity of fitness to practise cases:

Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. There are risks associated with the efficiency and timeliness of the cases being completed, which is connected to one of our key targets monitored by the Professional Standards Authority for Health and Social Care. And currently our caseload is impacted by delays in third-party reports, such as those from the police or hospitals.

While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation continues to require us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes.

6

How we performed against our strategic aims in 2024-25

Strategic aim one: Strengthening trust

We commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as regulator.

We wanted to know the extent to which the profession understands our role, and how they think we are performing as the regulator, to identify where we need to focus our resources, and where we need to make changes. We put strengthening trust at the heart of our Strategy for 2024 to 2030. We wanted to be able to measure how much the profession trusts us now and their views of us, to help us improve and measure the impact of our ongoing work.

The research, carried out between January and June 2024, involved a survey of osteopaths and students, in-depth interviews with osteopaths, students and educators, and focus groups with partner organisations. The survey received 629 responses in total (from osteopaths and 11 responses from students), and 24 people took part in the interviews.

Findings of independent research

Findings showed that many respondents hold negative perceptions of GOsC, based largely on the experiences of other osteopaths and some common misunderstandings of our role. Those with positive views of GOsC were found to be more likely to have had direct experiences with us and to have a better understanding of our role. ‘Fear’ and

‘necessary’ were the two most common words associated with GOsC. Conversations highlighted some of the key sources of fear, including the process of investigating concerns raised against osteopaths, and the tone of some of GOsC’s communications with the profession.

We published an analysis of the findings and are implementing an action plan to take the next steps towards strengthening trust with osteopaths and the profession.

Steps taken to increase trust

To help increase understanding of our role, we have made updates to our website and social media channels. We have produced and are promoting a mythbuster to help address the common misunderstandings about GOsC and help increase clarity about our role among the profession.

To help make us more approachable, we have improved our contact information and how our phone system is set up. We have started publishing more staff profiles to demonstrate that as an organisation we are proud to be comprised of our staff. We continue to consistently encourage osteopaths, educators and students to attend our Council meetings which are held in public.

To help increase trust we have ensured that we demonstrate that we are more available for osteopaths who wish to speak to us. We have increased and diversified the ways that osteopaths can contact us, for example:

- In January, we launched our new WhatsApp channel. We are receiving a growing number of messages each month, and we are responding swiftly to queries. Feedback so far has been very positive.
- We are offering regular weekly online drop-in sessions, so osteopaths can meet staff across the organisation and ask questions, suggest an idea or discuss an issue with no set agenda. To make it easy for osteopaths, staff are available at the same time each week and no booking is required. We've had interesting discussions so far ranging from the use of AI, transition from education to practice and how to fill out a Peer Discussion Review planning section for an osteopath's next continuing professional development (CPD) cycle.
- Opportunities have been introduced for video calls for those osteopaths and students who prefer to see who they are speaking to.
- We have committed to redeveloping the GOsC's websites.

We have updated our suite of registration renewal correspondence taking into account the impact these have on many osteopaths with a view to improving the tone and making the content more helpful.

We have also produced a timeline visual of the fitness to practise process as an example of the work we are doing to be open and transparent and try to help reduce fear and increase understanding about this process. This was first published in the most recent

Fitness to Practise Annual Report which explains how we handle the fitness to practise concerns we receive and the timescales for managing those concerns. This year's report was presented differently with more concise explanations as to how we manage fitness to practise concerns.

Reaching out

In January, we met online with the National Engagement Advisor at the Australian Health Practitioner Regulation Agency (AHPRA) in Australia to share insights and learning. The AHPRA has done a great deal of work on kindness within regulation, and we are keen to learn from this. In turn we were able to share our insights including the fact that we provide an independent support service which is free and confidential for anyone involved in our fitness to practise process.

We have engaged extensively with osteopaths through attending regional group meetings, giving presentations on topics such as professionalism and boundaries. We have also given presentations to students on topics such as regulation, as well as offering ongoing support in relation to ethical queries. We continue to meet with and expand our network of partner organisation relationships to help inform our action plan in response to these findings.

We are also expanding our engagement with the postgraduate educators to increase clarity and transparency about our role and our purpose and to help gain a deeper understanding of their needs and concerns.

This year we held a development day for our Policy and Education Committee. For the first time, this involved inviting stakeholders to spend time with the committee and for the committee to listen to their views on current

opportunities, challenges and priorities for the future in osteopathic education. Through holding this event, GOsC facilitated dialogue and greater understanding between stakeholders and the Committee about roles and context, which supports our aims to improve trust across the profession.

Following consideration of the CPD evaluation survey findings, we consulted on establishing and maintaining professional boundaries and Equality, Diversity, inclusion and Belonging (EDIB) as mandatory components of CPD. A decision will be made later this year.

We have appointed a PhD student, who is jointly supervised by GOsC and the Open University to support our work on boundaries.

Quality assurance of osteopathic education

We have piloted a values, culture and behaviour document for educational providers, and for our quality assurance education provider visitors (visitors are osteopaths who assess education providers' training programmes to ensure they meet our standards). This document was developed in collaboration with visitors and educational providers to ensure the tone of the visit is explicit and clear, to aid communication.

We have worked collaboratively with the education providers to respond to their feedback. We have held regular meetings with education providers as a group, but also individually to provide earlier feedback on committee decision making and outcomes. We have worked hard to reflect on the tone of communications to education providers, and to build on the relational aspect of quality assurance.

Strategic aim two: Championing inclusivity

We have embarked on a range of projects and initiatives to champion inclusivity from involving patients to establishing a new EDIB framework.

Draft guidance for students with disabilities

We published separate draft guidance for students and for educational providers about studying osteopathy when you have a disability or health condition. For the first time this included an easy read version following feedback in the pre-consultation phase from students with disabilities.

Involving patients

We held our first patient information forum development day which brought our patients together. We used this to appreciate their contributions, as well as building their knowledge and understanding of regulation and skills. This helped them to contribute effectively and was also an opportunity for them to give feedback on our website development.

We published an evaluation of the contribution to our work of the patient voice and developed actions to enhance the contribution it makes.

There is ongoing collaboration with patients to gain feedback on various consultations, including the Professional Behaviours and Student Fitness to Practise consultation, our draft health and disability guidance and the planned update to our continuing professional development (CPD) guidance.

To ensure patients' voices are heard, we continue to promote resources which support patients to make explicit what is important to them when they are seeing an osteopath.

We provide guidance and resources around Equality, Diversity, Inclusion and Belonging (EDIB) for osteopaths to support inclusive practice with patients and we have promoted these during the year.

Patient partners

We have begun recruitment of two patient partners who will join Council as part of a pilot programme. The aim is to include the patient perspective and for the patient partners to act as 'critical friends' to Council to enhance our decision-making process. This will ensure their voices are heard in strategic decision-making.

Non-executive recruitment

During this year we handled 404 applications, which is the most applications we have ever received from Professional Conduct Committee/Investigating Committee recruitment campaigns. Across all our completed applications we have seen higher numbers of applicants who are:

- female (241 or 59%)
- older ie in the 55-59 or 60-64 age group (78 and 61 or 19% and 15%)
- White or White British (306 or 76%)
- of Christian faith (172 or 42.5%) or no religion or belief (59 or 15%)
- heterosexual (323 or 80%)
- married/in a civil partnership (252 or 62%)
- part-time workers (206 or 51%)

We have a greater proportion of completed applications demonstrating minority protected characteristics:

- disability (49 or 12%)
- Asian and British Asian (47 or 12%)
- Black or Black British (21 or 5%)
- gay/lesbian (25 or 6%)
- cohabiting (35 or 9%)
- pregnancy or maternity (7 or 2%)

Review of guidance

We conducted a comprehensive review of all fitness to practise guidance both at the initial stages and at the hearings stage of the fitness to practise process to ensure the guidance adequately addressed allegations that involve racist and discriminatory behaviours.

New framework

Our new EDIB Framework 2024-30 was published in July 2024. The Framework was expanded to include 'Belonging', which entails creating a psychologically safe organisation where our people (staff and non-executives) feel confident to be themselves, without risk of embarrassment or rejection, to help us to be the best regulator we can. We will ensure our people feel they can be creative and innovative and can constructively challenge existing practices for the benefit of patients, osteopaths and stakeholders.

The new EDIB Framework established our current benchmark and set out a series of actions to be taken over the next 18 months.

Strategic aim three: Embracing innovation

The GOsC has numerous innovative projects underway, for example relating to the regulatory response to the sustainability of the profession.

National Council for Osteopathic Research projects

We have commissioned new research to support recruitment and retention issues.

The projects consist of:

- Enablers and barriers for students studying/ completing an osteopathic course
- Qualitative explorations of reasons for leaving the GOsC Register
- Evaluation of GOsC Register resignations (quantitative survey)

International recognition of qualifications

We are working collaboratively with others to achieve recognition of professional qualifications internationally to ensure UK standards are maintained and EU/UK relations are developed.

Mutual collaboration on transition into practice

We are undertaking work around stakeholder relations and transition into practice. We are exploring how we as the regulator can bring the sector together to enhance the transition to practice process for osteopaths. Our plan is to organise a collaborative workshop with representatives across the sector to identify what opportunities exist for mutual collaboration. The focus will be on sharing existing models of best practice in the sector and developing collective actionable solutions to better support new graduates.

Quality assurance of education

We announced our decision to take quality assurance of education in house from July 2025 for all UK training courses for students of osteopathy. Assuring the quality of education helps us make sure our standards for osteopathic education are being met, and that 'Recognised Qualifications' are only awarded to graduates who meet the Osteopathic Practice Standards (OPS). This ensures patient safety and public protection are at the heart of all education activities.

Data sharing

Each osteopathic education provider provides us with annual data on enrolment, progression, EDI and faculty, for example, teaching staff profile, student-tutor ratios. We share this data with key stakeholders such as the Institute of Osteopathy and the providers themselves so that collaboratively we can explore issues on recruitment and retention of osteopaths and potential solutions can be identified to remedy any challenges.

New website

Council agreed to set aside resources to upgrade the GOsC website. This will allow us to bring our multiple sites together into a more modern and cohesive single website that will help us to communicate clearly with the profession. Planning is underway and the tender process will begin shortly.

Guidance on AI

We have been developing our first piece of guidance on the use of AI (artificial intelligence) in osteopathy. This will explore current and future use of AI in osteopathic practice to inform our approach to ensuring patient safety and public confidence. This includes how the OPS supports osteopaths to use AI appropriately. We have been developing plans to consult on this guidance. We plan to continue working with educators and other stakeholders to further explore a statement on AI in osteopathic education. We will continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.

IT infrastructure

We continued working on the implementation of the new CRM system (registrant database system), investing in future-proofing our internal systems to make it easier and more efficient for osteopaths to update their details. The new CRM will be able to integrate with modern tools that will allow the GOsC to better communicate with osteopaths and enable better and faster processes internally.

7

Operational efficiency, effectiveness and performance

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, reported that GOsC met all its standards of good regulation, for the fourteenth year running. We are the only healthcare professional regulator with such a record.

During 2024-25 we continued to deliver our core functions consistently, including management of our fitness to practise caseload and maintenance of our Register.

Fitness to Practise performance

In 2024-25, we received 75 concerns. Of these, 31 were made formal. During the year, GOsC's Investigating Committee reached a final decision in 39 cases. Of these, 27 were referred to a full hearing of the Professional Conduct Committee (PCC); in one case the registrant was issued with advice by the Investigating Committee and in the remaining 11 cases, it was determined that there was no case to answer and no further action was taken.

Over the year, the PCC concluded 14 cases; in 12 of those cases, a sanction was imposed against the osteopath (see table).

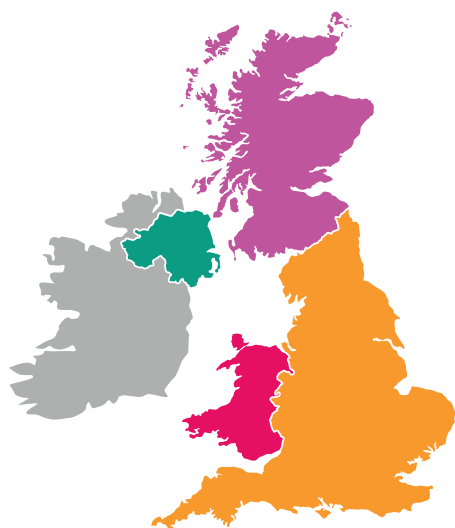
Sanctions imposed in cases considered by the Professional Conduct Committee 2024-25	Number of cases
Admonished	9
Suspended	1
Removed	2
Total	12

We commissioned an external audit of all cases and concerns closed by screeners (a screener is an osteopath member of the Investigating Committee who reviews concerns to determine whether the evidence amounts to an allegation) and the Investigating Committee involving the threshold criteria over the period 1 April 2023 to 30 August 2024. This took place in early 2025. No patient protection concerns were identified but there was some useful learning for the organisation.

About the Register

As at 31 March 2025, there were 5,596 osteopaths registered with the GOsC.





4,832 osteopaths in England

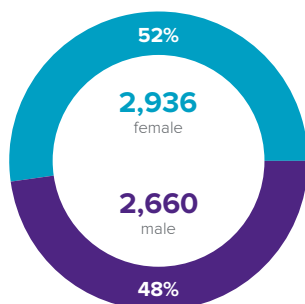
150 osteopaths in Scotland

164 osteopaths in Wales

30 osteopaths in NI

420 osteopaths in rest of world

Gender	Number
Male	2,660 (48%)
Female	2,936 (52%)
Total	5,596 (100%)



The 302 new or returning osteopaths to the Register were trained at the following education providers:

Place of training	Number joining the Register
British College of Osteopathic Medicine	29
College of Osteopaths	28
European School of Osteopathy	48
Health Sciences University (formerly UCO)	94
London School of Osteopathy	28
Oxford Brookes University	1
North East Surrey College of Technology	12
Swansea University	40
The University of St Marks and St John (Marjon)	15
Overseas	7
Total	302

Our team of Registration Assessors, all of whom are qualified osteopaths, undertook a total of 34 registration assessments in 2024-25, this compares to 46 registration assessments undertaken in the previous year.

Type of assessment	Number
Non-UK qualification assessment	4
Further evidence of practice assessment	4
Assessment of clinical performance	6
Return to practice interview	20
Total	34

8

Looking ahead to the next year

This year was the first year of our new Strategy, through to 2030. The Strategy sets out our future vision, strategic priorities and our key actions, all of which are underpinned by our new organisational values.

Looking ahead, in 2025-26, we will be delivering against our Strategy through the following activities:

Strengthening trust: We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.

What do we intend to do?

- Starting work to strengthen the protection of the title 'osteopath' through a consultation to gather views.
- Raise awareness of our role and the value of regulation.
- Increase engagement with partner organisations and other stakeholders and also raise awareness of this engagement.
- Take long-term financial and asset decisions which support delivery of our statutory responsibilities and GOsC strategic aims.
- We will continue to implement activities to increase trust and reduce fear in line with the findings of the independent perceptions research published in October 2024.

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so.

What do we intend to do?

- Implement a Strategic Patient Partnership Programme at Council level with the appointment of two patient partners who will join Council as part of a pilot. The aim is to include an explicit patient perspective and for the patient partners to act as 'critical friends' to Council to enhance our decision-making process.
- Collect, analyse, and publish, anonymous equality, diversity and inclusion data and any changes we make, or mitigations we put in place, where we have identified there is an undue impact on those with protected characteristics.
- Implement any recommendations arising from the independent review we have commissioned into our non-executive recruitment activity.
- Support student recruitment and retention to maintain and increase a sustainable, diverse profession.
- Implement and evaluate the health and disability guidance we published for students and education providers to support students studying osteopathy with a disability or health condition.

Embracing innovation: We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

What do we intend to do?

- Through a tender process, we will identify a supplier and develop a new public website which provides scope for more modern, innovative and engaging content.
- Review the impact of changes in the delivery of healthcare including AI (artificial intelligence) on osteopathic education and osteopathic care and the use of AI in health care for patients. We will also consider the impact of AI on osteopathic standards and regulation.
- Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.
- Refine and implement our Theory of Change model to measure progress and implementation of the GOsC Strategy.

9 Financial report and accounts for 2024-25

Introduction

The 2024-25 financial year saw inflation levels fall further from their post-pandemic highs; however they are still slightly above the Bank of England's 2% target. The cost-of-living crisis continues as energy costs and food prices reflect world events. The UK is under new leadership since the previous annual report, with the Labour party being elected in July 2024, following a landslide victory in the General Election.

The financial result for the year was a deficit of £281,000, which was worse than budget by around £285,000. We spent around £161,000 from designated funds. Registration fees were over budget by around £160,000, and were supported by an investment gain of around £37,000, along with an underspend of around £5,000 on Communications, research, and development. However, this was offset by some overspends in Education and Professional standards of around £86,000, Governance (£73,000), Fitness to Practise (£66,000), IT and infrastructure (£46,000), and Central resources and Financing (£18,000).

At the General Osteopathic Council, we regularly look at our approach to regulation to ensure we continue to add value. Questions we ask include:

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging, and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Four years ago, we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2024-25 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through **Our Strategy: taking us from 2024 through to 2030** and our underpinning business plans which we develop each year.

The activities set out in the annual business plans are designed specifically for:

- **Strengthening trust** – we will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.
- **Championing inclusivity** – it is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so.
- **Embracing innovation** – we will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.

- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation, and which are relevant and appropriate for our context.
- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we ensure we are careful where our resources are deployed to be cost efficient and cost effective.

We consider our value proposition to have three components:

- 1. Ensuring public protection**
- 2. Developing the profession**
- 3. Delivering robust governance**

Component one: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting, and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2024-25, we spent £1.68m on our activities to ensure public protection (2024: £1.37m).

This was equal to 51% of our total budget (2024: 45%) and means that for every £570 registration fee we receive, we spend £290 of that on ensuring public protection (2024: £256).

Component two: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research
- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2024-25, we spent £0.80m on our activities to ensure we developed and supported the profession (2024: £0.71m).

This was equal to 24% of our total budget (2024: 24%) and means that for every £570 registration fee we receive we spend £137 of that on developing the profession (2024: £137).

Component three: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training, and maintaining a governance structure that consists of Council, the Policy and Education Committee, the Audit Committee, and the People Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working

- subjecting our work to independent audits and review

In the financial year 2024-25, we spent £0.84m on our activities to ensure we delivered robust governance

(2024: £0.93m). This forecasted increase reflects the fact that we have been managing, in-house, a significant volume of non-executive appointments (16 positions) as the periods for Council and committee members came to their natural end.

This was equal to 25% of our total budget (2024: 31%) and means that for every £570 registration fee we receive we spend £143 of that on delivering robust governance (2024: £177).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ¹ £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.68m (2025)	51% (2025)	290 (2025)
	1.37m (2024)	45% (2024)	256 (2024)
Developing the profession	0.80m (2025)	24% (2025)	137 (2025)
	0.71m (2024)	24% (2024)	137 (2024)
Delivering robust governance²	0.84m (2025)	25% (2025)	143 (2025)
	0.93m (2024)	31% (2024)	177 (2024)

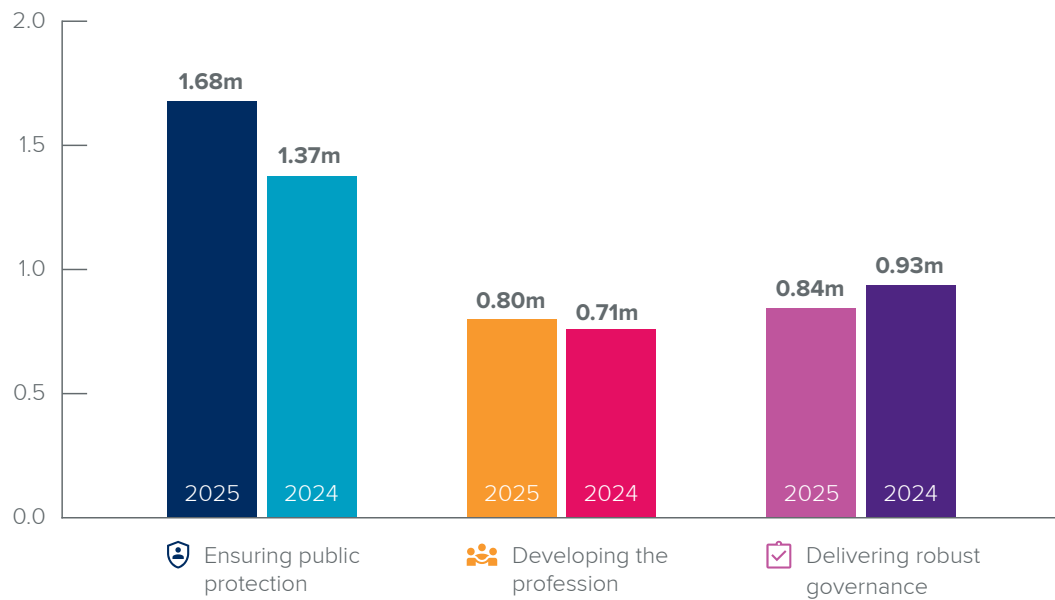
¹ Excluding investment losses and/or charges

² Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts

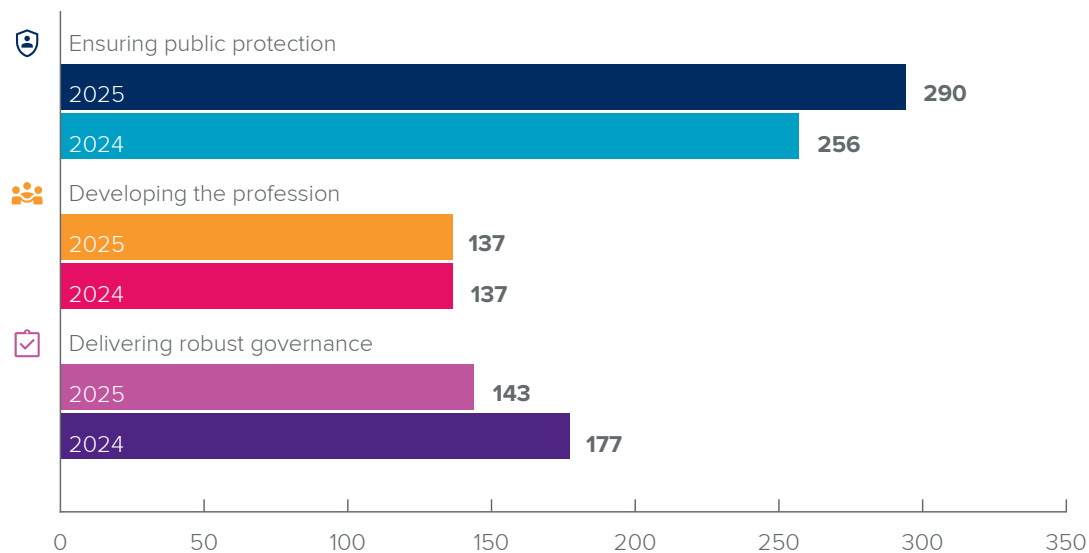
What does the registration fee fund by value proposition?

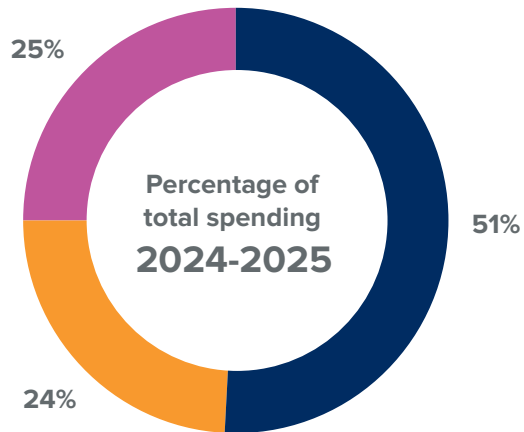
The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2024-2025.

Expenditure in year £m

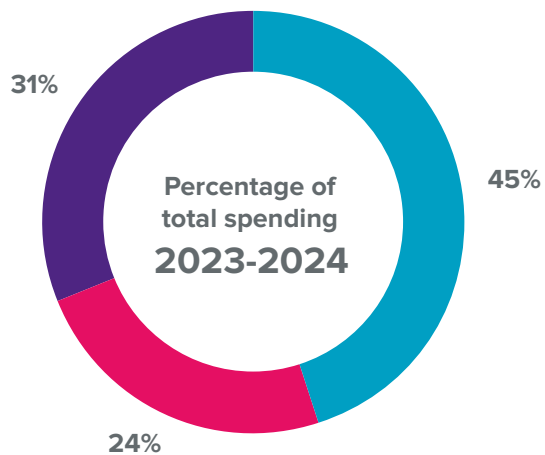


Proportion of £570 registration fee used £





-  Ensuring public protection **51%**
-  Developing the profession **24%**
-  Delivering robust governance **25%**



-  Ensuring public protection **45%**
-  Developing the profession **24%**
-  Delivering robust governance **31%**

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a deficit of £281,356; the deficit was reduced by an investment gain of around £37,000.

At the year end, total income was £2,993,458. Registration fee income accounted for 98% of total income. Registration fees have once again been maintained at their current level – the eleventh year in a row, which represents a reduction in real terms. The remaining income came from areas such as investment portfolio gains, bank interest, and registration assessments.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £3,311,444 after designated spending; the breakdown of this is shown on the next two pages.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into the following four main areas (note that staffing costs are included within each of these):

- **Education and professional standards**

Quality assuring osteopathic educational providers continues to be a fundamental element of the work undertaken in this area, alongside the development and implementation of the continuing professional development (CPD) scheme.

In 2024-25, direct costs incurred in this area were £652,447 in the year, compared to £525,382 in the previous year, an increase of 24%. Direct costs in relation to quality assurance were around £232,000, and we spent around £11,000 on research activities.

- **Registration**

In 2024-25, direct costs incurred in this area were £177,533 in the year, compared to £175,986 in the previous year, an increase of 1%. Total non-staffing costs were around £12,000 and included registration assessment costs and associated expenditure for the training and appraisal of registration assessors.

- **Fitness to practise and legal**

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of the GOsC's expenditure.

In 2024-25, direct costs incurred in this area were £859,657 in the year, compared to £618,335 in the previous year, an increase of 39%. This included costs of the Investigating Committee, which were around £173,000 with the Professional Conduct Committee incurring expenditure of around £238,000.

- **Communications, research and development**

In 2024-25, direct costs incurred in this area were £490,415 in the year, compared to £434,964 in the previous year, an increase of 13%. Costs relating to website development and maintenance, and publications, were around £37,000. In addition, the overall costs of the department include the provision of free access to research journals for osteopaths, and an allocation to infrastructure costs for the National Council for Osteopathic Research which totalled around £65,000.

Administration and overhead costs

Other GOsC cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, and administering the GOsC Council and committees, which are essential functions for the discharge of our statutory duties.

- **Governance**

Governance costs relate to Council members' allowances, committee expenses, appraisals, and the recruitment of new members.

In 2024-25, governance costs were £539,819, compared to £497,715 in the previous year, an increase of 8%. This was predominantly due to increases in the cost of council meetings and council honorariums. Within governance costs was the levy on all healthcare professional regulators for the costs of the Professional Standards Authority for Health and Social Care; the GOsC paid a levy of £14,294.

- **IT infrastructure**

This year saw a focus on ensuring the GOsC IT infrastructure was secure and fit for purpose, including some spend on cyber security and running penetration tests on the various GOsC websites. Expenditure on IT reflects the cost of the GOsC Register, the customer relationship management (CRM) system and other office services.

In 2024-25, direct IT costs were £132,879, compared to £216,849 in the previous year, a decrease of 39%. This is predominantly due to a decrease in infrastructure costs.

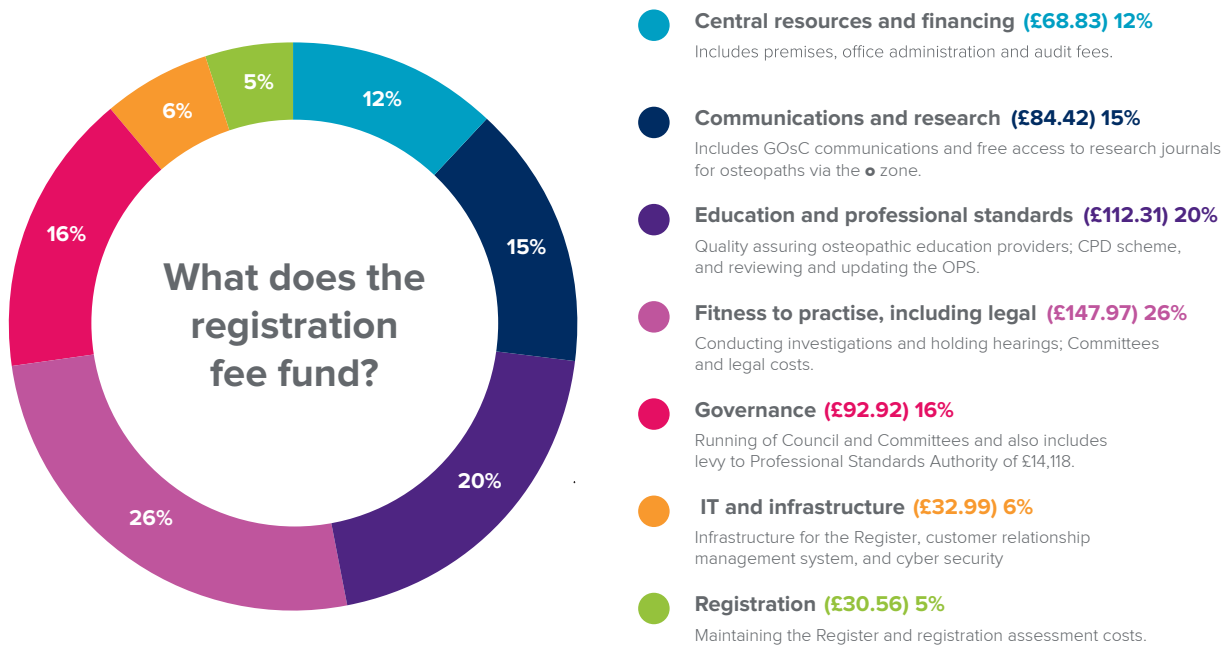
- **Central resources and financing**

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank interest, investment charges, and depreciation.

In 2024-25, admin costs were £255,340, compared to £245,725 in the previous year, an increase of 4%. This is predominantly due to an increase in audit fees, and some other inflation-linked increases.

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount of spend on each GOsC function in 2024-25:



Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. The trustees review the reserves position on an annual basis. The reserves position for 2024-25 is set out as follows.

The Balance Sheet shows total reserves of £2,601,074. All the GOsC reserves are unrestricted.

The trustees have considered the areas in which they feel the GOsC has greatest financial risk, and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses eg data protection fines
- unforeseen increase in quality assurance activity

Having considered these risks and the possible financial impact should they materialise; the trustees have concluded that it would be prudent to hold reserves within a target range of £350,000-£700,000.

At the end of the financial year 2024-25, the trustees are holding reserves equal to £348,342, which has been calculated as follows:

	£
Reserves held	2,601,074
Restricted reserves	–
Designated reserves	(535,689)
Operational fixed assets	(1,717,043)
Reserves remaining	348,342

Operational fixed assets consist of the total of the tangible and intangible assets of the GOsC.

Reserves are currently just below the target range (less than one percent). The trustees will consider the level of reserves and how these may be used in the 2025-26 financial year. The trustees have concluded that the accounts should be presented on a going concern basis.

Investment strategy

Investments are valued at market value as at the Balance Sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £1,317,560 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

Statement of Council's responsibilities

Council (whose members are also Trustees of the charity) is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently.
- observe the methods and principles in the applicable Charities SORP.
- make judgements and accounting estimates that are reasonable and prudent.
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business.

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC. They should also enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. The Chair of the Audit Committee is a member of Council and is able to report on relevant matters at each Council meeting.

Approved by Council on 15 July 2025 and signed on their behalf by:



Jo Clift

Chair
15 July 2025

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of the General Osteopathic Council for the year ended 31st March 2025 which comprise the statement of financial activities, balance sheet and cashflow statement, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31st March 2025 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit

of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report, and the Introduction from Chair of Council. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 35, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of noncompliance with laws and regulations related to regulatory requirements of the [Osteopaths Act 1993], and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as General Data Protection Regulation (GDPR), taxation legislation, the charities act 2011 and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;

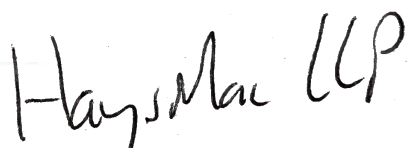
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink that reads "HaysMac LLP". The signature is written in a cursive, flowing style.**HaysMac LLP**

Statutory Auditors

Date: **23 July 2025**10 Queen Street Place
London EC4R 1AG

HaysMac LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities for the year ended 31 March 2025

	Notes	2025 £	2024 £
Income from			
Charitable activities	2	2,971,497	2,902,861
Investments	3	21,961	20,834
Total		2,993,458	2,923,695
Expenditure on			
Charitable activities	4	3,311,444	2,994,590
Total expenditure		3,311,444	2,994,590
Net expenditure before gains on investments		(317,986)	(70,895)
Net gains on investments		36,630	94,561
Net (expenditure)/income		(281,356)	23,666
Reconciliation of funds			
Total funds brought forward		2,882,430	2,858,764
Total funds carried forward	13	2,601,074	2,882,430

The (deficit)/surplus for the year arises from the GOsC's continuing operations.

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2025	Notes	2025 £	Restated 2024 £
Non-current assets			
Intangible assets	8	213,962	–
Tangible assets	8	1,503,081	1,547,271
Investment (portfolio)	9	1,317,560	1,269,682
Total non-current assets		3,034,603	2,816,953
Current assets			
Debtors	10	193,311	129,381
Cash in bank and at hand		277,969	726,897
Total current assets		471,280	856,278
Current liabilities			
Creditors: amounts falling due within 1 year	11	(904,809)	(790,801)
Total current liabilities		(904,809)	(790,801)
Net current (liabilities)/assets		(433,529)	65,447
Net assets		2,601,074	2,882,430
Represented by:			
Unrestricted reserves			
- Designated reserves		535,689	496,213
- General reserves		2,065,385	2,386,217
Total reserves		2,601,074	2,882,430

The prior period has been restated to reflect a change in methodology for calculating trade debtors and deferred income. This change is reflected on the Balance Sheet and in notes 10-12.

Approved and authorised for issue by the members of Council on 15 July 2025 and signed on their behalf by:



Jo Clift
Chair

Statement of cash flows for the year ended 31 March 2025

	Notes	2025 £	2024 £
Reconciliation of net (expenditure)/income to net cash flow from operating activities:			
Net (expenditure)/income for the reporting period (as per the statement of financial activities)		(281,356)	23,666
Depreciation		56,354	60,310
Gains on investment		(47,878)	(101,690)
Dividends, interest and rents from investments		10,712	13,705
Increase in debtors	10	(59,186)	(13,663)
Increase/(decrease)in creditors	11	109,264	(16,129)
Net cash provided by operating activities		(212,090)	(33,801)
Cash flows from investing activities			
Dividends, interest and rents from investments		(10,712)	(13,705)
Purchase of intangible fixed assets	8	(213,962)	-
Purchase of tangible fixed assets	8	(12,164)	(17,001)
Net cash used in investing activities		(236,838)	(30,706)
Change in cash and cash equivalents in the reporting period		(448,928)	(64,507)
Cash and cash equivalents at the beginning of the reporting period		726,897	791,404
Cash and cash equivalents at the end of the reporting period		277,969	726,897
Cash at bank and in hand		277,969	726,897

Notes to the financial statements – for the year ended 31 March 2025

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a 'public benefit entity' under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies, and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements other than the contingent liability concerning the potential for additional payments to panellists arising from an ongoing employment tribunal case featuring the Nursing and Midwifery Council.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud-based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years

Tangible fixed assets

All assets with a useful economic life of more than one year and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income. For registration fee income this is over the period of one year from the date the individual was first entered onto the Register. Investment income including bank interest income is accounted for as earned.

Investments

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital and the intention is for that cash to be held to generate a return for more than 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date.

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council (who are also Trustees) continue to adopt the going concern basis of accounting in preparing the financial statements. One of the measures used to determine going concern is the reserves level. As the reserves are above target range, Council has concluded that the accounts be presented on a going concern basis with no material uncertainties.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2025 £	2024 £
Registration fees	2,961,625	2,877,915
Other income	9,872	24,946
Total	2,971,497	2,902,861

3. Income from investments

	2025 £	2024 £
Interest from investments (incl. bank interest)	21,961	20,834
Total	21,961	20,834

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct £	Support costs £	Total 2025 £	Total 2024 £
Charitable activities				
Education and professional standards	652,447	328,103	980,550	822,964
Registration	177,533	214,965	392,498	411,571
Fitness to practise	859,657	328,104	1,187,761	1,027,509
Communications and research	490,415	260,220	750,635	732,546
Total	2,180,052	1,131,392	3,311,444	2,994,590

5. Support costs

	Management £	Governance £	Admin £	IT £	Total 2025 £	Total 2024 £
Support costs						
Education and professional standards	145,412	70,108	74,048	38,535	328,103	297,582
Registration	95,270	45,933	48,515	25,247	214,965	235,585
Fitness to practise	145,412	70,108	74,049	38,535	328,104	409,174
Communications and research	115,327	55,603	58,728	30,562	260,220	297,582
Total	501,421	241,752	255,340	132,879	1,131,392	1,239,923

Support costs (IT, Governance, and Central Resources and Financing) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2025 £	2024 £
Governance costs		
Council members fees (including National Insurance)	106,980	103,992
Council associates fees (including National Insurance)	4,800	3,800
Other governance costs	129,972	112,662
Total	241,752	220,454

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £103,700 including responsibility allowances (2024: £101,250). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £25,327 (2024: £24,684).

Name	Position	Location	Day rate £	National Insurance £
Jo Clift	Chair	London	30,000	2,884
Daniel Bailey	Member	Wolverhampton	7,800	-
Harry Barton ¹	Member	Birmingham	10,050	132
Gill Edelman	Member	Dorking	7,800	-
Elizabeth Elander ²	Member	Cheshire	10,050	132
Sandie Ennis	Member	London	7,800	-
Caroline Guy	Member	Isle of Wight	7,800	-
Simeon London ³	Member	Scotland	7,800	-
Patricia McClure ⁴	Member	Northern Ireland	10,050	132
Chris Stockport ⁵	Member	Wales	4,550	-
Total			103,700	3,280

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

The Osteopaths Act 1993 allows for the remuneration of Council members.

Council associates

The GOsC Council Associates programme allows for two osteopaths to shadow Council and attend and contribute to meetings to develop their governance and leadership skills. Council associates do not have voting rights.

Name	Position	Location	Day rate £	National Insurance £
Gabrielle Anderson	Council Associate	Plymouth	1,400	-
Harriet Lambert ⁶	Council Associate	London	200	-
Laura Turner ⁷	Council Associate	Exeter	3,200	-
Total			4,800	

¹ Includes a responsibility allowance of £2,250 paid as Chair of the Audit Committee

² Includes a responsibility allowance of £2,250 paid as Chair of the People Committee. Term ended March 2025

³ Term ended March 2025

⁴ Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee

⁵ In position from September 2024 to February 2025

⁶ Term ended March 2024; paid one month in arrears

⁷ Term ended March 2025

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £330 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £25 per case screened. Members of these committees claimed daily attendance fees which totalled £82,961 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £15,890.

External members of other committees

In the reporting year, a daily attendance fee of £330 was paid to external members of the Policy Education Committee, Audit and People Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £6,786 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £8,720.

Net expenditure after charging

	2025 £	2024 £
Net expenditure for the year stated after charging		
Fees paid to HaysMac LLP		
- External audit	24,960	23,760
Depreciation of assets	56,355	60,310

7. Employees and staff costs

Staff costs during the year were as follows:

	2025 £	2024 £
Staff costs		
Salaries	1,402,573	1,369,045
Employer's National Insurance	146,666	139,592
Pensions	134,315	148,273
Total	1,683,554	1,656,910

In the financial year 2024-25, redundancy and severance costs of £nil (2024: £22,000) were incurred.

	2025	2024
Average staff numbers		
Chief Executive and Registrar's office	5	4
Education and Professional Standards	6	5
Registration	4	4
Resources	3	3
Fitness to Practise	7	7
Communications	5	5
Total	30	28

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £402,905 (2024: £391,391)

The total number of staff whose taxable emoluments fell into higher salary bands was:

	2025 £	2024 £
£60,000-£70,000	1	1
£70,000-£80,000	0	0
£80,000-£90,000	0	0
£90,000-£100,000	0	1
£100,000-£110,000	2	1
£110,000-£120,000	0	0
£120,000-£130,000	1	1

Pension costs

The contributions paid in the year in respect of the Council's pension scheme included contributions payable for the year of £134,315 (2024 - £148,273)

8. Intangible and Tangible Fixed Assets

Intangible assets

	Intangible assets £
Cost	
At 1 April 2024	20,000
Additions	213,962
Disposals	—
At 31 March 2025	233,962
Depreciation	
At 1 April 2024	20,000
Charge for the year	—
Disposals	—
At 31 March 2025	20,000
Net book value	
At 31 March 2024	—
At 31 March 2025	213,962

All intangible assets related to Computer Software.

Tangible Fixed Assets

	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost				
At 1 April 2024	114,970	24,648	2,244,172	2,383,790
Additions	—	12,164	—	12,164
Disposals	—	—	—	—
At 31 March 2025	114,970	36,812	2,244,172	2,395,954
Depreciation				
At 1 April 2024	85,243	13,944	737,332	836,519
Charge for the year	10,354	7,815	38,185	56,354
Disposals	—	—	—	—
At 31 March 2025	95,597	21,759	775,517	892,873
Net book value				
At 31 March 2024	29,727	10,704	1,506,840	1,547,271
At 31 March 2025	19,373	15,053	1,468,655	1,503,081

9. Investments

	2025 £	2024 £
At the start of the year	1,269,682	1,167,992
Income reinvested	22,466	19,677
Fees taken	(11,218)	(12,548)
Investment gain	36,630	94,561
Total portfolio	1,317,560	1,269,682

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities (£641,121), bonds (£465,916), and other assets, including cash (£210,523).

10. Debtors

	2025 £	Restated 2024 £
Trade debtors	21,173	10,622
Prepayments and accrued income	170,886	117,855
Other debtors	1,252	904
Total debtors	193,311	129,381

The restatement to amounts in the comparative period for debtors, creditors, and deferred income in notes 10, 11 and 12 relate to the change in the basis of recognition of debtors and creditors for registration fees notified prior to the year end. Historically some amounts collected pre year end were not eliminated from debtors resulting in both debtors and creditors being overstated. The effect on the comparative amounts was £278,229 for both debtors and creditors. There was no impact on the income reported for the comparative year.

11. Creditors

	2025 £	Restated 2024 £
Trade creditors	49,968	47,308
Deferred income	702,322	621,893
Accruals	97,133	77,445
Other creditors	8,134	6,794
Other tax and social security	47,252	37,361
Total creditors	904,809	790,801

12. Deferred income

	2025 £	Restated 2024 £
As at 1 April	621,893	818,067
Amount deferred during the year	702,322	621,893
Amount released to the financial statements	(621,893)	(818,067)
Total deferred income	702,322	621,893

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Reserves

	At 1 April 2024 £	Income £	Expenditure £	Transfer £	At 31 March 2025
General reserves	2,386,217	3,030,088	(3,311,444)	(39,476)	2,065,385
Designated reserves					
- IT investment	152,093	—	—	—	152,093
- Values Project	10,000	—	—	(10,000)	—
- Registrant Perceptions	34,120	—	—	(30,348)	3,772
- General legal	150,000	—	—	(26,969)	123,031
- NCOR infrastructure costs	150,000	—	—	(26,500)	123,500
- Website development	—	—	—	136,005	136,005
- iO Convention 2023	—	—	—	(2,712)	(2,712)
Total reserves	2,882,430	3,030,088	(3,311,444)	—	2,601,074

The designated reserves relate to the increased Information Technology (“IT”) investment to streamline our activities (£152,093), the Values Project (shared decision making) (reserve fully utilised in the year), the Registrant Perceptions Survey to capture views and gain insight from registrants (£3,772), a general legal fund to mitigate unforeseen costs (£123,031), a fund to support the ongoing work of the National Council for Osteopathic Research (“NCOR”); five years of infrastructure costs have been ringfenced (£123,500), a reserve for the website development project (£136,005). There was also an overspend in the year relating to a previous reserve for contributions to the iO convention in 2023.

Prior year comparative

	At 1 April 2023 £	Income £	Expenditure £	Transfer £	At 31 March 2024
Reserves					
General reserve	2,636,671	3,018,256	(2,994,590)	(274,120)	2,386,217
Designated reserve	222,093	–	–	274,120	493,213
	<u>2,858,764</u>	<u>3,018,256</u>	<u>(2,994,590)</u>	<u>–</u>	<u>2,882,430</u>

14. Related party transactions

Matthew Redford, Chief Executive and Registrar, is a Trustee of the National Council for Osteopathic Research.

Dr Daniel Bailey, Council Member, is a Research Fellow of the National Council for Osteopathic Research.

There are no outstanding high-court cases.

15. Contingent liabilities

We have considered the Somerville v Nursing and Midwifery Council (NMC) judgment, where Mr Somerville was found by the Employment Tribunal to be a worker, as to whether it is likely we may face similar liabilities. No claims have been made against the GOsC to date, and so no liability has been included within these accounts.



**General
Osteopathic
Council**

General Osteopathic Council

Osteopathy House
176 Tower Bridge Road
London SE1 3LU

020 7357 6655

info@osteopathy.org.uk

osteopathy.org.uk

The GOsC is a charity registered in England and Wales (1172749)

Accounts



General
Osteopathic
Council

Annual Report and Accounts 2023-24



General Osteopathic Council

Annual Report and Accounts 2023-24

Presented to Parliament pursuant to section 40(5) of the Osteopaths Act 1993

© General Osteopathic Council 2024

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to us at the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

This publication is available from our website: [**osteopathy.org.uk/annualreport**](https://osteopathy.org.uk/annualreport)

Contents

1. About the General Osteopathic Council	7
2. Introduction from Chair of Council	8
3. Introduction from Chief Executive and Registrar	9
4. Our strategic goals	10
5. Our governance, management and risks	11
6. How we performed against our strategic goals in 2023-24	14
7. Looking ahead to the next year	21
9. Financial report and accounts for 2023-24	23

1

About the General Osteopathic Council

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and has a statutory duty to regulate and develop the osteopathy profession in the UK to ensure public protection.

Our role involves the pursuit of the following objectives:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of the profession

Our core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with concerns about osteopaths and where necessary dealing with those concerns through fitness to practise procedures

The statutory objectives of the GOsC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the Trustees (who are also members of Council) are able to confirm they have had due regard to the Charity Commission's guidance on public benefit. The GOsC is a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749).

This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

2

Introduction from Chair of Council

As the new Chair, I am very much looking forward to leading the regulation of the profession and the protection of osteopathic patients and the public.



As someone who has benefited significantly from osteopathy, I was delighted to be appointed as the new Chair of the GOsC. It is a pleasure to be able to inherit an organisation

which has had another successful year.

Once again, GOsC has met all the Professional Standards Authority Standards of Good Regulation.

This Annual Report reflects the work which happened between 1 April 2023 to 31 March 2024 before I took office. You will see from the breadth and depth of activity contained within the report that the GOsC continues to support the profession to deliver high-quality patient care. I am keen that we continue to engage with the profession, listening to the views of osteopaths, patients and our key partner organisations to inform our work. I am especially looking forward to seeing the findings of our registrant and stakeholder perceptions research, which began in 2023-24 and will continue into the next business year.

To finish, I want to thank our outgoing Chair, Dr Bill Gunnyeon, for his stewardship of Council over the past four years, and particularly through the COVID pandemic. I also wish to thank the departing members of Council, Sarah Botterill, Professor Deborah Bowman, Dr Denis Shaughnessy and Deborah Smith for all their work. I wish them well for the future and look forward to working with our new members of Council over the year ahead.

Jo Clift

Chair of Council

18 July 2024

3 Introduction from Chief Executive and Registrar

I look back on the business year of 2023-24 as being one of celebration and change.



There was cause to celebrate with osteopaths both from the UK and abroad; with colleagues past and present and with key stakeholders at Convention 2023, marking 30 years of recognition since passing of the Osteopaths Act 1993.

The opportunity to interact with so many osteopathic colleagues was a fantastic experience. From welcoming delegates at the launch of the event; presenting with Dr John Gimpel from the United States of America on osteopathic regulation, to seeing old friends reunite under the osteopathic banner, such as former GOsC Chief Executive and Registrars Madeleine Craggs and Tim Walker, and former GOsC Chairs Simon Fielding and Nigel Clarke.

There has been significant change at the GOsC with a large number of recruitment campaigns across a range of governance positions. I am delighted that we attracted the most diverse range of applications GOsC has ever generated which is a demonstration of how the profession and regulator are seen, and also of our commitment to inclusivity.

I am pleased to welcome Jo Clift to her new role as Chair of Council and add my own thanks to the outgoing Chair, Dr Bill Gunnyeon, for his work during his time both on Council and as Chair.

And finally, I would like to offer my sincere gratitude to all those who have contributed to our work this year, particularly my staff team, with their efforts reflected in the successful year we report on in this Annual Report and Accounts.

Matthew Redford

Chief Executive and Registrar
18 July 2024

4 Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2024.

In 2019, Council approved a five-year Strategic Plan which set out what the organisation aimed to achieve in the period 2019-2024. See: osteopathy.org.uk/strategic-plan-2019-24

Within this plan, we described our vision as a regulator:

A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.

This vision was underpinned by four high-level strategic objectives which set the course of the five-year planning cycle from 2019 to 2024:

Strategic goal one:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Strategic goal two:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Strategic goal three:

We will build closer relationships with the public and the profession based on trust and transparency.

Strategic goal four:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

This Annual Report reflects the work undertaken in the final year of the 2019-24 Strategic Plan. You can read more about our future Strategy, through to 2030, in Section 7 – Looking ahead to the next year.

5

Our governance, management and risks

The General Osteopathic Council (GOsC) consists of a Council, committees and a small executive team. The GOsC identified principal risks in a number of areas in 2023-24 along with key mitigating actions.

Council

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

Brief biographies of current Council members are available on the GOsC website at:

osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee (PEC); the Audit Committee; and the People Committee.

Each committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the People Committee.

Information about our committees, including the membership of each, is available on our website: osteopathy.org.uk/committees

Council members' attendance at Council and committee meetings

Individual members also attend working groups, training and development days, ad hoc meetings and appraisals throughout the year.

Name	Council	PEC	Audit	People
Bill Gunnyeon	6/6			
Daniel Bailey	5/6	4/4		
Sarah Botterill	5/6	2/4		2/3
Deborah Bowman	5/6	4/4		
Elizabeth Elander	6/6			3/3
Caroline Guy	5/6		3/3	3/3
Simeon London	5/6	3/4		3/3
Patricia McClure	6/6	3/4		
Denis Shaughnessy	5/6		3/3	3/3
Deborah Smith	6/6		3/3	

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions:

- the Investigating Committee
- the Health Committee
- the Professional Conduct Committee

The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the People Committee.

Information about the independent Fitness to Practise Committees, including the membership of each, is available on our website. See information about all of the GOsC's committees:

osteopathy.org.uk/committees

The GOsC Executive Team

GOsC operations are managed day-to-day by the Chief Executive and Registrar, Senior Management Team and other staff.

The GOsC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOsC advisers

Auditors

Haysmacintyre LLP
10 Queen Street Place
London EC4R 1AG

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified by the GOsC in 2023-24 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities.
IT infrastructure not able to support GOsC activity and/or future transformation programme	Independent IT audits to assess approach to IT security. Planned upgrade of GOsC registrant database with enhanced integration to website.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

Strategic ambitions undermined by pressures on sustainability:

As an organisation with a single main source of income, we recognise our strategic ambitions as a regulator would be undermined if our resources were insufficient. We keep abreast of the composition of the Register to ensure we are aware if there is any significant change taking place and what this may mean for our future plans. We ensure we have a structured and risk-focused approach to managing our reserves and our investment portfolio.

Our mitigation for the year ahead is to ensure we have a financial and asset strategy in place to support and underpin the new Strategy, through to 2030.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

There is a risk in relation to our IT infrastructure if it does not provide us with the security we require or legacy systems prevent us from undertaking our work efficiently and effectively. To mitigate these risks we are currently implementing a new registration database which will enhance our

efficiency and operation, with the project supported by an expert IT consultant. We are also enhancing our IT security and will be undertaking penetration testing of our systems in the year ahead.

Volume and complexity of fitness to practise cases:

Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. There are risks associated with the efficiency and timeliness of the cases being completed, which is connected to one of our key targets monitored by the Professional Standards Authority for Health and Social Care. And currently our caseload is impacted by delays in third-party reports, such as those from the police or hospitals.

While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation continues to require us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes.

6

How we performed against our strategic goals in 2023-24

Strategic goal one: We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Resources to support patients in consultations: evaluation

In 2022, we produced resources for patients to express what is important to them. In 2023, we appointed Professor Dawn Carnes, Dr Julie Ellwood and Dr Kevin Brownhill of the University College of Osteopathy, to evaluate the usefulness of the resources.

Findings included that while overall awareness of the resources could be improved and integration of them into practice requires motivation from the osteopath, the resources promoted patient-centredness, patients found them informative, useful and felt their 'voice' was heard. This is a particularly important finding as patients often do not feel that their voice is heard in healthcare and if they are not able to explain what matters to them; they cannot participate in shared decision making about their care.

Recommendations from the report included training for osteopaths in shared decision-making, creating a [Visiting an osteopath website page](#) for patients to access resources centrally, and making the resources able to be completed and saved electronically.

Duty of candour

We worked with the General Chiropractic Council (GCC) and Community Research to inform understanding about how the duty of candour should work in osteopathic and chiropractic practice. Our workshop with a diverse range of patients explored their expectations.

The report will inform the development of resources to support open and honest dialogue between osteopaths and patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.

Boundaries project

The number of concerns received related to boundaries remains persistent. We worked with stakeholders in a round table discussion to reflect on how we might have a greater impact. Julie Stone, medical ethicist, presented the findings of her research to better support understanding of the impact of breaches of boundaries on patients and osteopaths and we facilitated a discussion with stakeholders to explore enablers and barriers to action. The discussions will inform further work next year.

Continuing professional development scheme

We continued our ongoing evaluation of the continuing professional development (CPD) scheme by issuing a survey to explore the impact of the CPD scheme on practice. The results will be published next year and will inform the further development of the CPD scheme.

Strategic goal two: We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Setting standards for education and training

During this year we have been developing our thinking about how we might update and enhance the guidance on the management of health and disability for students and osteopathic education providers.

Student fitness to practise is another key area which underpins the setting of standards for education and training. New draft guidance about professional behaviours and student fitness to practise in osteopathic education was published for public consultation, the results of which will be analysed next financial year.

Quality assuring osteopathic education

As part of the implementation of updated Outcomes and new Standards, we reviewed annual reports for seven education providers and provided feedback where necessary. The aim was to support them to continue to meet and enhance their delivery of osteopathic education. As part of this work the Policy and Education Committee considered six Recognised Qualification specifications/appointments of Visitors and two Education Visitor Recognised Qualification reports.

We have continued our engagement with the education providers to understand key issues which are impacting on the sector, such as recruitment and retention, and to facilitate collaboration on topics including ensuring meaningful patient engagement in osteopathic education.

The patient voice in osteopathic education

In February 2024 we published the findings of our thematic review into patient engagement in osteopathic undergraduate education from 2019 to 2023. The report found that education providers recognised the importance of incorporating the patient voice into their work and the framework for patient involvement needed to work for each specific education provider as there was no 'one size fits all' framework. Involvement of patients in education evolved significantly over the duration of the review, from paper-based feedback surveys to patients being involved in decision making at governance level.

The thematic review included a sector-wide survey, a second source literature review of patient involvement in healthcare education curricula, interactive workshops, a review of provider's annual reports and semi-structured interviews with representatives from all the education providers. The aim of the report was to collaborate with osteopathic education providers to establish good practice in the sector; identify barriers and enablers to involving patients in osteopathic education; and then to share the learnings from the review with providers.

Strategic goal three: We will build closer relationships with the public and the profession based on trust and transparency.

Involving patients

In 2023 we received the results of our third wave of research into public and patients perceptions, which first ran in 2014 and again in 2018. The aim is to provide us with insight into understanding and perceptions of osteopathy and osteopathic regulation and how this might be changing over time. The report showed us that information about the benefits of treatment, risks, costs and what treatment will involve are important to patients, especially older patients. Information about our concerns process is especially important for people with disabilities.

In September 2023 we commissioned independent research into the perceptions of osteopaths, students and our key partners across the profession. The aim of the research is to understand their perceptions of GOsC and how we perform our role as regulator. The first stage of the project, a survey for osteopaths and students, opened in February 2024. The findings of the research, which will also include qualitative discussions with osteopaths, students and stakeholders, is expected to be published later in 2024.

We updated the information about fitness to practise on our website making it easier to find information about our fitness to practise proceedings, including details about our concerns process, what happens during a hearing and the support available to those involved. Since the update was made patients or others are able to raise a concern starting directly from the home page of our website.

30 years of recognition

October 2023 saw the UK and international osteopathic communities come together for Convention 2023 which marked 30 years of recognition since the passing of the Osteopaths Act 1993. The two-day event included a broad range of diverse speakers discussing the following themes: practice, regulation, education and research.

Over 400 delegates attended and were able to choose from keynote speeches given by Simon Fielding, Frank Willard and Renzo Molinari as well as a wide range of lectures, discussions and presentations. The GOsC was delighted to be able to present alongside Dr John Gimpel, President of the National Board of Osteopathic Medical Examiners on osteopathic regulation; participate in the mentoring session led by the professional membership body the Institute of Osteopathy President Glynis Fox, and lead our own session on professionalism.

The Convention was a time for strengthening connections with our international partners including colleagues from the Osteopathy Board of the Australian Health Practitioner Regulation Agency, the Osteopathic Council of New Zealand, Osteopathy Europe and many more beyond.

We were pleased to be able to welcome some former colleagues to Convention, which gave us the opportunity to thank them for their past endeavours. We were delighted that Madeleine Craggs, our first Chief Executive and Registrar was able to attend, alongside

Gillian Sellars, our first Head of Registration. We were also able to welcome back Tim Walker, former Chief Executive and Registrar and Nigel Clarke, who succeeded Simon Fielding as Chair of the GOsC. We thank them for the legacies they left behind.

Protecting the public through fitness to practise

This year further to public consultation we published amended guidance on Imposing Interim Suspension Orders and a Practice Note on Undertakings. Following a consultation, which closed in October 2023, and after careful evaluation of the responses we received from a wide range of stakeholders, including the Professional Standards Authority for Health and Social Care and General Medical Council on our Fitness to Practise Publication Policy, we published a refreshed and enhanced policy.

As part of our ongoing engagement with the profession we held a webinar in September 2023 with a focus on Interim Suspension Orders and Undertakings. The webinar gave us an opportunity to engage with osteopaths and to help myth-bust and reduce misconceptions while increasing understanding.

We continued to provide support to all those who were involved in a fitness to practise investigation through ongoing provision of the free and confidential Independent Support Service, which is available to osteopaths, patients and witnesses at every stage of the process. Protection of the public remains our core focus and as well as processing concerns received in a timely and efficient manner, we protect the osteopathic title. This year we have brought a successful prosecution against Nigel Graham who was unlawfully using the title osteopath when not entitled to do so.

Equality, diversity and inclusion

We have continued to ensure that equality, diversity and inclusion (EDI) is reflected in all our work. This year we welcomed the additional scrutiny on EDI from the Professional Standards Authority for Health and Social Care during our performance review. Meeting this external standard is a reflection of our commitment in this area.

In 2023 we were delighted to attend, for the first time ever, Pride in London, where we participated in the parade alongside colleagues from the professional membership body the Institute of Osteopathy, education providers, osteopaths, students and patients. This historic moment was captured in a blog by our Chief Executive: [Reflections on Pride in London 2023](#).

The GOsC Council received an update from Dr Jerry Draper-Rodi on a two-year project, co-funded by the GOsC, University College of Osteopathy and Institute of Osteopathy, looking into undergraduate experiences of osteopathic education and training (UrGenT). While findings from the UrGenT project are still being considered, we have facilitated the recording of a webinar between Yinka Fabusuyi and Dr Jerry Draper-Rodi, exploring methods for improving accessibility and promoting inclusivity within osteopathic education providers.

This year we shared guidance to support equality, diversity, inclusion and belonging in osteopathic practice. The guidance explains how the Osteopathic Practice Standards can help osteopaths provide more inclusive care to better meet the needs of their patients, and links to a wide range of useful resources. Topics include communication, speaking up and professionalism.

Strategic goal four: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

Non-executive recruitment

A significant amount of non-executive recruitment took place this year, with 16 positions available across our governance structure. We manage recruitment activities in-house, to avoid incurring the high costs for external agencies and head-hunters.

We are delighted that our work to be an inclusive organisation has resulted in the most diverse set of applications we have ever received for our non-executive positions. We believe this is a positive reflection of how the profession and the regulator are perceived by people who want to come to work for the GOsC and add value to our work.

In March 2024 we appointed Gabrielle Anderson as our new Council Associate, following the end of term for one of our first ever Council Associates, Harriet Lambert. The GOsC Council Associates programme allows for two osteopaths to shadow Council and attend and contribute to meetings to develop their governance and leadership skills. We thank Harriet for her work and wish her well for the future.

Welsh Language Standards

There has been a significant focus this year on implementing new Welsh Language Standards which came into effect in December 2023. The Standards, which aim to ensure that the Welsh Language is not treated any less favourably than the English Language, have required us to make changes to how we provide information to

osteopaths and students in Wales; how our telephone system operates; how we translate and publicise information on our website; and how we promote our Welsh language services. As a result we have expanded the Cymraeg section of our public website; published a Welsh version of our Visiting an Osteopath animation for patients as part of a wider collection of Welsh language patient resources; and provide our recently launched student ebulletin in Welsh to students living or studying in Wales.

Operational efficiency, effectiveness and performance

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, reported that GOsC once again met all its standards of good regulation, for the thirteenth year running. We continue to be the only healthcare professional regulator with such a record and we are proud of our team and non-executive colleagues for supporting us in this achievement.

During 2023-24 we continued to deliver our core functions consistently, including management of our fitness to practise caseload and maintenance of our Register.

We respond to concerns raised with us about potential illegal practice. Not all concerns raised with us require action, but in 2023-24 we sent out 11 'cease and desist' letters and we resolved 18 cases. This year we successfully prosecuted one individual for

unlawfully describing themselves as an osteopath while suspended from the Register.

In 2023-24, we received 68 concerns. Of these, 37 were made formal.

During the year, GOsC's Investigating Committee reached a final decision in 24 cases. Of these, 11 were referred to a full hearing of the Professional Conduct Committee (PCC); in 3 cases the registrant was issued with advice by the Investigating Committee and in the remaining 10 cases, it was determined that there was no case to answer and no further action was taken.

Over the year, the PCC concluded 7 cases; in 3 of those cases, a sanction was imposed against the osteopath (see table).

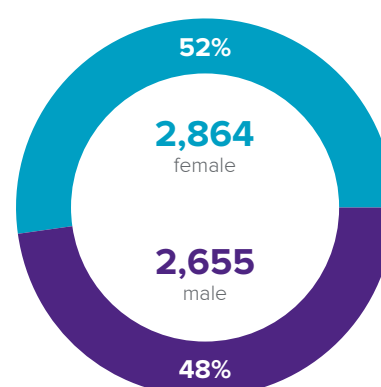
Sanctions imposed in cases considered by the Professional Conduct Committee 2023-24	Number of cases
Admonished	2
Conditions of practice	1
Suspended	0
Removed	0
Total	3

About the Register

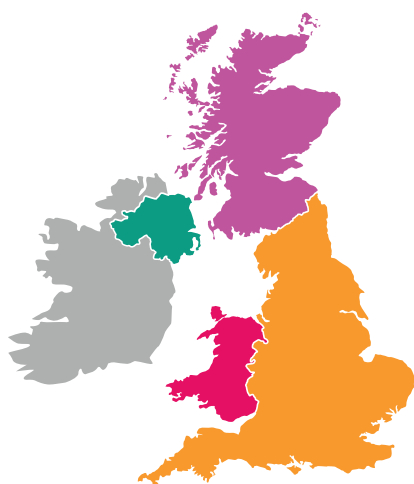
As at 31 March 2024, there were 5,519 osteopaths registered with the GOsC.



Gender	Number
Male	2,655 (48%)
Female	2,864 (52%)
Total	5,519 (100%)



Geographical location of registrants	Number
England	4,745
Northern Ireland	30
Scotland	165
Wales	163
Rest of the world	416
Total	5,519



4,745 osteopaths in England

165 osteopaths in Scotland

163 osteopaths in Wales

30 osteopaths in NI

416 osteopaths in rest of world

The 268 new or returning osteopaths to the Register were trained at the following education providers:

Place of training	Number joining the Register
British College of Osteopathic Medicine	29
College of Osteopaths	34
European School of Osteopathy	43
London School of Osteopathy	19
Oxford Brookes University	1
North East Surrey College of Technology	15
Swansea University	29
The University of St Marks and St John (Marjon)	15
University College of Osteopathy	79
Overseas	4
Total	268

Our team of Registration Assessors, all of whom are qualified osteopaths, undertook a total of 46 registration assessments in 2023-24, this compares to 50 registration assessments undertaken in the previous year.

Type of assessment	Number
Non-UK qualification assessment	15
Further evidence of practice assessment	8
Assessment of clinical performance	6
Return to practice interview	17
Total	46

7 Looking ahead to the next year

This year we developed, consulted on and approved a new Strategy, through to 2030. This new Strategy sets out our future vision, strategic priorities and our key actions, all of which are underpinned by our new organisational values.

From 1 April 2024, our vision is to be an inclusive, innovative regulator trusted by all.

To achieve this we have agreed three Strategic Priorities:

Strengthening trust: We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.

What do we intend to do?

- Explore the relationship between the GOsC and osteopaths and how this may impact on trust, and on patient safety.
- Work in partnership with osteopaths, patients, educators and other stakeholders to model the values and behaviours expected of all healthcare professionals.

How will we do this?

- Commissioning research to help us better understand the impact of regulation on trust.
- Undertaking and assessing the results of regular osteopath, stakeholder and public/patient surveys so we can measure the impact of our activities over time and take appropriate action.

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so.

What do we intend to do?

- Hold ourselves accountable and actively demonstrating the behaviours we hope to see across the profession and with stakeholders by living our agreed values.

- Analyse the impact of our equality monitoring data, and taking appropriate actions as a result, so we can be confident our processes and policies are inclusive and not discriminatory.

How will we do this?

- Increasing the quality of equality monitoring data held across the organisation and taking appropriate actions as a result.
- Recruiting to our Executive and Non-Executive roles a diverse and inclusive range of talent so that we are more representative of wider society.

Embracing innovation: We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

What do we intend to do?

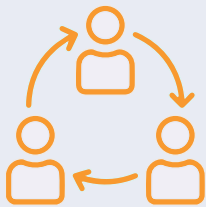
- Supporting the osteopathic education sector to explore different and innovative ways it can meet the graduate outcomes and the delivery of standards for education.
- Seeking new ways of ensuring both the osteopath and patient voice remains at the heart of all we do.

How will we do this?

- Commissioning research to enhance the development of our work in education and training, standards and fitness to practise.
- Considering how the GOsC governance structure can be further strengthened by patient and osteopath input.

Our new GOsC Values

Our values underpin the way we work now and in the future. This includes how we work with patients and the public, osteopaths and stakeholders, how we work within our organisation in and across our teams. We work collaboratively to be an influential and respectful regulator with an evidence-informed approach.



Collaborative

We work with our stakeholders to ensure patients and osteopaths are at the centre of our approach to regulation.



Influential

We seek to support and develop those we work with to enhance public protection.



Respectful

We seek to hear, understand and consider the views of the people with whom we engage.



Evidence-informed

We use a range of evidence to guide our work to ensure the best outcomes for patients and the public.

8

Financial report and accounts for 2023-24

Introduction

The 2023-24 financial year saw inflation levels fall from their post-pandemic highs, however they are still above Bank of England targets, and the cost of living crisis continues.

In a continuation of the previous year, we acknowledge the 'new normal' state of persistent change, and were proactive in our strategic deployment of resources.

The financial result for the year is favourable to the budgeted figure, by around £9,000. Registration fees were generally in line with the estimate, supported by an investment gain of around £95,000, along with an underspend of around £174,000 on Fitness to Practice committees. However, this was offset by some overspends in IT costs of around £137,000, Salary and pensions (£65,000), Governance (£34,000), Engagement and events (£32,000), Quality assurance (£32,000).

At the General Osteopathic Council, we regularly look at our approach to regulation to ensure we continue to add value.

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging, and communicating effectively in a time when face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Three years ago, we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2023-24 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through our goals in the Strategic Plan 2019-24 and our underpinning Business Plans which we develop each year.

The activities set out in the annual business plans are designed specifically to:

- empower and support our registrants, who operate predominantly in the independent sector providing 'hands-on' patient care
- ensure collaboration with our partners across the regulatory sector
- strengthen our intent to place the patient at the heart of what we do
- ensure equality, diversity and inclusion is central to our work
- deliver our core statutory function

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.
- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation, and which are relevant and appropriate for our context.

- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we ensure we are careful where our resources are deployed to be cost efficient and cost effective.

We consider our value proposition to have three components:

1. Ensuring public protection

2. Developing the profession

3. Delivering robust governance

Component one: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting, and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2023-24, we spent 1.37m on our activities to ensure public protection (2023: £1.58m).

This was equal to 45% of our total budget (2023: 54%) and means that for every £570 registration fee we receive we spend £256 of that on ensuring public protection (2023: £304).

Component two: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research
- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals such as The Lancet and Manual Therapy
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2023-24, we spent £0.71m on our activities to ensure we developed and supported the profession (2023: £0.69m).

This was equal to 24% of our total budget (2023: 23%) and means that for every £570 registration fee we receive we spend £137 of that on developing the profession. (2023: £133).

Component three: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training, and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee, and the People Committee
- holding Council meetings in public and making the meeting papers available in advance

- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2023-24, we spent £0.93m on our activities to ensure we delivered robust governance (2023: £0.69m). This forecasted increase reflects the fact that we have been managing, in-house, a significant volume of non-executive appointments (16 positions) as the periods for Council and committee members came to their natural end.

This was equal to 31% of our total budget (2023: 23%) and means that for every £570 registration fee we receive we spend £177 of that on delivering robust governance (2023: £133).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ¹ £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.37m (2024) 1.58m (2023)	45% (2024) 54% (2023)	256 (2024) 304 (2023)
Developing the profession	0.71m (2024) 0.69m (2023)	24% (2024) 23% (2023)	137 (2024) 133 (2023)
Delivering robust governance²	0.93m (2024) 0.69m (2023)	31% (2024) 23% (2023)	177 (2024) 133 (2023)

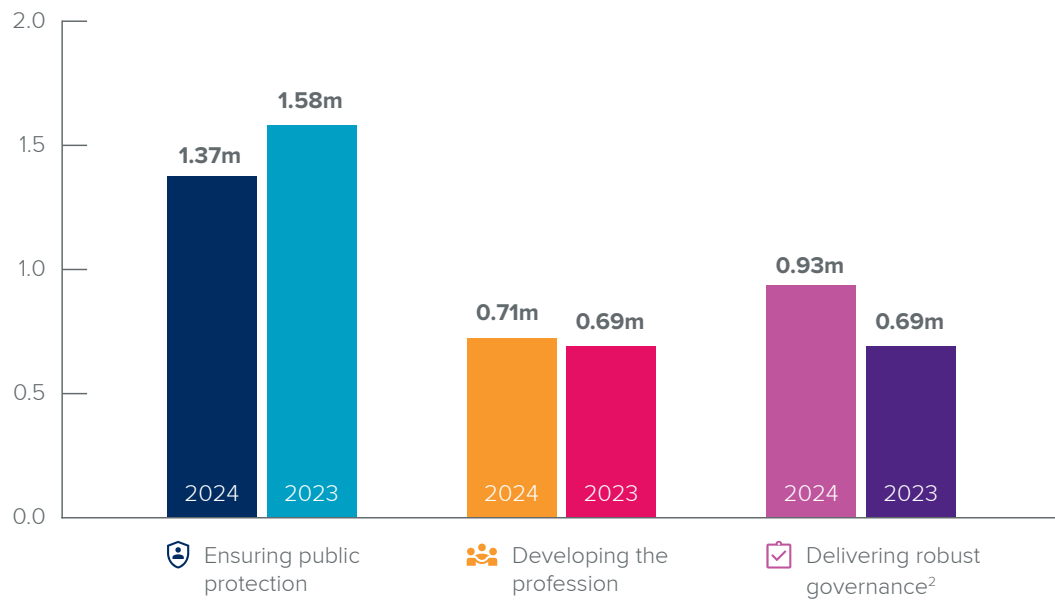
¹ Excluding investment losses and/or charges

² Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts

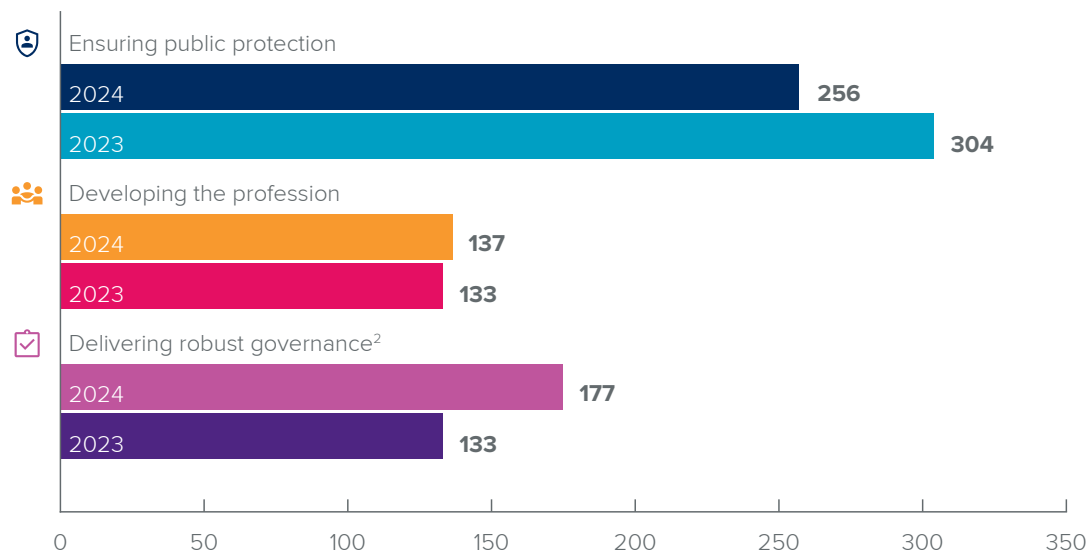
What does the registration fee fund by value proposition?

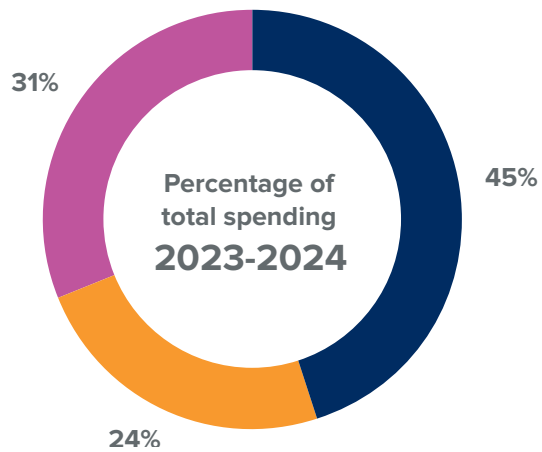
The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2023-24.

Expenditure in year £m

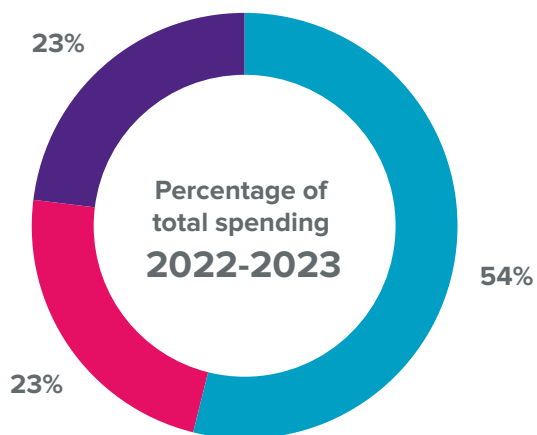


Proportion of £570 registration fee used £





-  Ensuring public protection **45%**
-  Developing the profession **24%**
-  Delivering robust governance **31%**



-  Ensuring public protection **54%**
-  Developing the profession **23%**
-  Delivering robust governance **23%**

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a surplus of £23,666; this was given a lift by an investment gain of around £95,000.

At the year-end, total income was £2,923,695. Registration fee income accounted for over 99% of total income. Registration fees have not been increased and once again have been maintained at their current level – the tenth year in a row, which represents a reduction in real terms. The remaining income came from areas such as registration assessments, bank interest, and investment portfolio gains.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £2,994,590 after designated spending; the breakdown of this is shown on the next two pages.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into the following four main areas (note that staffing costs are included within each of these):

- **Education and professional standards**

Quality assuring osteopathic educational providers continues to be a fundamental element of the work undertaken in this area, alongside the development and implementation of the continuing professional development scheme.

In 2023-24, direct costs incurred in this area were £525,382 in the year, compared to £437,773 in the previous year, an increase of 20%. Direct costs in relation to quality assurance were around £156,000, and we spent around £33,000 on research activities.

- **Registration**

In 2023-24, direct costs incurred in this area were £175,986 in the year, compared to £182,753 in the previous year, a decrease of 4%. Total non-staffing costs were around £21,000 and included registration assessment costs and associated expenditure for the training and appraisal of registration assessors.

- **Fitness to practise and legal**

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of the GOsC's expenditure.

In 2023-24, direct costs incurred in this area were £618,335 in the year, compared to £830,870 in the previous year, a decrease of 26%. This included costs of the Investigating Committee, which were around £102,000 with the Professional Conduct Committee incurring expenditure of around £142,000.

- **Communications, research and development**

In 2023-24, direct costs incurred in this area were £434,964 in the year, compared to £420,890 in the previous year, an increase of 3%. Costs relating to website development and maintenance, and publications, were around £44,000. In addition, the overall cost includes the provision of free access to research journals for osteopaths, and an allocation to infrastructure costs for the National Council for Osteopathic Research which totalled around £64,000.

Administration and overhead costs

Other GOsC cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, and administering the GOsC Council and committees, which are essential functions for the discharge of our statutory duties.

- **Governance**

Governance costs relate to Council members' allowances, committee expenses, appraisals, and the recruitment of new members.

In 2023-24, governance costs were £497,715, compared to £431,648 in the previous year, an increase of 15%. This was predominately due to increases in the cost of council meetings and council appointment costs. Within governance costs was the levy on all healthcare professional regulators for the costs of the Professional Standards Authority for Health and Social Care; the GOsC paid a levy of £14,118.

- **IT infrastructure**

This year saw a focus on ensuring the GOsC IT infrastructure was secure and fit for purpose. Expenditure on IT reflects the cost of the GOsC Register, the customer relationship management (CRM) system and other office services.

In 2023-24, IT costs were £216,849, compared to £128,440 in the previous year, an increase of 69%. This is predominantly due to an increase in infrastructure costs and the implementation of a new CRM system.

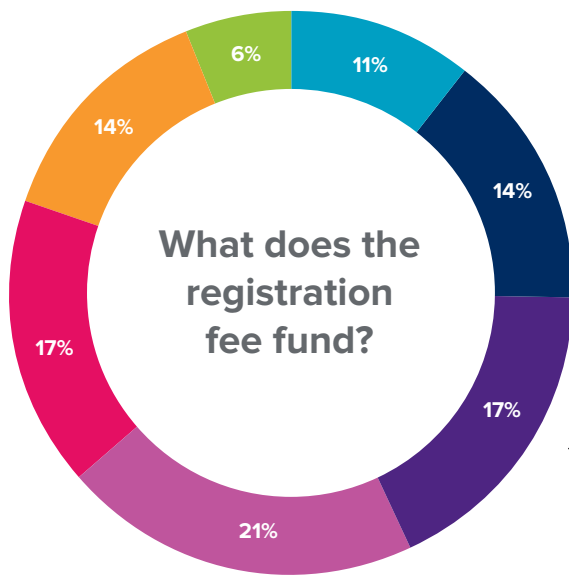
- **Administration and establishment**

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank interest, investment charges, and depreciation.

In 2023-24, administration costs were £245,725, compared to £270,187 in the previous year, a decrease of 9%. This is predominantly due to reductions in office administration costs and depreciation.

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount of spend on each GOsC function in 2023-24.



- **Administration and establishment (£60.69)**
Includes premises, office administration and audit fees.
- **Communications, research and development (£82.79)**
Includes GOsC communications and free access to research journals for osteopaths via the [e zone](#).
- **Education and professional standards (£100.00)**
Quality assuring osteopathic education providers; CPD scheme, and reviewing and updating the OPS.
- **Fitness to practise, including legal (£117.70)**
Conducting investigations and holding hearings; Committees and legal costs.
- **Governance (£94.74)**
Running of Council and Committees and also includes levy to Professional Standards Authority of £14,118.
- **Resources and Assurance (£80.59)**
IT for the Register, customer relationship management system and other office services.
- **Registration (£33.49)**
Maintaining the Register and registration assessment costs.

Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. Council reviews the reserves position on an annual basis. The reserves position for 2023-24 is set out as follows.

The Balance Sheet shows total reserves of £2,882,430. All the GOsC reserves are unrestricted.

Council has considered the areas in which it feels it has the greatest financial risk and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses, eg data protection fines
- unforeseen increase in quality assurance activity

Having considered these risks and the possible financial impact should they materialise; Council has concluded that it would be prudent to hold reserves within a target range of £350,000-£700,000.

At the end of the financial year 2023-24,

Council is holding reserves equal to £838,946, which has been calculated as follows:

	£
Reserves held	2,882,430
Restricted reserves	–
Designated reserves	(496,213)
Operational fixed assets	(1,547,271)
Reserves remaining	838,946

Operational fixed assets consists of the total of the tangible and intangible assets of the GOsC.

Reserves are currently above the target range. Council members will consider the level of reserves and how these may be used in the 2024-25 financial year. Council has concluded that the accounts should be presented on a going concern basis.

Investment strategy

Investments are valued at market value as at the Balance Sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £1,269,682 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

Statement of Council's responsibilities

Council (whose members are also Trustees of the charity) responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC, and that enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011. Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. The Chair of the Audit Committee is a member of Council and is able to report on relevant matters at each Council meeting.

Approved by Council on 18 July 2024 and signed on their behalf by:



Jo Clift

Chair

18 July 2024

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of the General Osteopathic Council for the year ended 31st March 2024 which comprise the statement of financial activities, balance sheet and cashflow statement, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31st March 2024 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit

of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report, and the Introduction from Chair of Council. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 32, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of noncompliance with laws and regulations related to regulatory requirements of the Osteopaths Act 1993], and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as General Data Protection Regulation (GDPR), taxation legislation, the charities act 2011 and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of noncompliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.



Haysmacintyre LLP

Statutory Auditors
25 July 2024

10 Queen Street Place
London EC4R 1AG

Statement of Financial Activities

As at 31 March 2024	Notes	2024 £	2023 £
Income from			
Charitable activities	2	2,902,861	2,996,818
Investments	3	20,834	6,334
Total		2,923,695	3,003,152
Expenditure on			
Charitable activities	4	2,994,590	2,965,847
Total expenditure		2,994,590	2,965,847
Net (expenditure)/income before gains/(losses) on investments		(70,895)	37,305
Net gains/(losses) on investments		94,561	(83,459)
Net income/(expenditure)		23,666	(46,154)
Reconciliation of funds			
Total funds brought forward		2,858,764	2,904,918
Total funds carried forward	14	2,882,430	2,858,764

The surplus/deficit for the year arises from the GOsC's continuing operations.

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2024	Notes	2024 £	2023 £
Non-current assets			
Intangible assets	8	–	2,709
Tangible assets	8	1,547,271	1,587,871
Investment (portfolio)	9	1,269,682	1,167,992
Total non-current assets		2,816,953	2,758,572
Current assets			
Debtors	10	407,610	393,947
Cash in bank and at hand		726,897	791,404
Total current assets		1,134,507	1,185,351
Current liabilities			
Creditors: amounts falling due within 1 year	11	(1,069,030)	(1,019,659)
Total current liabilities		(1,069,030)	(1,019,548)
Net current assets		65,447	165,692
Provisions	13	–	(65,500)
Net assets		2,882,430	2,858,764
Represented by:			
Unrestricted reserves			
- Designated reserves		496,213	222,093
- General reserves		2,386,217	2,636,711
Total reserves	14	2,882,430	2,858,764

Approved and authorised for issue by the members of Council on 18 July 2024 and signed on their behalf by:



Jo Clift
Chair

Cash Flow Statement

Year to 31 March 2024	Notes	2024 £	2023 £
Reconciliation of net income/(expenditure) to net cash flow from operating activities:			
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		23,666	(46,154)
Depreciation		60,310	66,533
(Gains)/losses on investment		(101,690)	81,576
Dividends, interest and rents from investments		13,705	4,451
Increase in debtors	10	(13,663)	(9,498)
Decrease in creditors	11	(16,129)	(119,444)
Net cash provided by operating activities		(33,801)	22,536
Cash flows from investing activities			
Dividends, interest and rents from investments		(13,705)	(4,451)
Purchase of tangible fixed assets	8	(17,001)	(6,863)
Net cash (used in) investing activities		(30,706)	(11,314)
Change in cash and cash equivalents in the reporting period			
		(64,507)	(33,850)
Cash and cash equivalents at the beginning of the reporting period		791,404	825,254
Cash and cash equivalents at the end of the reporting period		726,897	791,404
Cash and cash equivalents at the end of the reporting period			
Cash at bank and in hand		726,897	791,404

Notes to the financial statements – Year to 31 March 2024

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a 'public benefit entity' under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements other than the contingent liability

in relation to the employment tribunal case involving the Nursing and Midwifery Council.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud-based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years

Tangible fixed assets

All assets with a useful economic life of more than one year and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income, for registration fee income this is over the period of one year from the date the individual was first entered onto the Register. Investment income including bank interest income is accounted for as earned.

Investments

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital and the intention is for that cash to be held to generate a return for more than 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council (who are also Trustees) continue to adopt the going concern basis of accounting in preparing the financial statements. One of the measures used to determine going concern is the reserves level. As the reserves are above target range, Council has concluded that the accounts be presented on a going concern basis with no material uncertainties.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2024 £	2023 £
Registration fees	2,877,915	2,994,788
Other income	24,946	2,030
Total	2,902,861	2,996,818

3. Income from investments

	2024 £	2023 £
Interest from investments	20,834	6,334
Total	20,834	6,334

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct £	Support costs £	Total 2024 £	Total 2023 £
Charitable activities				
Education and professional standards	525,382	297,582	822,964	698,145
Registration	175,986	235,585	411,571	391,050
Fitness to practise	618,335	409,174	1,027,509	1,195,390
Communications and research	434,964	297,582	732,546	681,262
Total	1,754,667	1,239,923	2,994,590	2,965,847

5. Support costs

	Management Governance		Admin	IT	Total 2024	Total 2023
	£	£	£	£	£	£
Support costs						
Education and professional standards	133,655	52,909	58,974	52,044	297,582	260,372
Registration	105,810	41,886	46,688	41,201	235,585	208,297
Fitness to practise	183,775	72,750	81,089	71,560	409,174	364,520
Communications and research	133,655	52,909	58,974	52,044	297,582	260,372
Total	556,895	220,454	245,725	216,849	1,239,923	1,093,561

Support costs (IT, Governance and Administration and Establishment) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2024 £	2023 £
Governance costs		
Council members fees (including National Insurance)	103,992	102,261
Other governance costs	116,462	62,805
Total	220,454	165,066

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (11 in total) was £101,250 including responsibility allowances (2023: £99,375). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £24,684 (2023: £14,765).

Name	Position	Location	Honorariums £	National Insurance £
Bill Gunnyeon	Chair	Scotland	27,000	2,472
Daniel Bailey	Member	Wolverhampton	7,500	-
Sarah Botterill**	Member	Wales	9,750	90
Deborah Bowman***	Member	London	9,750	90
Elizabeth Elander	Member	Cheshire	7,500	-
Caroline Guy	Member	Isle of Wight	7,500	-
Simeon London	Member	Scotland	7,500	-
Patricia McClure	Member	Northern Ireland	7,500	-
Denis Shaughnessey*	Member	Hampshire	9,750	90
Deborah Smith	Member	Bedfordshire	7,500	-
Total			101,250	2,742

* Includes a responsibility allowance of £2,250 paid as Chair of the Audit Committee

** Includes a responsibility allowance of £2,250 paid as Chair of the People Committee

***Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

The Osteopaths Act 1993 allows for the remuneration of Council members.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £320 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £12.50 per case screened. Members of these committees claimed daily attendance fees which totalled £77,913 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £12,267.

External members of other committees

In the reporting year, a daily attendance fee of £320 was paid to external members of the Policy Education Committee, Audit and People Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £7,344 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £5,800.

Net expenditure after charging

	2024 £	2023 £
Net expenditure for the year stated after charging		
Fees paid to Haysmacintyre LLP		
- External audit	23,760	21,600
Depreciation of assets	60,310	66,533

7. Employees and staff costs

Staff costs during the year were as follows:

	2024 £	2023 £
Staff costs		
Salaries	1,369,045	1,517,463
Employer's National Insurance	139,592	141,655
Pensions	148,273	121,288
Total	1,656,910	1,780,406

In the financial year 2023-24, redundancy and severance costs of £22,000 (2023: £nil) were incurred.

	2024	2023
Average staff numbers		
Chief Executive and Registrar's office	4	4
Education and professional standards	5	5
Registration	4	4
Resources	3	3
Fitness to practise	7	7
Communications	5	5
Total	28	28

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £391,391 (2023: £379,488).

The total number of staff whose taxable emoluments fell into higher salary bands was:

	2024 £	2023 £
£60,000-£70,000	1	0
£70,000-£80,000	0	0
£80,000-£90,000	0	0
£90,000-£100,000	1	2
£100,000-£110,000	1	0
£110,000-£120,000	0	1
£120,000-£130,000	1	0

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, were £148,273 (2023: £121,288).

8. Intangible and Tangible Fixed Assets

Intangible assets

	Intangible assets £
Cost	
At 1 April 2023	20,000
Additions	—
Disposals	—
At 31 March 2024	20,000
Depreciation	
At 1 April 2023	17,291
Charge for the year	2,709
Disposals	—
At 31 March 2024	20,000
Net book value	
At 31 March 2023	2,709
At 31 March 2024	—

All intangible assets related to Computer Software.

Fixed Assets

	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost				
At 1 April 2023	104,968	17,649	2,244,172	2,366,789
Additions	10,002	6,999	—	17,001
Disposals	—	—	—	—
At 31 March 2024	114,970	24,648	2,244,172	2,383,790
Depreciation				
At 1 April 2023	70,541	9,231	699,146	778,918
Charge for the year	14,702	4,713	38,186	57,601
Disposals	—	—	—	—
At 31 March 2024	85,243	13,944	737,332	836,519
Net book value				
At 31 March 2023	34,427	8,418	1,545,026	1,587,871
At 31 March 2024	29,727	10,704	1,506,840	1,547,271

9. Investments

	2024 £	2023 £
At the start of the year	1,167,992	1,249,568
Investment addition	–	–
Income reinvested	19,677	17,591
Fees taken	(12,548)	(15,708)
(Loss)/Gain	94,561	(83,459)
Total portfolio	1,269,682	1,167,992

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities (£626,232) bonds (£404,434) and other assets, including cash (£239,016).

10. Debtors

	2024 £	2023 £
Trade debtors	288,851	271,019
Prepayments and accrued income	117,855	122,928
Other debtors	904	–
Total debtors	407,610	393,947

11. Creditors

	2024 £	2023 £
Trade creditors	47,308	54,137
Deferred income	900,122	818,067
Accruals	77,445	104,170
Other creditors	6,794	4,729
Other tax and social security	37,361	38,556
Total creditors	1,069,030	1,019,659

12. Deferred income

	2024 £	2023 £
As at 1 April	818,067	898,605
Amount deferred during the year	900,122	818,067
Amount released to the financial statements	(818,067)	(898,605)
Total deferred income	900,122	818,067

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Provisions

The following provisions were in place during the year:

	2024 £
At 1 April 2023	65,500
Additions	–
Utilised in the year	–
Reversals	(65,500)
At 31 March 2024	–

The provision brought forward from the previous year has been reversed. A judgement has now been issued in this case with Fitness to Practise panel members considered to be workers, and following IAS 37 guidance, the provision has been reversed.

Management have considered the fact that no claims have been made by fitness to practise panel members so far, despite there being clear precedent for doing so. The Executive have also noted that there is no constructive obligation to pay out any claims. As a result, the likelihood of a non-voluntary payment being made is 'less than probable' meaning that a contingent liability is a more appropriate classification of this potential liability in line with the requirements of IAS 37, which states that a provision within the accounts should be recognised when the following criteria are met:

1. There is a present obligation from a past event
2. The amount can be reliably estimated; and
3. The event will result in a probable outflow of economic benefits.

14. Reserves

	At 1st April 2023 £	Income £	Expenditure £	Transfer £	At 31 March 2024
General reserves	2,636,671	3,018,256	(2,994,590)	(274,120)	2,386,217
Designated reserves					
- IT investment	152,093	—	—	—	152,093
- Values Project	30,000	—	—	(20,000)	10,000
- Registrant Perceptions	40,000	—	—	(5,880)	34,120
- General legal	—	—	—	150,000	150,000
- NCOR infrastructure costs	—	—	—	150,000	150,000
Total reserves	2,858,764	3,018,256	(2,994,590)	—	2,882,430

The designated reserves relate to the increased Information Technology (IT) investment to streamline our activities (£152,093), the Values Project (shared decision making) (£10,000), the Registrant Perceptions Survey to capture views and gain insight from registrants (£34,120), a general legal fund to mitigate unforeseen costs (£150,000), and to support the ongoing work of the National Council for Osteopathic Research (“NCOR”); five years of infrastructure costs have been ringfenced (£150,000).

Prior year comparative

	At 1st April 2022 £	Income £	Expenditure £	Transfer £	At March 2023 £
Reserves					
General reserve	2,722,825	2,919,693	(2,965,847)	(40,000)	2,636,671
Designated reserve	182,093	–	–	40,000	222,093
Total funds	2,904,918	2,919,693	(2,965,847)	–	2,858,764

15. Related party transactions

Matthew Redford, Chief Executive and Registrar is a Trustee of the National Council for Osteopathic Research.

Dr Daniel Bailey, Council Member, is a Research Fellow of the National Council for Osteopathic Research.

There are no outstanding high-court cases.

16. Contingent liabilities

The prior year provision for employment costs in relation to the employment tribunal case referred to in note 13 is now being treated as a contingent liability until it meets the requirements of a provision.



**General
Osteopathic
Council**

General Osteopathic Council

Osteopathy House
176 Tower Bridge Road
London SE1 3LU

020 7357 6655

info@osteopathy.org.uk

osteopathy.org.uk

The GOSc is a charity registered in England and Wales (1172749)

Accounts



General
Osteopathic
Council

Annual Report and Accounts 2022-23



General Osteopathic Council

Annual Report and Accounts 2022-23

Presented to Parliament pursuant to section 40(5) of the Osteopaths Act 1993

© General Osteopathic Council 2023

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to us at the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

This publication is available from our website: [**osteopathy.org.uk/annualreport**](https://osteopathy.org.uk/annualreport)

Contents

1. About the General Osteopathic Council	7
2. Introductions from Chair of Council, and Chief Executive and Registrar	8
3. Our strategic goals	9
4. How we performed against our strategy in 2022-23	10
5. Our work across the four UK countries in 2022-23	16
6. Looking ahead: key activities for 2023-24	17
7. Our governance, management and risks	19
8. Financial report and accounts for 2022-23	22

1 About the General Osteopathic Council

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and has a statutory duty to regulate and develop the osteopathy profession in the UK to ensure public protection.

Our role involves the pursuit of the following objectives:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of the profession

Our core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with complaints or concerns about osteopaths and where necessary dealing with those complaints through fitness to practise procedures

The statutory objectives of the GOsC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the trustees are able to confirm they have had due regard to the Charity Commission's guidance on public benefit. The GOsC is a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749).

This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

2

Introduction from Chair of Council

This year has been a busy one but with much positive progress, including again meeting the PSA Standards of Good Regulation.



We must never become complacent, however, and there is much work to do to ensure we continue to meet our primary responsibility to protect patients and the public.

A key strand of this work is the development of our new strategy taking us towards 2030.

As a Council, we've been working hard to develop the outline of this new strategy and over the summer we will be consulting with all our stakeholders to further develop and refine this with a view to launching it during the early part of 2024. Do please participate in the consultation – your views do matter.

This is my final Annual Report as my term of office ends on 31 March 2024. Arrangements are already well underway to appoint my successor in good time to ensure an orderly transition.

It has been a huge privilege to be Chair of Council, and I would like to thank all the staff of GOsC for their hard work and commitment; our many stakeholders for their constructive engagement; the members of our various committees for their invaluable contribution; my fellow Council members who have been a pleasure to work with and for whose support I am hugely indebted; and all those osteopaths I have met along the way who have made me feel so welcome.

Dr Bill Gunnyeon CBE

Chair of Council
20 July 2023

Introduction from Chief Executive

Since becoming Chief Executive and Registrar, the environment within which GOsC has operated has been one of constant change and challenge.



The impact of the pandemic continues to be felt, particularly by those working within healthcare. And now the cost of living crisis and inflation dominate the news with

the effects being felt by organisations, including the GOsC, by health professionals, including osteopaths and by all of us as individuals.

The challenges osteopaths are facing continued to be front and centre of our thinking this year and I was delighted that Council once again froze registration fees. Although we may not be able to repeat this every year, we felt it was only right not to increase the financial burden during the immediate cost of living crisis.

My team here at GOsC has undertaken a number of activities this year, supporting osteopaths; listening to patients; embedding equality, diversity and inclusion across our work and collaborating with our partners to help us deliver patient safety.

We would like to thank all of you who have worked with us this year and we look forward to maintaining and developing those relationships in the years ahead.

This year the Annual Report has a different feel – we have made it shorter and more concise to help provide more of a snapshot of the year. I hope you find the report of interest and we very much welcome your feedback.

Matthew Redford

Chief Executive and Registrar
20 July 2023

3 Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2023.

In 2019, Council approved a four-year Strategic Plan which set out what the organisation aimed to achieve in the period 2019-2024. See: osteopathy.org.uk/strategic-plan

Within this plan, we describe our vision as a regulator:

A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.

This vision is underpinned by four high-level strategic objectives which set the course of the four-year planning cycle from 2019 to 2024:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

4

How we performed against our strategy in 2022-23

Strategic goal 1: We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Osteopathic Practice Standards

This year we continued to provide support to osteopaths to practise in accordance with the Osteopathic Practice Standards (OPS). The OPS are our core standards of conduct, ethics and competence for osteopaths and osteopathic practice, developed in partnership with osteopaths, patients and other stakeholders. A key focus for us was continuing and encouraging discussion around professional boundaries, providing useful insight to inform osteopath's consideration and understanding of this important topic.

We published medical ethicist, Julie Stone's thematic analysis of boundaries education and training within the UK's osteopathic education providers, which identified good practice and recommendations for osteopathic education and the sector as a whole. To raise awareness of these findings, we began a series of workshops designed to share the insight within the profession, also utilising the core principles of behaviour change theory to evaluate our own impact in this area.

To support these conversations, we developed and piloted a workshop on the exercise of professional judgement, using case scenarios and group discussion among osteopaths, delivering to sector-wide events throughout the year including the professional body, the Institute of Osteopathy's roadshows, and regional osteopathic group meetings. Our aim with this workshop was to help osteopaths

feel confident in using their own professional judgement to navigate various situations in practice. We received positive feedback from osteopaths who felt empowered to utilise their learning while practising.

Recognising that osteopaths often apply a broad range of treatment practices, many incorporating adjunctive or supplementary therapies or other forms of care or treatment into their practice, we developed and published guidance to support those osteopaths to practise in accordance with the OPS. Our guidance is informed by feedback from osteopaths and patients gathered during a consultation in early 2022, and is intended for osteopaths to use when considering how the OPS applies to all aspects of their work.

Continuing professional development scheme

We continued our ongoing evaluation of the continuing professional development (CPD) scheme, using a range of data including CPD self-declarations, our concerns process data and qualitative interviews with osteopaths.

Our findings have shown that broadly the scheme is being well implemented and the engagement we have had with the profession has been positive. More specifically, the introduction of a mandatory communication and consent-based activity has had a positive impact on the level of concerns being reported around consent.

Strategic goal 2: We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Setting standards for education and training

In September 2022 we implemented our updated Graduate Outcomes and new Standards for Education and Training, for pre-registration osteopathic education. The updated graduate outcomes include a greater focus on areas including equality, diversity and inclusion. These areas are also reflected within the new Standards for Education and Training, which include standards around learning culture, and governance, leadership and management within education programmes.

We began assessing osteopathic education providers' progress against the standards and outcomes as part of our quality assurance processes, ensuring providers were given support and guidance in advance of implementation. We received positive feedback from education providers, who felt the process was proportionate as they were able to build on their previous reporting submissions against the draft outcomes and standards as part of the pilot.

Quality assuring osteopathic education

As part of implementation of the updated Outcomes and new Standards, we reviewed annual reports from seven education providers and provided feedback where necessary. The aim was to support them to continue to meet and enhance their delivery of osteopathic education. As part of this work we carried out a renewal visit for one provider in October 2022, recommending to Council to agree to renew their Recognised Qualification.

Following Council's agreement in November 2022, the Recognised Qualification for London College of Osteopathic Medicine (LCOM) was withdrawn as a result of LCOM's own decision to suspend its programme.

We worked in partnership with our education providers to develop a clearer and more transparent risk-based quality assurance model. The purpose was to support providers in identifying, monitoring and managing risk, enhancing delivery of our outcomes and standards to enhance osteopathic education. This model sits alongside our quality assurance handbook, which we updated this year to better incorporate the updated outcomes and new standards, providing additional support for education providers.

This year we delivered a series of seminars with osteopathic education providers to share good practice. We invited Julie Stone to present her thematic analysis of boundaries education and training findings; we explored ways to enhance the student voice and we discussed the importance of patient involvement in osteopathic education.

The future of osteopathic registration

We commissioned Middlesex University to carry out a project to model and project the size of the Register over the next five years. Initial findings suggest a positive trend in student enrolment with stable rates for progression and graduation. Researchers are exploring a new methodology using latest sources of data to ensure results are as accurate as possible.

Strategic goal 3: We will build closer relationships with the public and the profession based on trust and transparency.

Involving patients

We commissioned market research company YouGov to carry out the next phase of our public and patients perceptions tracking survey, which first ran in 2014 and again in 2018. The aim is to provide us with insight into understanding and perceptions of osteopathy and osteopathic regulation and how this might be changing over time.

We continued our project in partnership with the Collaborating Centre for Values Based Practice, publishing our shared decision making resources. These resources support patients to communicate with osteopaths and get the most out of their consultations. We have begun our evaluation of the resources.

Improving and sharing our Fitness to Practise processes

Our consultations focused on our Practice Note for Questioning Witnesses and our Remote Hearings Guidance and Protocol. We refreshed our Whistleblowing Handling Concerns Policy making it clearer and easier for those raising a concern with GOsC, and our Section 32 Enforcement Policy, which protects the osteopathic title from criminal misuse.

We invited osteopaths and stakeholders to attend webinars aiming to demystify our fitness to practise processes. In May 2022 we explained how the free Independent Support Service, run by Victim Support, provides support to all those involved in our fitness to practise proceedings. In a second webinar in

October 2022 with the General Chiropractic Council, we discussed what happens before and during remote and in-person hearings. Combined our two webinars had over 100 attendees.

We issued our second Insights on Fitness to Practise ebulletin. This included an article about the Independent Support Service and answers to questions raised by osteopaths during earlier webinars.

Equality, diversity and inclusion

This year we focused our efforts on implementation of our Equality, Diversity and Inclusion Framework 2021-24, working towards ensuring its aims influence every corner of our work. We updated our equality impact assessment template to include considerations for the Welsh language and to ensure the template is easy to use.

We began an accessibility review of the Continuing Professional Development and Osteopathic Practice Standards websites and reviewed the language around the 'good health' requirement in our legislation, for those who may need to declare health conditions.

We carried out our Equality, Diversity and Inclusion Pilot, a series of focus groups and a survey to gather views from osteopaths about the questions and messaging we hope to use when collecting information on, and monitoring, diversity in the profession. We published our findings and our progress against each of the four recommendations.

Strategic goal 4: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

Non-executive recruitment

To ensure representation across all four nations within our governance structure we recruited a new Northern Ireland Council member following the end of term for Joan Martin. Patricia McClure joined GOsC Council in July 2022 as a Lay Member and representative for Northern Ireland until 31 March 2026. We reappointed existing Council members Sarah Botterill and Denis Shaughnessy. We also appointed Sue Ware as a Lay Member of the Professional Conduct Committee from 1 April 2022 for a period of four years.

In March 2023 we appointed Laura Turner as our new Council Associate, following the end of term for one of our first ever Council Associates, Shireen Ismail. The GOsC Council Associates programme allows for two osteopaths to shadow Council and attend and contribute to meetings to develop their governance and leadership skills.

Operational efficiency, effectiveness and performance

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, reported that GOsC once again met all its standards of good regulation, for the twelfth year running. We continue to be the only healthcare professional regulator with such a record and we are proud of our team and non-executive colleagues for supporting us in this achievement.

During 2022-23 we continued to deliver our core functions consistently, including management of our fitness to practise caseload and maintenance of our Register.

We respond to concerns raised with us about potential illegal practice. Not all concerns raised with us require action, but in 2022-23 we sent out 14 'cease and desist' letters and we resolved 38 cases. This year we successfully prosecuted one individual for unlawfully describing themselves as an osteopath while suspended from the Register.

In 2022-23, we received 59 concerns. Of these, 37 were made formal.

During the year, GOsC's Investigating Committee reached a final decision in 32 cases. Of these, 16 were referred to a full hearing of the Professional Conduct Committee (PCC); in three cases the osteopath was issued with advice by the Investigating Committee and in the remaining 13 cases, it was determined that there was no case to answer and no further action was taken.

Over the year, the PCC concluded 17 cases; in 12 of those cases, a sanction was imposed against the osteopath (see table).

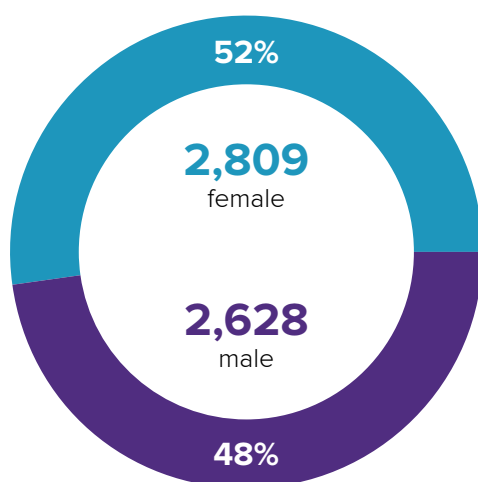
Sanctions imposed in cases considered by the Professional Conduct Committee 2022-23	Number of cases
Admonished	6
Conditions of practice	1
Suspended	3
Removed	2
Total	12

About the Register

As at 31 March 2023, there were 5,437 osteopaths registered with the GOsC.



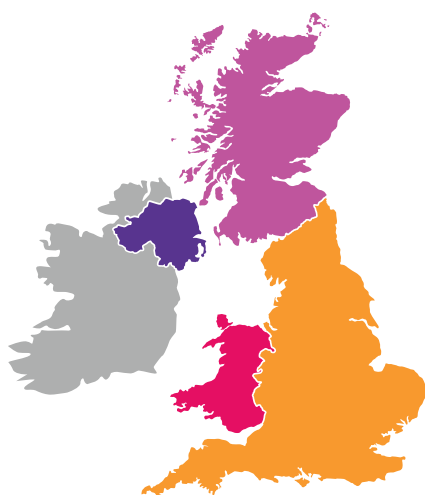
Gender	Number
Male	2,628 (48%)
Female	2,809 (52%)
Total	5,437 (100%)



The 248 new or returning osteopaths to the Register were trained at the following education providers:

Place of training	Number joining the Register
British College of Osteopathic Medicine	25
College of Osteopaths	25
European School of Osteopathy	44
Leeds Beckett University	0
London College of Osteopathic Medicine	0
London School of Osteopathy	10
Oxford Brookes University	1
North East Surrey College of Technology	9
Swansea University	27
The University of St Mark and St John (Marjon)	13
University College of Osteopathy	88
Overseas	6
Total	248

Geographical location of registrants	Number
England	4,651
Northern Ireland	30
Scotland	164
Wales	157
Rest of the world	435
Total	5,437



4,651 osteopaths in England

164 osteopaths in Scotland

157 osteopaths in Wales

30 osteopaths in NI

435 osteopaths in Rest of the world

Type of assessment	Number
Non-UK qualification assessment	15
Further evidence of practice assessment	9
Assessment of clinical performance	6
Return to practice interview	20
Total	50

Our team of Registration Assessors, all of whom are qualified osteopaths, undertook a total of 50 registration assessments in 2022-23, this compares to 31 registration assessments undertaken in the previous year.

5

Our work across the four UK countries in 2022-23

The GOsC regulates the practice of osteopathy in the UK and to help us remain an effective regulator we engage with all four countries of the UK.

England

This year we have continued to liaise closely with Suzanne Rastrick, Chief Allied Health Professions Officer (England) and her Deputy, Beverley Harden, to discuss the role of osteopaths as Allied Health Professionals within the NHS from a regulatory perspective.

This has included the relationship between existing NHS competency frameworks and our review of the Graduate Outcomes and Standards of Education and Training. We are grateful to Beverley and her team for their input.

We have continued to engage with the Department of Health and Social Care around the legislative reform programme and we welcomed publication of the Anaesthesia Associates and Physician Associates Order in early 2023.

Scotland

In October 2022 we attended the Scottish Regulatory Conference held in Edinburgh where we chaired a panel discussion on the involvement of the patient voice in the work of regulators. We also participated in another panel discussion on regulatory reform.

We were delighted to attend a meeting of the Scottish Osteopathic Association in Glasgow as part of the professional body the Institute of Osteopathy roadshow, which was attended by the Chair of Council, Bill Gunnyeon, as well as members of GOsC staff.

Wales

This year we continued to deliver against our commitment to the Welsh Language Scheme again preparing and submitting our Welsh Language Scheme Annual Report to the Welsh Government.

We have also been considering the impact of the new Welsh Language Standards which we have reviewed in the current year ahead of implementation in the next business year.

We were delighted to attend a meeting with Welsh osteopaths in Cardiff as part of the professional body, the Institute of Osteopathy roadshow.

Northern Ireland

We appointed a new Council member from Northern Ireland, Patricia McClure. We welcomed Patricia to Council and look forward to learning from her experience.

We held a meeting with osteopaths in Belfast during 2022 where we were able to listen to the issues important to osteopaths in Northern Ireland. The meeting was attended by Patricia McClure as well as members of GOsC staff.

6

Looking ahead: key activities for 2023-24

The Business Plan for 2023-24 sets out an ambitious programme of work matched against the GOsC's four strategic goals. We are maintaining our focus on our core statutory responsibilities, while continuing to demonstrate our innovative approach to regulation.

Our key activities for 2023-24 as set out in our Business Plan are included below under each strategic goal.

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

- Commission work to understand the needs of osteopaths in relation to health and well-being to support good professional practice.
- Continue to raise awareness of issues relating to boundaries.
- Collaborate and engage with regional and local osteopathic groups to understand their needs.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise.

- Explore the implementation of the principles of consent in the student environment.
- Consider an extension of the current Quality Assurance service provider contract and the plan for a full tender to happen in the next business year.
- Provide further support to education providers in the effective implementation and evaluation of the Graduate Outcomes and Standards of Education and Training.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

- Undertake a registrant and stakeholder perceptions survey.
- Consult on and publish amendments to the Fitness to Practise Publication Policy.
- Consult on and publish amendments to the Guidance on Imposing Interim Suspension Orders and the Undertakings Practice Note.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

- Develop and publish a new Strategic Plan which is informed by stakeholder feedback.
- Undertake a significant number of non-executive recruitment.
- Develop an action plan for the implementation of new Welsh Language Standards and begin to implement the actions identified.

Developing our new Strategic Plan

This year Council, GOsC staff and other members of our governance structure reflected on and discussed our performance as a regulator. This reflection is helping to inform development of our next Strategic Plan, which will lead us to 2030. The approach we have been taking mirrors the reflection osteopaths undertake as part of their continuing professional development – we have identified opportunities to learn from our actions and are making plans to improve our performance.

In August 2022 we published a blog from our Chief Executive Matthew Redford inviting feedback and thoughts from the profession to inform our thinking. A public consultation is due to be launched in 2023 ahead of publication of the strategy in 2024. We very much look forward to hearing from osteopaths, patients and other key groups during this process.

7 Our governance, management and risks

The General Osteopathic Council (GOsC) consists of a Council, committees and a small executive team. The GOsC identified principal risks in a number of areas in 2022-23 along with key mitigating actions.

Council

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

Brief biographies of current Council members are available on the GOsC website:

osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee; the Audit Committee; and the People Committee.

Each Committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the People Committee.

Information about our Committees, including the membership of each, is available on our website: osteopathy.org.uk/committees

Council members' attendance at Council and committee meetings

Individual members also attend working groups, ad hoc meetings and appraisals throughout the year.

Name	Council	Audit	PEC	PC
Bill Gunnyeon	5/5			
Daniel Bailey	5/5		4/4	
Sarah Botterill	5/5		3/4	5/5
Deborah Bowman	3/5		3/4	
Caroline Guy	5/5			5/5
Elizabeth Elander	5/5		4/4	
Simeon London	4/5			4/5
Patricia McClure ¹	4/4		2/3	
Denis Shaughnessy	5/5	3/4		4/5
Deborah Smith	5/5	3/4		

¹ Appointment started 1 July 2022

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions:

- the Investigating Committee
- the Health Committee
- the Professional Conduct Committee

The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the People Committee.

Information about the independent Fitness to Practise Committees, including the membership of each, is available on our website: osteopathy.org.uk/committees

The GOsC Executive Team

GOsC operations are managed day-to-day by the Chief Executive and Registrar, Senior Management Team and other staff.

The GOsC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOsC advisers

Auditors

Haysmacintyre LLP
10 Queen Street Place
London EC4R 1AG

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified by the GOsC in 2022-23 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities.
IT infrastructure not able to support GOsC activity and/or future transformation programme	Independent IT audits to assess approach to IT security. Planned upgrade of GOsC registrant database with enhanced integration to website.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

Strategic ambitions undermined by pressures on sustainability:

We are conscious that our strategic ambitions as a regulator would be undermined if we had insufficient resources to deliver our plans, and therefore pressures on sustainability remain a concern. We plan to keep abreast of the composition of the Register to ensure we are aware if there is any significant change taking place. We ensure we have a structured and risk-focused approach to managing our reserves and our investment portfolio.

Our mitigation is to continue to provide frequent reports to Council and to ensure that we closely monitor income and expenditure data.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

The next risk relates to our IT infrastructure and the risk that it does not provide us with the security we require or that legacy systems prevent us from undertaking our work efficiently and effectively.

To mitigate these risks, we have undertaken IT audits including around our security infrastructure and we will be developing plans to upgrade our registration database. Actions in this area of our work are scrutinised and overseen by the Audit Committee.

Volume and complexity of fitness to practise cases:

The third risk is around fitness to practise. Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. There are risks around the efficiency and timeliness of the cases being completed, which is connected to one of our key targets monitored by the Professional Standards Authority for Health and Social Care, although these risks are mainly financial. While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation continues to require us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes.

8 Financial report and accounts for 2022-23

The financial report for the year 2022-23 reflects an adaptation to the effects of the pandemic.

Introduction

The financial year 2022-23 saw the global economy, fuel and food shortages exacerbate the post-pandemic inflation that had already achieved multi-decade highs.

Having used the previous year to adapt to a proactive model, recognising the 'new norm' of constant change, we were proactive in the strategic deployment of resources where needed.

The financial position is where we had forecast it to be, with the anticipated investment loss of £83,459 impacting negatively on the bottom line.

For the General Osteopathic Council, we regularly look at our approach to regulation to ensure we continue to add value. Questions we ask include:

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Two years ago we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2022-23 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through our goals in the Strategic Plan 2019-24 and our underpinning Business Plans which we develop each year.

The activities set out in the annual business plans are designed specifically to:

- empower and support our registrants, who operate in the independent sector providing 'hands-on' patient care
- ensure collaboration with our partners across the regulatory sector
- strengthen our intent to place the patient at the heart of what we do
- ensure equality, diversity and inclusion is central to our work
- deliver our core statutory function

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.
- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation and which are relevant and appropriate for our context.

- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we ensure we are careful where our resources are deployed to be cost efficient and cost effective.

We consider our value proposition to have three components:

1. Ensuring public protection

2. Developing the profession

3. Delivering robust governance

Component 1: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2022-23, we spent £1.58m on our activities to ensure public protection.

This was equal to 54% of our total budget (2022-60%) and means that for every £570 registration fee we receive we spend £304 of that on ensuring public protection (2022- £340).

Component 2: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research
- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals such as The Lancet and Manual Therapy
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2022-23, we spent £0.69m on our activities to ensure we developed and supported the profession (2022-£0.58m).

This was equal equal to 23% of our total budget (2022-21%) and means that for every £570 registration fee we receive we spend £133 of that on developing the profession. (2022- £120).

Component 3: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee and the People Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2022-23, we spent £0.69m on our activities to ensure we delivered robust governance (2022-£0.53m).

This was equal to 23% of our total budget (2022-19%) and means that for every £570 registration fee we receive we spend £133 of that on delivering robust governance (2022-£110).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ² £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.58m (2023)	54% (2023)	304 (2023)
	1.65m (2022)	60% (2022)	340 (2022)
Developing the profession	0.69m (2023)	23% (2023)	133 (2023)
	0.58m (2022)	21% (2022)	120 (2022)
Delivering robust governance³	0.69m (2023)	23% (2023)	133 (2023)
	0.53m (2022)	19% (2022)	110 (2022)

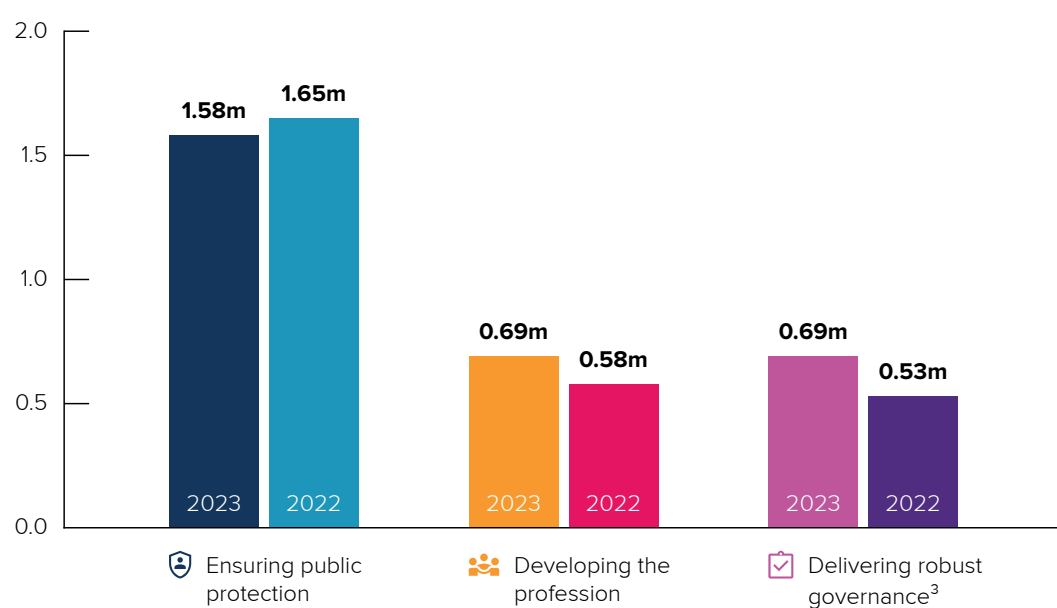
² Excluding investment losses and/or charges

³ Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts

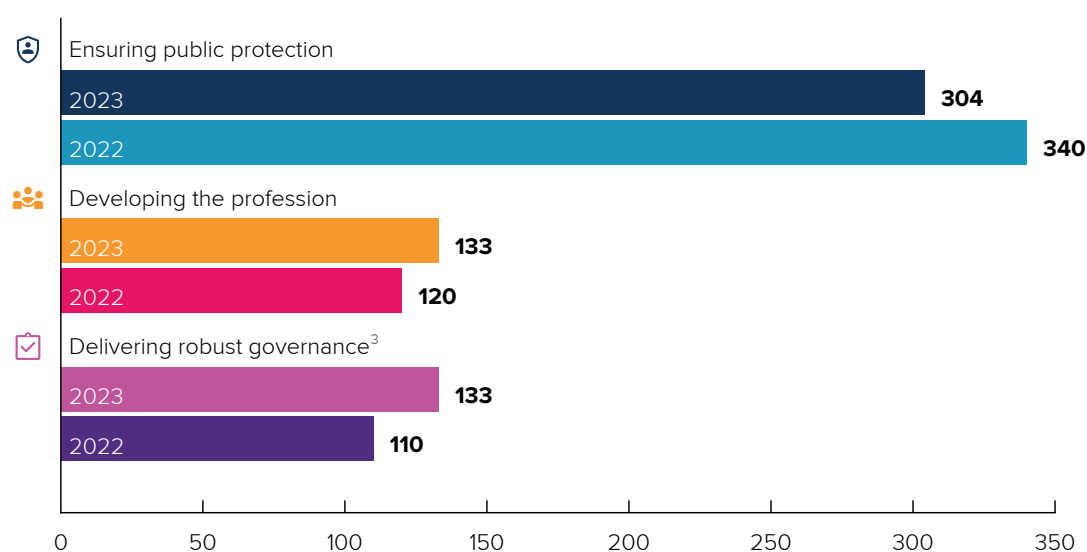
What does the registration fee fund by value proposition?

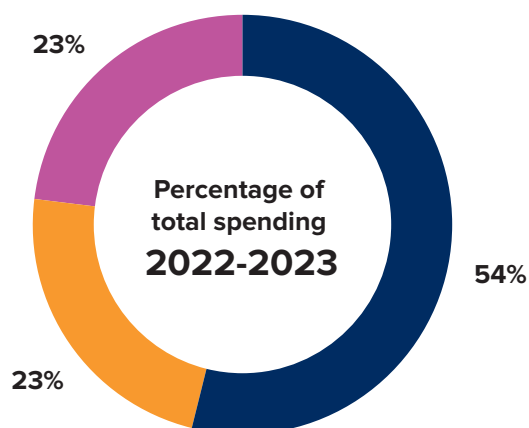
The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2022-23.

Expenditure in year £m

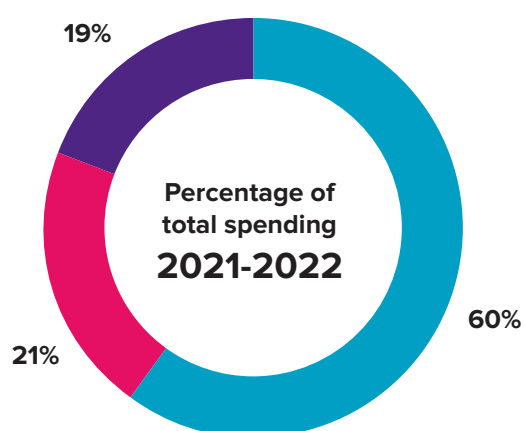


Proportion of £570 registration fee used £





-  Ensuring public protection **54%**
-  Developing the profession **23%**
-  Delivering robust governance³ **23%**



-  Ensuring public protection **60%**
-  Developing the profession **21%**
-  Delivering robust governance³ **19%**

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a deficit of £46,154 due to the investment loss of £83,459.

At the year-end, total income was £2,996,818. Registration fee income accounted for over 99% of total income. Registration fees have once again been maintained at their current level – the ninth year in a row, which represents a reduction in real terms. The remaining income came from areas such as registration assessments, bank, and investment interest.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £2,965,847 after designated spending. In the reporting year our expenditure levels varied compared to past years as some activities could continue to be carried out remotely, while we saw a return to some in-person activity in other areas.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into the following four main areas (note that staffing costs are included within each of these):

- **Education and professional standards**

Quality assuring osteopathic educational providers continues to be a fundamental element of the work undertaken in this area, alongside the development and implementation of the continuing professional development scheme. We incurred costs of £437,773 in the year.

- **Registration**

Registration costs have increased with the expenditure from the prior year, due to the impact of inflation and the cost-of-living crisis. Total non-staffing costs were £13,915 and included registration assessment costs and associated expenditure for the training and appraisal of registration assessors.

- **Fitness to practise and legal**

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of the GOsC's expenditure.

In 2022-23 total direct cost in this area increased to £830,870 from £816,740 in the previous year. This included costs of the Investigating Committee, which were £46,751 with the Professional Conduct Committee incurring expenditure of £322,845.

- **Communications, research and development**

Costs of communications and engagement activities were higher this year at £420,890 compared to £318,856 in the previous year. Website development, maintenance, and hosting, at £76,501 is a key area of spend in this area. The overall cost also includes provision of free access to research journals for osteopaths and an allocation to infrastructure costs for the National Council for Osteopathic Research which was circa £64,000.

Administration and overhead costs

Other GOsC cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, and administering the GOsC Council and committees, which are essential functions for the discharge of our statutory duties.

• Governance

Governance costs relate to Council members' allowances, committee expenses, appraisals and the recruitment of new members. In 2022-23, governance costs increased by 14% on the previous year, £431,648 compared to £377,407. Within governance costs was the levy on all healthcare professional regulators for the costs of the Professional Standards Authority for Health and Social Care; the GOsC paid a levy of £14,615.

• IT infrastructure

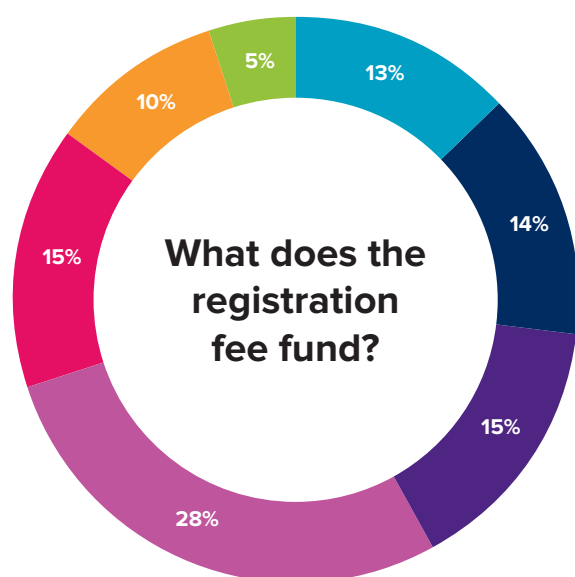
This year saw a focus on ensuring the GOsC IT infrastructure was secure and fit for purpose. Expenditure on IT reflects the cost of the GOsC Register, the customer relationship management system and other office services.

• Administration and establishment

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank interest and investment charges and depreciation. This year there is a significant investment loss which is accounted for in this section.

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount of spend on each GOsC function in 2022-23.



- **Administration and establishment (£71.38)**
Includes premises, office administration and audit fees.
- **Communications, research and development (£80.89)**
Includes GOsC communications and free access to research journals for osteopaths via the [e zone](#).
- **Education and professional standards (£84.13)**
Quality assuring osteopathic educational providers; developing the new CPD scheme, and reviewing and updating the OPS.
- **Fitness to practise, including legal (£159.68)**
Conducting investigations and holding hearings; Committees and legal costs.
- **Governance (£82.96)**
Running of Council and Committees and also includes levy to Professional Standards Authority of £13,410.
- **IT infrastructure (£55.84)**
IT for the Register, customer relationship management system and other office services.
- **Registration (£35.12)**
Maintaining the Register and registration assessment costs.

Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. Council reviews the reserves position on an annual basis. The reserves position for 2022-23 is set out as follows.

The Balance Sheet shows total reserves of £2,858,764. All of the GOsC reserves are unrestricted.

Council has considered the areas in which it feels it has the greatest financial risk and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses, eg data protection fines
- unforeseen increase in quality assurance activity

Having considered these risks and the possible financial impact should they materialise; Council has concluded that it would be prudent to hold reserves within a target range of £350,000-£700,000.

At the end of the financial year 2022-23, Council is holding reserves equal to £1,046,090, which has been calculated as follows:

	£
Reserves held	2,858,764
Restricted reserves	–
Designated reserves	(222,093)
Operational fixed assets	(1,590,581)
Reserves remaining	1,046,090

Operational fixed assets is the total of the tangible and intangible assets of the GOsC.

Reserves are currently outside the target range. The trustees will consider the level of reserves and how these may be used in the 2022-23 financial year. The trustees have concluded that the accounts should be presented on a 'going-concern' basis.

Investment strategy

Investments are valued at market value as at the date of the Statement of Financial Position (Balance Sheet). Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £1,167,992 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

Statement of Council's responsibilities

Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC, and that enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. The Chair of the Audit Committee is a member of Council and is able to report on relevant matters at each Council meeting.

Approved by Council on 20 July 2023 and signed on their behalf by:



Dr Bill Gunnyeon CBE

Chair

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of the General Osteopathic Council for the year ended 31st March 2023 which comprise the statement of financial activities, balance sheet and cashflow statement, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31st March 2023 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit

of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report, and the Introduction from Chair of Council. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 30, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Osteopaths Act 1993, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as General Data Protection Regulation (GDPR), taxation legislation, the charities act 2011 and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in blue ink, appearing to read 'Haysmacintyre LLP'.

Haysmacintyre LLP

Statutory Auditors

10 Queen Street Place
London EC4R 1AG

Statement of Financial Activities

As at 31 March 2023	Notes	2023 £	2022 £
Income from			
Charitable activities	2	2,996,818	2,868,947
Investments	3	(6,334)	15,037
Total		3,003,152	2,883,984
Expenditure on			
Charitable activities	4	2,965,847	2,775,306
Total expenditure		2,965,847	2,775,306
Net income before (losses)/gains on investments		(37,305)	108,678
Net (losses)/gains on investments		(83,459)	3,327
Net (expenditure)/income		(£46,154)	112,005
Reconciliation of funds			
Total funds brought forward		2,904,918	2,792,913
Total funds carried forward	14	2,858,764	2,904,918

The surplus/deficit for the year arises from the GOsC's continuing operations.

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2023	Notes	2023 £	2022 £
Non-current assets			
Intangible assets	8	2,709	6,709
Tangible assets	8	1,587,871	1,643,541
Investment (portfolio)	9	1,167,992	1,249,568
Total Non-current assets		2,758,572	2,899,818
Current assets			
Debtors	10	393,947	384,449
Cash in bank and at hand		791,404	825,254
Total current assets		1,185,351	1,209,703
Current liabilities			
Creditors: amounts falling due within 1 year	11	(1,019,659)	(1,139,103)
Total current liabilities		(1,019,659)	(1,139,103)
Net current assets		165,692	70,600
Provisions	13	(65,500)	(65,500)
Net assets		2,858,764	2,904,918
Represented by:			
Unrestricted reserves			
- Designated reserves		222,093	182,093
- General reserves		2,676,671	2,722,825
Total reserves	14	2,858,764	2,904,918

Approved and authorised for issue by the members of Council on 20 July 2023 and signed on their behalf by:



Dr Bill Gunnyeon CBE
Chair

Cash Flow Statement

Year to 31 March 2023	Notes	2023 £	2022 £
Reconciliation of net (expenditure)/income to net cash flow from operating activities:			
Net (expenditure)/income for the reporting period (as per the statement of financial activities)		(46,154)	112,005
Depreciation		66,533	67,057
Losses/(gains) on investment		81,576	(14,943)
Dividends, interest and rents from investments		4,451	94
Decrease/(Increase) in debtors	10	(9,498)	227,210
(Increase)/Decrease in creditors	11	(119,444)	78,823
Net cash provided by/(used in) operating activities		22,536	470,246
Cash flows from investing activities			
Dividends, interest and rents from investments		(4,451)	94
Purchase of tangible fixed assets	8	(6,863)	(46,201)
Investment portfolio top-up		–	(53)
Net cash (used in) investing activities		(11,314)	(46,160)
Change in cash and cash equivalents in the reporting period		(33,850)	424,086
Cash and cash equivalents at the beginning of the reporting period		825,254	401,168
Cash and cash equivalents at the end of the reporting period		791,404	825,254
Cash and cash equivalents at the end of the reporting period			
Cash at bank and in hand		791,404	825,254

Notes to the financial statements – Year to 31 March 2023

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a 'public benefit entity' under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements other than the provision concerning the potential for additional

payments to panellists arising from an ongoing employment tribunal case featuring the Nursing and Midwifery Council.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years

Tangible fixed assets

All assets with a useful economic life of more than one year, and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income, for registration fee income this is over the period of one year from the date the individual was first entered onto the Register. Investment income including bank interest income is accounted for as earned.

Investments

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short term working capital and the intention is for that cash to be held to generate a return for in excess of 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date.

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements. The Trustees have been monitoring, and will continue to monitor, the financial impact of the coronavirus on the GOsC. The Trustees have concluded that the accounts be presented on a going concern basis.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2023 £	2022 £
Registration fees	2,994,788	2,867,347
Other income	2,030	1,600
Total	2,996,818	2,868,947

3. Income from investments

	2023 £	2022 £
Interest from investments	6,334	15,037
Total	6,334	15,037

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct £	Support costs £	Total 2023 £	Total 2022 £
Charitable activities				
Education and professional standards	437,773	260,372	698,145	681,626
Registration	182,753	208,297	391,050	507,064
Fitness to practise	830,870	364,520	1,195,390	1,105,393
Communications and research	420,890	260,372	681,262	481,223
Total	1,872,286	1,093,561	2,965,847	2,775,306

5. Support costs

	Management Governance		Admin	IT	Total 2023	Total 2022
	£	£	£	£	£	£
Support costs						
Education and professional standards	125,683	39,778	64,330	30,581	260,372	207,469
Registration	100,546	31,822	51,464	24,465	208,297	243,551
Fitness to practise	175,956	55,689	90,062	42,813	364,520	288,653
Communications and research	125,683	39,778	64,330	30,581	260,372	162,366
Total	527,868	167,067	270,186	128,440	1,093,561	902,039

Support costs (IT, Governance and Administration and Establishment) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2023 £	2022 £
Governance costs		
Council members fees (including National Insurance)	102,261	99,383
Other governance costs	62,805	51,130
Total	165,066	150,513

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (11 in total) was £99,375 including responsibility allowances (2022-£96,750). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £14,765 (2022-£4,889).

Name	Position	Location	Honorariums £	National Insurance £
Bill Gunnyeon	Chair	Scotland	27,000	2,601
Joan Martin	Member	Northern Ireland	7,500	–
Deborah Smith	Member	Bedfordshire	7,500	–
Denis Shaughnessey ⁴	Member	Hampshire	9,750	95
Sarah Botterill ⁵	Member	Wales	9,750	95
Simeon London	Member	Scotland	7,500	–
Elizabeth Elander	Member	Cheshire	7,500	–
Daniel Bailey	Member	Wolverhampton	7,500	–
Caroline Guy	Member	Isle of Wight	7,500	–
Deborah Bowman ⁶	Member	London	9,750	–
Patricia McClure	Member	Northern Ireland	5,625	–
Total			99,375	2,886

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

The Osteopaths Act 1993 allows for the remuneration of Council members.

⁴ Includes a responsibility allowance of £2,250 paid as Chair of the Audit Committee.

⁵ Includes a responsibility allowance of £2,250 paid as Chair of the People Committee.

⁶ Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £306 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £12.50 per case screened. Members of these committees claimed daily attendance fees which totalled £112,608 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £19,902.

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Policy Education Committee, Audit and People Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £8,568 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £4,906.

Net expenditure after charging

	2023 £	2022 £
Net expenditure for the year stated after charging		
Fees paid to Haysmacintyre LLP		
- External audit	21,600	22,630
Depreciation of assets	66,533	67,057

7. Employees and staff costs

Staff costs during the year were as follows:

	2023 £	2022 £
Staff costs		
Salaries	1,517,463	1,197,239
Employer's National Insurance	141,655	131,802
Pensions	121,288	116,264
Total	1,780,406	1,445,305

In the financial year 2022-23, redundancy and severance costs of £0 (2021-£0) were incurred.

	2023	2022
Average staff numbers		
Chief Executive and Registrar's office	4	3
Education and professional standards	5	5
Registration	4	6
Resources	3	1
Fitness to practise	7	7
Communications	5	4
Total	28	26

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar; Director of Education, Standards and Development; and Director of Fitness to Practise.

The total emoluments for the key management personnel were £379,488 (2022-£357,213).

The total number of staff whose taxable emoluments fell into higher salary bands was:

	2023 £	2022 £
£70,000-£80,000	0	0
£80,000-£90,000	0	0
£90,000-£100,000	2	2
£100,000-£110,000	0	0
£110,000-£120,000	1	1
£120,000-£130,000	0	0

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, was £121,288 (2022-£116,264).

8. Intangible and Tangible Fixed Assets

Intangible assets

	2023 £
Cost	
At 1 April 2022	279,856
Additions	—
Disposals	(259,856)
At 31 March 2023	20,000
Depreciation	
At 1 April 2022	273,147
Charge for the year	4,000
Disposals	(259,856)
At 31 March 2023	17,291
Net book value	
At 31 March 2022	6,709
At 31 March 2023	2,709

All intangible assets related to Computer Software.

Fixed Assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2022	18,208	150,497	60,736	2,244,172	2,473,613
Additions	–	–	6,863	–	6,863
Disposals	(18,208)	(45,529)	(49,950)	–	(113,687)
At 31 March 2023	–	104,968	17,649	2,244,172	2,366,789
Depreciation					
At 1 April 2022	18,208	96,612	54,292	660,960	830,072
Charge for the year	–	19,458	4,889	38,186	62,533
Disposals	(18,208)	(45,529)	(49,950)	–	(113,687)
At 31 March 2023	–	70,541	9,231	699,146	778,918
Net book value					
At 31 March 2022	–	53,885	6,444	1,583,212	1,643,541
At 31 March 2023	–	34,427	8,418	1,545,026	1,587,871

9. Investments

	2023 £	2022 £
At the start of the year	1,249,568	1,234,760
Investment addition	–	–
Income reinvested	17,591	13,411
Fees taken	(15,708)	(13,546)
(Loss)/Gain	(83,459)	14,943
Total portfolio	1,167,992	1,249,568

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities £651,664 bonds £326,558 and other assets including cash £189,770.

10. Debtors

	2023 £	2022 £
Trade debtors	271,019	264,455
Prepayments and accrued income	122,928	113,920
Other debtors	–	6,074
Total debtors	393,947	384,449

11. Creditors

	2023 £	2022 £
Trade creditors	54,137	115,923
Deferred income	818,067	898,605
Accruals	104,170	78,636
Other creditors	4,729	618
Other tax and social security	38,556	45,321
Total creditors	1,019,659	1,139,103

12. Deferred income

	2023 £	2022 £
As at 1 April	898,605	823,574
Amount deferred during the year	818,067	898,605
Amount released to the financial statements	(898,605)	(823,574)
Total deferred income	818,067	823,574

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Provisions

The charity had the following provisions during the year:

	2023 £
At 1 April 2022	65,500
Additions	–
Utilised in the year	–
Reversals	–
At 31 March 2023	65,500

The provision has been made in relation to potential additional panellist cost, reflecting our prudent estimate of the potential wider impact of an employment tribunal claim, involving the Nursing and Midwifery Council, for additional sums by a fitness to practise panellist.

Panellists sit on our fitness to practise panels and are independent members. This claim relates to whether the panellist is a worker, with entitlement to holiday pay. The case has been heard, judgement remains outstanding, and the provision has been made to cover potential costs which GOsC might incur as a result of the wider employment tribunal.

14. Reserves

	At 1st April 2022 £	Income £	Expenditure £	Transfer £	At 31 March 2023
Reserves	-				
General reserves	2,722,825	2,919,693	(2,965,847)	(40,000)	2,636,671
Designated reserves					
- CPD	77,093	–	–	(77,093)	–
- IT investment	75,000	–	–	77,093	152,093
- Values Project	30,000	–	–	–	30,000
- Registrant Perceptions	–	–	–	40,000	40,000
Total reserves	2,904,918	2,919,693	(2,965,847)	–	2,858,764

The designated reserves relate to the increased Information Technology (IT) investment to streamline our activities (£152,093) the Values Project (shared decision making) (£30,000) and the Registrant Perceptions Survey (£40,000) to capture views and gain insight from registrants.

Prior year comparative

	At 1st April 2022	Income	Expenditure	Transfer	Total At March 2023
	£	£	£	£	£
Reserves					
General reserve	2,510,820	2,887,311	(2,723,701)	48,395	2,722,825
Designated reserve	282,093	–	(51,605)	(48,395)	182,093
Total funds	2,792,913	2,887,311	(2,775,306)	–	2,904,918

15. Related party transactions

There were no related party transactions in the year.



**General
Osteopathic
Council**

General Osteopathic Council

Osteopathy House
176 Tower Bridge Road
London SE1 3LU

020 7357 6655

info@osteopathy.org.uk

osteopathy.org.uk

The GOsC is a charity registered in England and Wales (1172749)

Accounts



General
Osteopathic
Council

Annual Report and Accounts

2021-22



General Osteopathic Council

Annual Report and Accounts 2021-22

Presented to Parliament pursuant to section 40(5) of the Osteopaths Act 1993

© General Osteopathic Council 2022

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to us at the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

This publication is available from our website at: osteopathy.org.uk/annualreport

Contents

1. About the General Osteopathic Council.....	7
2. Chair's statement	8
3. Chief Executive and Registrar's introduction.....	10
4. Our strategic goals	12
5. Our governance, management and risks.....	13
6. Our work in 2021-22 – how we performed against our strategy.....	22
7. Our work across the four UK countries in 2021-22	41
8. Looking ahead: key activities for 2022-23	43
9. Financial report and accounts for 2021-22	44

1. About the General Osteopathic Council

The General Osteopathic Council (GOSc) has a statutory duty under the Osteopaths Act 1993 to develop and regulate the osteopathy profession in the UK in order to ensure public protection.

Our role involves the pursuit of the following objectives:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of the profession

Our core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with complaints or concerns about osteopaths and where necessary dealing with those complaints through fitness to practise procedures

The statutory objectives of the GOSc are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the trustees are able to confirm they have had due regard to the Charity Commission's guidance on public benefit.

As at 31 March 2022 there were 5,471 osteopaths registered with the GOSc.

2. Chair's statement



While the pandemic has continued to present challenges for every organisation, I am optimistic that we can now look positively to the future, as we work together to develop our new strategic direction whilst maintaining our high regulatory standards for the benefit of patients and osteopaths.

It is hard to believe that I am already halfway through my term as Chair of the General Osteopathic Council (GOsC). When I became Chair, I did not anticipate that the first 18-months of my term would be without in-person meetings, with the Council and GOsC staff team meeting virtually using remote technologies. It was a great pleasure therefore in the Autumn of 2021 to be able to bring Council members back together for in-person meetings and to see some colleagues in-person for the first time since their appointment. At the same time, we were fortunate to have been able to continue to discharge our regulatory responsibilities effectively throughout the pandemic and I want to pay huge tribute to all the GOsC team and all my fellow Council members and the members of our various Committees, for their dedication and support throughout this period.

The end of this reporting year saw the departure of one of our Council members who stepped down at the end of her eight-year term of office. Dr Joan Martin, Council member for Northern Ireland, made a huge contribution to the work of Council and of the Policy and Education Committee. On behalf of Council, I want to express sincere thanks to Joan for all her hard work and support and to wish her well with her future endeavours.

This year I have led several governance appointments campaigns across our governance structure but in particular, I would like to draw osteopaths' attention to our new Council Associate scheme. This innovative scheme provides a developmental opportunity for osteopaths to shadow Council, to gain new skills, and to develop a better understanding of how governance works in practice. Congratulations to Shireen Ismail and Harriet Lambert, our very first Council Associates. We will be recruiting for our next Council Associate in the coming year and if you are interested, I would encourage you to think about applying.

As a statutory healthcare regulator our role – which is to regulate and develop the profession – is set out in legislation and our underpinning rules. We have therefore been actively engaged in the work of the Department of Health and Social Care (DHSC) as they look to modernise the legislation of all healthcare regulators. These reforms would streamline how regulators work and remove much of the prescriptive detail within legislation which would mean regulators could operate with greater agility and more cost effectively. As the Chair of a regulator which has outdated and overly prescriptive legislation, I would welcome reform and I hope that a clear timetable for when these changes might happen for GOsC will be forthcoming.

The performance of the GOsC is overseen by the Professional Standards Authority for Health and Social Care (PSA) and I am delighted once again that, in the reporting year, the GOsC passed every one of the PSA's Standards of Good Regulation.

This impressive record does not happen by accident and is a result of strong partnership working between Council and the staff team. It is very important, however, that we don't become complacent and to this end, during the year we undertook activity to assess our own performance. This highlighted several areas for further development which we will be focussing on but especially the need to think strategically about our future direction as a regulator in an ever-changing world.

Finally, as I look to the year ahead, I feel optimistic about the future. The Council will be commencing work very soon on developing a new Strategy which will set the direction for the GOsC through to the end of this decade. Council is committed to ensuring the new strategy is informed by the views of, and understood by, osteopaths, patients, and our wider stakeholders. This is an exciting opportunity for us all and I look forward to updating you on progress over the coming months.



Dr Bill Gunnyeon CBE
Chair of Council
14 July 2022

3. Chief Executive and Registrar's introduction



Protection of the public is our primary objective. This is best achieved by working in partnership and through supporting professionals to deliver high-quality care. This has been a strong theme in our work this year.

Once again the year has been dominated by the impact of the global pandemic which continues to require everyone to embrace change, new ways of working and to grapple with uncertainty.

The pandemic has shone a light on inequalities across a range of settings particularly in the health, education and social sectors, and we continue to see the impact of COVID-19 on the NHS through the waiting list backlogs and the fatigue and mental health strain on those individuals on the front line.

I recognise that osteopaths have also been impacted in this way as they have been adjusting to new ways of working through the continued implementation of infection control procedures. Your dedication to your patients continues to be inspiring to me and my team at the GOsC.

And now, while the pandemic has clearly not gone away, the spectre of rising inflation and the cost of living crisis is front and centre of the news. This was very much in the thinking of Council when it considered the annual registration fee. Recognising that the profession will be impacted by the cost of living, Council once again – for the eighth successive year – froze registration fees for every osteopath.

While we cannot guarantee that we will always be able to maintain fees at their current level, I am pleased that we have been able to provide some support to the profession by not increasing the financial burden of regulation this year.

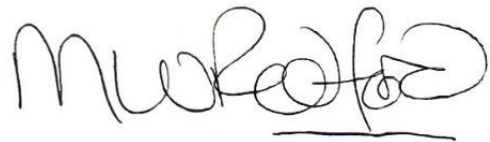
Throughout the year, we have continued to provide a range of support to the profession. For example, we have held a number of myth-busting webinars around the concerns and complaints process and to make our work more understandable. We look forward to carrying out more of these webinars in the coming year. We recognise the complaints process can be a difficult experience for all parties and we are committed to continuing to provide the Independent Support Service for osteopaths and patients which is administered by Victim Support.

At the beginning of the year we issued a joint-communication with colleagues from the Advertising Standards Authority to reaffirm the standards expected when advertising osteopathy to ensure the protection of patients and the public. We recognise we are part of a wider system and that we work in partnership with others to ensure our approach to regulation is truly patient-centred. We see this as a model of collective regulation and we will continue to adopt this approach into the future.

As part of that approach, we have been working with colleagues to develop our new Graduate Outcomes and Standards for Education and Training which will support the future generation of osteopaths to deliver high-quality care as they enter the profession. And colleagues have been actively engaged with current osteopaths through a range of focus groups and webinars including aspects of the continuing professional development scheme and the development of our Equality, Diversity and Inclusion pilot.

Demonstrating our ongoing commitment to matters of Equality, Diversity and Inclusion I am delighted to report that Council agreed

to co-fund an important piece of research which will provide us and the osteopathic education providers with insights into Under-Represented Groups Experiences of Osteopathic Education and Training. This reflects our recognition that a profession which is diverse and which more closely reflects our society is a stronger profession.

A handwritten signature in black ink, appearing to read 'M Redford', with a horizontal line underneath the name.

Matthew Redford
Chief Executive and Registrar
14 July 2022

4. Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2022.

In 2019, Council approved a new four-year Strategic Plan which set out what the organisation aims to achieve in the period 2019-2024 (osteopathy.org.uk/strategic-plan).

Within this plan, we describe our vision as a regulator:

A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.

This vision is underpinned by four high-level strategic objectives which set the course of the four-year planning cycle from 2019 to 2024:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

This report describes our governance and our risks as well as our performance against the four strategic goals.

5. Our governance, management and risks

Council

The GOsC was established under the Osteopaths Act 1993 and has the statutory responsibility to regulate and develop the profession of osteopathy in order to ensure the protection of patients. The GOsC is also a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749). This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 other lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

The role of Council includes: setting the corporate strategy and objectives; determining key policies for the organisation; and making rules, as provided for under the Osteopaths Act 1993.

Council approves the annual Budget and Business Plan and holds the Chief Executive and Registrar to account for the delivery of: the Strategic Plan; the Business Plan; the Budget; risk mitigation; organisational performance and staff leadership; and for external perceptions.

Members of Council are appointed by the Privy Council. Appointments require the GOsC to follow a recruitment procedure that is scrutinised by the Professional Standards Authority for Health and Social Care (PSA). Each year, every Council member (and other non-executives) take part in a performance appraisal with the Chair of Council (or relevant committee Chair).

As at 31 March 2022, the members of Council were:

Chair
Dr Bill Gunnyeon (Lay)
Lay members
Sarah Botterill
Professor Deborah Bowman
Dr Denis Shaughnessy
Dr Joan Martin
Osteopath members
Daniel Bailey
Elizabeth Elander
Caroline Guy
Simeon London
Deborah Smith

Brief biographies of current Council members are available on the GOsC website at: osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee; the Audit Committee; and the Remuneration and Appointments Committee.¹

Each Committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

The work of each Committee is set out below:

Policy and Education Committee

The Policy and Education Committee (PEC) fulfils the statutory role of the Education Committee under section 11 of the Osteopaths Act 1993.

The role of the PEC is to contribute to the development of Council policy. This includes:

- The standards required for initial registration and appropriate means for assessing those standards.
- All matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice (OPS) required for registration.
- Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
- The management, investigation and adjudication of concerns about the fitness to practise of registrants.
- Matters relating to the exercise of powers under section 32 of the Act (protection of title of 'osteopath').

- The development of the osteopathic profession.
- Measures to encourage research and research dissemination within the osteopathic profession. Any research needs to support the GOsC's work.

Its statutory role as Education Committee includes:

- Advising Council on the recognition of qualifications in accordance with section 14(6) of the Act (or the withdrawal of recognition).
- Appointing and managing the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

During 2021-22, members of the PEC included:

Committee members	
Daniel Bailey	Osteopath
Sarah Botterill	Lay
Professor Deborah Bowman (Chair)	Lay
Elizabeth Elander	Osteopath
Dr Joan Martin	Lay
External members	
Dr Marvelle Brown	Lay
Bob Davies	Osteopath
Professor Raymond Playford	Lay
Nick Woodhead	Osteopath

¹ The name of the Remuneration and Appointments Committee was changed to the People's Committee effective from 1 April 2022.

In addition, four organisations are invited to send observers to the meeting: the College of Osteopathic Educational Institutions, the Institute of Osteopathy; the National Council for Osteopathic Research; and the Osteopathic Alliance. The observers may participate in all parts of the meeting except for that business reserved to the statutory Education Committee.

Audit Committee

The role of the Audit Committee is to provide advice so that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GOsC's statutory duties; and to make recommendations for any actions to Council and the Executive as appropriate. The Committee also considers any matters relating to fraud and loss, or information security breaches.

The Audit Committee oversees the GOsC risk management framework while overall responsibility rests with the Council, which reviews the high-level risk register twice a year. The Audit Committee reviews the risk register at each meeting and also makes an annual statement of assurance to Council that it considers that risk is being managed appropriately within the organisation.

During 2021-22, members of the Audit Committee included:

Council members	
Dr Denis Shaughnessy	Lay
Deborah Smith	Osteopath
External members	
Graham Masters	Lay
Chris Shapcott (Chair)	Lay

Remuneration and Appointments Committee

The Remuneration and Appointments Committee (RaAC) oversees appointment, performance and remuneration policy in relation to Council and other non-executives and staff of the GOsC; and makes recommendations to Council. This includes monitoring the diversity data of those candidates who apply and are selected. Non-executives include all members of Council and statutory and non-statutory committees.

In the year up to 31 March 2022, the Committee oversaw the recruitment process of:

- registrant member of the Investigating Committee and lay member of the Professional Conduction Committee
- lay member of the Audit Committee
- 2 registrant members for the position of Council Associate
- lay Chair of the Health Committee.

The Committee also oversaw the reappointment of:

- 1 member of the Professional Conduct Committee.

During 2021-22, members of the RaAC included:

Council members	
Dr Bill Gunnyeon (Chair)	Lay
Caroline Guy	Osteopath
Simeon London	Osteopath
Dr Denis Shaughnessy	Lay
External member	
Kate Husselbee	Lay

Council members' attendance at Council and committee meetings

Individual members also attend working groups, ad hoc meetings and appraisals throughout the year.

Name	Council	Audit	PEC	RaAC
Dr Bill Gunnyeon	4/4			3/3
Daniel Bailey	4/4		5/5	
Sarah Botterill	4/4		5/5	
Professor Deborah Bowman	3/4		4/5	
Caroline Guy	4/4			3/3
Elizabeth Elander	4/4		5/5	
Simeon London	4/4			2/3
Dr Joan Martin	3/4		4/5	
Dr Denis Shaughnessy	4/4	2/3		2/3
Deborah Smith	4/4	3/3		

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions: the Investigating Committee, the Health Committee and the Professional Conduct Committee. The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the Remuneration and Appointments Committee.

Investigating Committee

The role of the Investigating Committee is to determine whether there is a case to answer against an osteopath, which may relate to an allegation of: unacceptable professional conduct; professional incompetence; a conviction or matters relating to the osteopath's physical or mental ill health.

During 2021-22, members of the Investigating Committee were:

Name	
Adam Fiske	Osteopath
Sue Gallone	Lay
Paul A Grant	Lay
Catherine Hamilton-Plant	Osteopath
Eleanor Harding	Lay
Linda Hawkins	Lay
Laura Heskins	Lay
James Hurden	Osteopath
Jay Ruddock	Osteopath
Penny Sawell	Osteopath
Helena Suffield-Thompson	Lay
Debbie Watt	Osteopath
Tamsyn Webb	Osteopath
Brian Wroe (Chair)	Lay

Health Committee and Professional Conduct Committee

The role of the Professional Conduct Committee (PCC) is to adjudicate at a hearing, cases concerning serious unacceptable conduct, incompetence or convictions and, where the Committee finds any such allegation well founded, to impose a sanction on the osteopath concerned.

The role of the Health Committee (HC) is to consider cases in which an osteopath is alleged to be in poor physical or mental health and, if the allegation is well founded, to take appropriate action in the interests of the public and the osteopath.

Members are appointed to serve on both the Health and Professional Conduct Committees, although each committee has its own Chair.

During 2021-22, members of the Health and Professional Conduct Committees included:

Name	
Tom Bedford	Osteopath
Alastair Cannon	Lay
Claire Cheetham	Osteopath
Colin Childs	Lay
Melissa D'Mello	Lay
Helena Greenwood	Osteopath
Andrew Harvey – PCC Chair	Lay
Rasilla Jassal	Lay
Barry Kleinberg	Osteopath
Rama Krishnan	Lay
Morag MacKellar	Lay
Kenneth McLean	Osteopath
Abby Mulholland	Osteopath
Nora Nanayakkara – HC Chair	Lay
Dr Pamela Ormerod	Lay
Mark Osbourne	Lay
David Propert	Osteopath
Andy Skelton	Lay

The GOSC Executive Team

GOSC operations are managed day-to-day by the Chief Executive and Registrar and Senior Management Team and other staff.

The GOSC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOSC advisers

Auditors

Crowe UK
55 Ludgate Hill
London EC4M 7JW

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified by the GOsC in 2021-22 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
National emergency (pandemic) and impact on the exercise of our statutory functions	Robust remote working infrastructure supports home working and ongoing delivery of function, alongside coordinated approach with fellow healthcare regulators. Risk assessments developed using Government Guidance around reopening of Osteopathy House as a COVID-secure workplace.
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities.
IT infrastructure not able to support GOsC activity and/or future transformation programme	Independent IT audits to assess approach to IT security. Planned upgrade of GOsC registrants database with enhanced integration to website.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

National emergency (pandemic) and impact on the exercise of our statutory functions:

During 2021-22 we continued to monitor the risk around the impact on our statutory functions of a national emergency, such as the coronavirus (COVID-19) global pandemic. The impact was significant and we were keen to ensure we learned lessons from the pandemic to ensure we faced any future challenges from a position of strength.

In relation to our statutory functions, we undertook several risk assessments at an organisation and team level. These include ensuring Osteopathy House is a COVID-secure working environment for our staff and visitors.

The risk assessments informed work to upgrade the ventilation system within Osteopathy House which took place during 2021-22. We have also maintained our social distancing measures within the office to keep our staff and visitors safe.

Strategic ambitions undermined by pressures on sustainability:

Our second risk is linked very much to the first – that our strategic ambitions are undermined by pressures on sustainability.

The pandemic exposed a number of challenges with how our legislation requires us to work. The most significant is that we

do not have a single point in time when everyone on the Register is required to renew their registration, with registrations happening each month of the year. This means we have limited certainty as to whether those who are due to renew their registration will indeed renew.

This poses a major challenge – what would happen if there was a substantial change to the composition of the Register?

While there was no significant change to the composition of the Register during the pandemic, and indeed, we have seen those osteopaths who were non-practising return to work, our mitigation is to continue to provide frequent reports to Council and to ensure that we closely monitor income and expenditure data.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

The third risk relates to our IT infrastructure and the risk that it does not provide us with the security we require or that legacy systems prevent us from undertaking our work efficiently and effectively.

To mitigate these risks we have undertaken IT audits including around our security infrastructure and we will be further investing in this area during the year ahead, with the intention to obtain Cyber-Essentials Plus.

Additionally, we are undertaking an upgrade of our registration database which is an old system and which poses a short to medium term risk if left. We have a staff working group focused on this upgrade project and we are mitigating risks by using external expertise as well as expertise from our Audit Committee.

Volume and complexity of fitness to practise cases:

Our final risk is around fitness to practise. Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. The risk is notably financial, due to the expense of the process but also around the efficiency and timeliness of the cases being completed. While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation has encouraged us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes.

During the year we have consulted on formalising interim guidance we developed at pace during the opening months of the pandemic. We expect this to inform and future proof how we operate hearings in a hybrid manner, ie some hearings in-person, some online.

6. Our work in 2021-22 – how we performed against our strategy

Strategic goal 1: We will support the osteopathic profession to deliver high quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare

Osteopathic Practice Standards

This year we continued our focus on implementation of the Osteopathic Practice Standards (OPS), our core standards of conduct, ethics and competence for osteopaths and osteopathic practice developed in partnership with osteopaths, patients and other stakeholders.

We did this through provision of updated guidance and resources, ongoing listening, advice and facilitation for osteopaths to continually highlight the importance of the standards and embedding them into everyday practice. This included providing advice about the application of the OPS in practice in a range of different contexts to support individual osteopaths to exercise their own professional judgement.

As part of the application of the OPS in practice, we continued to update our infection control guidance in the context of the ongoing pandemic, and in response to changes to national public health guidance in the four nations so that it could be applied to the osteopathic context.

We developed guidance on the application of the OPS in relation to adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths and published this for consultation. We plan to finalise this work later in 2022.

We reviewed the ‘Acting as an expert or professional witness - Guidance for healthcare professionals’ published by the Academy of Medical Royal Colleges and agreed that this was consistent with our own Standards and Guidance.

As highlighted in the Chief Executive and Registrar’s introduction, we published a joint message with the Advertising Standards Authority and the Committee of Advertising Practice to reaffirm the standards expected when advertising osteopathy to ensure protection of patients and the public.

We focused on development of additional resources related to the establishment and maintenance of safe professional boundaries in clinical practice, including communication and consent in the context of therapeutic touch. As part of this work we developed a [series of scenarios](#) exploring ethical issues arising in a range of potential clinical and other situations. Individual scenarios were published and promoted monthly and aimed to prompt osteopaths to use the OPS to support decision making. Osteopaths were encouraged to consider their own reasoning and narrative and then compare these with our published responses to support development of understanding about the application of

professional judgement, guidance and advice. The scenarios have been used with regional groups and in other settings to promote discussion about the application of the OPS in complex scenarios.

On a group level, we undertook a series of mostly online sessions, with groups of osteopaths based across the UK on topics including communication and consent, issues arising out of clinical practice through case-based discussions, giving and receiving feedback and we facilitated and supported reflections on how continuing professional development links back to the OPS.

Engagement with osteopathic students was also important with the opportunity to undertake workshops introducing at the earliest opportunity, concepts of regulation, trust, professional responsibility, professional values and principles, and the OPS.

Continued implementation and evaluation of the continuing professional development scheme

We continued to undertake an ongoing evaluation of the aims of the continuing professional development (CPD) scheme.

It is intended that through this engagement process, we will reduce the potential for professional isolation and that osteopaths will gain personal and professional support, building a larger community and network to support ongoing practice in accordance with the OPS. Longer term aims include increased quality of care and reduced concerns and complaints as well as ongoing practice in accordance with the OPS.

Our ongoing CPD evaluation uses a range of data and information to assess progress against the aims of the scheme. Key findings included that the scheme is being well implemented; osteopaths are practising in accordance with the OPS and, overall, concerns and complaints have reduced, although concerns relating to the Professionalism theme of the OPS remain an area for continued focus. There also remains evidence of gaps with osteopaths making insufficient recording of reflections.

In response to these findings additional support and resources for professionalism have been published. We have continued to support and enhance understanding of reflection including through blogs and provision of examples. Further we have continued our series of larger and smaller scale webinars to support osteopaths to complete the scheme including a focus on objective feedback and case-based discussion as well as Peer Discussion Review and we have included discussion around reflection within these.

We have undertaken a series of drop-in 'Question and Answer' CPD sessions with osteopaths to provide support including one hosted by the professional membership body, the Institute of Osteopathy.

We continue to check any unintended barriers to ongoing participation and completion of the cycle for osteopaths with specific protected characteristics as part of our ongoing equality impact assessment. We have seen that taken together most sources of data show that there continues to be no definitive evidence of an adverse impact of the scheme for those with specific

protected characteristics. However, there is a suggestion of more of a challenge evidencing reflection in older osteopaths and of more difficulty in completing the scheme for osteopaths on our Register who are based outside the UK. We will continue to explore additional mechanisms to support these groups as part of our telephone interviews and ongoing one-to-one support.

Understanding the barriers to implementation of our standards

We have continued to use the findings from the 2020 follow-up survey by Professor Gerry McGivern of Warwick Business School, University of Warwick, which explored the implementation of the OPS.

We used the findings to thematically analyse our CPD Evaluation Survey. We reported our findings in May 2021 and we noted that the analysis suggests that the majority of osteopaths want to comply with the scheme, but we also saw a growing group of osteopaths that are anxious about regulation. This was seen most noticeably in relation to the OPS and new components of the CPD scheme: objective activity, Peer Discussion Review, and reflection. This anxiety is then increased quite considerably when viewed through an additional lens of the impact of the pandemic.

In response to this, we have produced additional resources in these areas and also undertaken a review of our communications in relation to completing the scheme. This has helped us to identify misunderstandings about completing the CPD scheme and to provide reassurance.

We have targeted communication to those renewing their registration and also updated our website to provide these key messages.

In response to insight suggesting an increased number of concerns in the area of establishing and maintaining safe professional boundaries, we commissioned medical ethicist Professor Julie Stone to update the 2017 thematic review of boundaries in undergraduate and pre-registration education. The review was asked to consider the impact of a changing social, political and cultural climate and the context within which osteopathic education sits. This review is due to be published in 2022-23.

Data and insight activities

This year we began to develop our data and insight strategy and capacity to make better use of the data we hold to inform our activities.

This included ongoing evaluation of our fitness to practise data and our concerns and complaints work that we undertake jointly with the National Council for Osteopathic Research (NCOR), the professional membership body the Institute of Osteopathy and the osteopathic insurers. This is an annual report, prepared by NCOR, which helps us to see trends in concerns over time so we can feed this into our education, standards, guidance and CPD activities enabling us to take action to avoid harm. In 2021-2022, we published the [NCOR report data from 2013 to 2020](#).

Findings included:

- Significant reduction in complaints and concerns (103 osteopaths compared to a 7-year mean of 153, and 115 concerns compared to a 7-year mean of 274 (including false/misleading concerns), although this is likely due to a reduction in practice.
- Notable areas of concerns and complaints related to COVID-19:
 - Complaints about ‘conduct bringing the profession into disrepute’ (13 compared to a 7-year mean of 6)
 - Not controlling the spread of communicable diseases (6 compared to a 7-year mean of <1)
 - Health of the osteopath to deliver care (4 compared to a 7-year mean of 2)
- Persisting areas of complaints were those relating to ‘sexual impropriety’ (14 compared to a 7-year mean of 12) and ‘conducting a personal relationship with a patient’ (5 compared to a 7-year mean of 4).
- Failure to communicate effectively had the second highest number of concerns and complaints but was well below the average for previous years.

We continue to use this insight to take action in relation to all areas of concerns. For example, we issued a [statement about communicating with patients about the COVID-19 vaccination](#) reminding osteopaths of the requirements in the OPS and that ‘discussions with patients about

vaccines are based upon credible and legitimate sources of public health information such as the [NHS website](#) or the [Medicines and Healthcare products Regulatory Agency website](#).’

A cross-organisational project focusing on establishing and maintaining professional boundaries is aiming to increase knowledge and skills of osteopaths in this area, to help osteopaths to understand ‘professional behavioural norms’ and also helping osteopaths to understand different perspectives on breaches of boundaries. This has included focus groups and engagement with patients about the impact of boundaries which has informed our Thematic Review due for publication later in 2022.

It is worth reflecting on the impact this Complaints and Concerns report has had on our regulatory work since its development and implementation by NCOR, Professor Dawn Carnes and the GOsC team in 2013. It was the first project of its kind in the regulatory landscape to collect data about concerns beyond that held just by the regulator, and has been instrumental in informing the development of our CPD scheme and other policies and communications to drive up standards.

It is significant, also, that concerns have continued to reduce over the period since the data has been collected (even taking into account the impact of the pandemic). It is suggested that this is because the report enables us to tackle areas of concern at an earlier stage.

However, we are not complacent. It is imperative we continue to target effective regulatory responses to the findings which require feedback from osteopaths and patients, as well as continual consideration of context to continue to have impact and to protect patients.

As part of our data and insight strategy, we are beginning to better understand the impact of our activities on osteopaths with specific protected characteristics. Further information about this is set out below in the section on equality, diversity and inclusion.

Development

We work collaboratively with the sector as part of the Osteopathic Development Group (ODG) and also with individual organisations. This year, in partnership with Professor Dawn Carnes from the National Council for Osteopathic Research, we facilitated the ODG to explore a new strategy for the sector. This work is ongoing.

Strategic goal 2: We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise

Setting standards for education and training and outcomes for graduates

A key piece of work was the development and consultation on the Guidance for Osteopathic Pre-registration Education. This document set out the draft outcomes that graduates must meet before being awarded a 'recognised qualification' entitling them to apply for registration with the General Osteopathic Council and practise as an osteopath. This work sets the baseline for assuring the standards of entry to the osteopathic Register, ultimately maintaining the integrity of the Register.

The consultation also set out, for the first time, the GOsC's own Standards for Education and Training for education providers. In the past, GOsC had relied on the UK Quality Code for Higher Education set by the Quality Assurance Agency, however, a change to that external regulatory context provided a driver to move the GOsC's quality assurance framework to align more with those of other health professional regulators. Having specific standards for education and training will also be a key component of a more risk-based approach to quality assurance.

The consultation draft took into account changes in the environment since the Guidance for Osteopathic Pre-registration Education was first published in 2015. For example, in addition to traditional models of osteopathic practice, there was now an increased focus on multi-professional teams and different professions working

more closely together across the UK. This ensures graduates are well placed to meet the opportunities to care for patients in different contexts afforded by the inclusion of osteopaths as Allied Health Practitioners and consistency with outcomes set for other regulated health professionals by health professional regulators across the UK. Preliminary issues were identified in the pre-development phase with a variety of stakeholders and the consultation itself explored views on issues raised throughout the development process, including:

- patient partnership and values
- knowledge and skills outcomes
- research outcomes
- leadership, management and education outcomes, and options in relation to each of these
- business skills
- models of healthcare
- clinical hours and experience, and how these might be met
- common ranges of clinical presentation
- how common ranges of osteopathic approaches to treatment are referenced
- whether equality, diversity and inclusion issues are sufficiently woven through the outcomes
- mechanisms of implementation

In relation to the Standards for Education, issues explored were:

- equality, diversity and inclusion, as referenced within the standards.
- student, patient and public involvement in programme design
- standards around ‘speaking up’ in relation to learning culture
- whether the standards sufficiently address the meeting of students’ diverse needs
- the requirement to provide a varied and diverse clinical experience
- staff support, training and development standards
- patient safety and well-being at the centre of osteopathic education

We engaged with and received responses from a wide variety of stakeholders and found the consultation responses were broadly supportive. Matters raised for the Graduate Outcomes for further consideration post consultation included:

- even more emphasis in the applicability of the outcomes for a diverse range of clinical settings and pathways
- more reference to the distinctiveness of an osteopathic approach, and the types of techniques and approaches to treatment that might typically be included within a recognised qualification programme.
- the academic level of some of the outcomes in the consultation draft related to research
- the appropriate level for leadership and management outcomes

- whether there should be more emphasis on outcomes to allow flexibility of delivery or whether clinical hours should be further defined to explain what a clinical hour is
- emphasising principles and outcomes for inclusive practice rather than specific examples which detracted from the principle of inclusion
- specific inclusion of first aid principles and explicit application of these

Matters raised for further consideration post consultation in relation to the Standards for Education and Training included:

- enabling supervision of osteopathic students by other regulated health professionals as well as by osteopaths
- further emphasis on safeguarding for patients

These matters will be considered by the Policy and Education Committee and Council during 2022 with publication and implementation also planned for 2022.

Quality assuring osteopathic education

We recognised three qualifications awarded by one osteopathic educational provider without an expiry date subject to the approval of the Privy Council in accordance with the provisions of the Osteopaths Act 1993. In addition, our statutory Education Committee:

- considered three qualification renewal specifications, appointments for Visitors or recommendations for renewal to Council

- considered evidence in relation to conditions or requirements set by the Committee in relation to four osteopathic educational providers
- considered the annual report analysis in relation to eight osteopathic educational providers
- made recommendations to Council to remove the expiry date for two osteopathic educational providers

A significant piece of work for the Committee's approach to quality assurance during this time related to a pilot, in partnership with eight osteopathic educational providers of the draft Standards for Education and Training to inform the consultation of these and the Committee's risk based approach to quality assurance. The pilot was agreed in spring/summer 2021 and concluded in spring 2022. Regular support was provided and feedback sought throughout the pilot and the findings informed the consultation on the draft Standards for Education and Training and the ongoing performance assessment of the osteopathic educational providers.

Overall, the Standards for Education and Training were felt to be helpful and appropriate and supported a reflective approach. The initial level of detail required was felt to be onerous, however, this will be taken into consideration as the process is updated into 2022 and it is expected that the burden will reduce as the Standards for Education and Training are finalised.

Quality assurance provider

We continued to work with Mott MacDonald our independent quality assurance provider. During 2021-22 activity undertaken included recognised qualification visits in relation to three osteopathic educational providers in accordance with the provisions of the Osteopaths Act 1993; training and review for Visitors; development of assessment framework and annual report analysis for the draft Standards for Education and Training pilot undertaken by eight osteopathic educational providers; and the facilitation of a quality assurance development workshop with the statutory Education Committee and GOsC staff.

Future sustainability of the profession

We commissioned Middlesex University to undertake modelling work to better understand the future shape of the Register drawing on student enrolment and progression data and entries and resignations from the Register to better inform sector strategy about future development. We will explore the findings of this research in 2022.

Strategic goal 3: We will build closer relationships with the public and the profession based on trust and transparency

Involving patients

In 2021-2022 our patient engagement strategy aimed at creating a co-production model of engagement. This has led to more meaningful inclusion of the patient voice in policy and strategy development.

We have created a framework for involving patients which includes personalised induction and feedback sessions before and after participation, ongoing engagement and check-ins and a range of dedicated patient engagement policies together with training for staff to support engagement and ensure safe boundaries.

Key highlights have included launch of the GOsC Patient Involvement Forum in May 2021, which has 28 members to date. The patients who have joined the Forum have a diverse range of protected characteristics including age, disability, race, religion and sexual orientation. And, in November 2021, we were invited along with a member of our Patient Involvement Forum, to open the first day of the Professional Standards Authority for Health and Social Care's virtual three-day symposium to highlight the work we've been doing to involve patients in osteopathic regulation.

During 2021-22 patients have informed a wide range of our work including:

- Draft adjunctive therapies guidance consultation
- Equality, Diversity and Inclusion Framework for 2021-24

- Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training Consultation
- Boundaries Thematic Review project

We are continuing to work alongside our osteopathic educational providers' patient leads and patients to promote further embedding of public and patient involvement in osteopathic education. We hope to report on this work during 2022-23. Our patients now feel confident to offer feedback on the way we work more broadly and on topics beyond our specific projects. Unprompted, patients have provided feedback on our communications channels, suggested changes to the terminology we use and shared ideas for improvements to our patient engagement strategy. This is important as it suggests that we are moving beyond informing patients and patients informing us, towards engagement and dialogue which is promoting deeper learning.

We have recommenced our project in partnership with the Collaborating Centre for Values Based Practice based at St Catherine's College, Oxford, with Professor Bill Fulford and Professor Ashok Handa, to begin the process of publishing, promoting and evaluating our values resources to support shared decision making between patients and osteopaths. We hope to demonstrate further progress on this in next year's annual report.

Communications and engagement strategy

This year saw the continued implementation of our Communications and Engagement Strategy for 2021-24 which marks a shift from broadcast communications to an increased focus on insight and ‘listening’ to our stakeholders, ranging from the diversity of osteopaths to the public and patients, as well as other stakeholders. It is grounded within the context of our core statutory functions and aims to help us build trust in our regulatory approach and to support the GOsC to deliver on its overarching goals.

The strategy has three aims:

- promote trust
- be timely and responsive
- be a forward looking regulator

We have used a variety of mechanisms for communications and engagement including the final issue of The Osteopath magazine, ebulletins, blogs, news stories, website updates, meetings, webinars, videos, animations and social media. We launched our new look monthly news ebulletin in January 2022 taking into account feedback received from our recent survey.

We have looked at the wider health sector and society in order to ensure our communications and engagement approach takes account of the wider context.

To support this approach, we have developed a process of systematising the sharing of insight across the organisation, through the production of an activity matrix. This is examined on a regular basis by the Senior Management Team to ensure that we are identifying and acting on any gaps or issues that arise across the whole organisation including the insights we have gained from our engagement and listening to help inform next steps.

Some of the changes we have made this year as we implement the Communications and Engagement Strategy are:

- increased our focus on listening to osteopaths: we have reached out to osteopathic regional groups who have told us they would like further support in relation to particular aspects of the CPD scheme. This resulted in an increased range of CPD resources and engagement with the regional groups including an increased number of interactive sessions to support implementation of the CPD scheme including on consent and communication, case-based discussion and Peer Discussion Review.
- identified challenges in relation to the CPD scheme leading to targeted communications to osteopaths as they came towards the end of their first three-year CPD cycle. Our aim was to help increase understanding of how to complete the scheme and reduce associated fears.
- improved the wording of our email requests for verification and assurance to better support osteopaths to understand what we are asking for, why we are asking for it and how to provide it, along with a refresh of the information on our website to increase engagement and reduce associated fears.
- redesigned our monthly ebulletin update to osteopaths, taking on board feedback from osteopaths to enable it to be more accessible and to promote engagement and feedback so we can continue to learn.

- increased our engagement with students. For the first time we have provided the opportunity for all students to access GOsC at the outset of their studies.
- launched a project to redesign and rebuild the o zone area of the website for osteopaths so they can find the information they need quickly and easily. This work will be user tested later in 2022.
- created a new Patient Information Forum web page and more accessible information for patients so they can learn more about us as a regulator and contribute their views.
- developed a new series of blogs authored by osteopaths about working together with other health professionals to better support the patient journey.
- continued to promote the importance of being a regulated health professional through promotion and provision of Registration Marks, personalised for osteopaths to enable patients to check their current registration status.
- systematised our horizon scanning function ensuring we regularly consider external reports and insights.

Key themes from these reports have informed our work including strengthening of the patient voice both within our work, a greater focus on equality, diversity and inclusion, and an increased focus on professional judgement and ethical decision making through boundaries scenarios.

Public consultations, communications and engagement

We seek to involve a wide range of internal and external stakeholders in all our consultations, through extensive engagement activities including with patients, using a range of approaches such as: workshops, focus groups, surveys and one-to-one meetings.

In 2021-22 we consulted publicly, on:

- Guidance for Osteopathic Pre-registration Education and the Standards for Osteopathic Education and Training
- Remote hearings guidance and protocol
- Adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths guidance on the application of the Osteopathic Practice Standards

Although originally necessitated by COVID-19 restrictions, we have continued to utilise online engagement as a part of our engagement strategy providing far wider access to our stakeholders and a choice of ways to engage.

As part of this we continued to promote and facilitate webinars to engage with osteopaths, students and stakeholders on a variety of topics. This included the second in our new series of Fitness to Practise webinars, allowing osteopaths to better understand how we handle fitness to practise cases and what they can expect from our procedures.

We plan to continue to increase our in-person engagement, particularly with regional groups and at stakeholder events during 2022.

Social media, particularly Facebook and Twitter, continue to grow in the important role they play in our communication work, with each channel having over 4,000 and 3,000 followers respectively. Both channels played a key role in providing updates on and signposting to key areas of our work. We launched our YouTube channel during this year, which has enabled greater access to some of our video content, resulting in over 1,700 views of our new animation on carrying out your Peer Discussion Review.

Welsh language

We are required under the Welsh Language Act 1993 to publish a Welsh Language Scheme and to report annually to the Welsh Language Commissioner, which we did in October 2021. Our scheme, which provides that in the conduct of public business in Wales we will treat the English and Welsh languages equally, was approved by the Welsh Language Board in 2011. We report annually to the Board on its implementation.

Along with other regulators we continue to be engaged in dialogue with the Welsh Language Commissioner and Welsh Government on proposed new Welsh Language Standards.

We have continued to ensure that the Osteopathic Practice Standards (OPS), which came into force in 2019, was available in Welsh together with other resources also available in the Welsh language. There is a 'Welsh spoken' feature on our Register which we have encouraged osteopaths to utilise.

Promoting equality and diversity

In 2021, we consulted on and published our new Equality, Diversity and Inclusion (EDI) Framework 2021-24 the aims of which are:

- Promote equity
- Value diversity
- Embrace inclusivity

These aims pervade all of our work and Council ensures that there is a focus on EDI throughout all of our work.

Consequently, as part of our data and insight strategy, this year we have focussed on equality, diversity and inclusion data and taken steps to enhance the data we hold about the protected characteristics of osteopaths. This is so we can better understand the impact of our regulatory activities on osteopaths with specific protected characteristics

During 2021-22, we have been working in partnership with osteopaths to understand more clearly, the barriers and enablers to providing information about protected characteristics to the regulator. This will help us better understand the experiences of discrimination and to refine our communication messages to inform a pilot survey to collect data from osteopaths. This pilot will inform Council on how best to collect and learn from this data.

Focus groups were held to refine the survey and the communication messages with the pilot survey being launched in early 2022. We plan to report the results and next steps later in 2022.

In addition, we are co-funding research (alongside the University College of Osteopathy, the Osteopathic Foundation and the Institute of Osteopathy) which is being undertaken by Dr Jerry Draper-Rodi, Director of the National Council for Osteopathic Research and Clinical Fellow at the University College of Osteopathy.

The aim of the research is to explore and describe the educational experiences of underrepresented groups within their osteopathic educational providers. It will present recommendations to enhance awareness of the barriers to equality and diversity and improve student experience and attainment.

As well as registrants, we also collect a range of data across our work so we can ensure no barriers are posed to those who may hold any protected characteristics in our staff and governance recruitment and in other functions.

All members of staff and all members of the governance structure undertake training on equality and diversity and during the year we have focused on maintaining well-being and wellness recognising the impact of the pandemic. All fitness to practise panellists are trained in unconscious bias, which is important given the nature of the decisions they make in undertaking their work.

Throughout October 2021, we promoted Black History Month on our social media channels and through the ebulletin. We held an internal staff workshop to watch 'Nursing Whilst Black: is history still with us?' by the Royal College of Nursing and to hold a

discussion session with staff afterwards to explore the issues raised, our personal responses and our learning for our own sector and organisation.

Throughout February 2022, we used our website and social media platforms to promote awareness of LGBT+ History Month to demonstrate our commitment as an inclusive organisation. Most notably, we did this by sharing a personal blog written by our Chief Executive and Registrar, Matthew Redford. For the duration of the month, we changed our GOsC profile picture on all social media platforms to a temporary design of the GOsC logo featuring the rainbow flag and we also promoted LGBT+ History Month website in the February edition of our monthly ebulletin to osteopaths; and in our GOsC staff email signatures.

We used our social media channels to promote our participation in the #TimeToTalk mental health awareness campaign, also in February 2022. For our staff, we made time to undertake virtual coffee breaks to facilitate space for discussions about this important area. We recognise that it is also important to support the profession and throughout the year, particularly through our ebulletins, we have promoted free well-being and wellness resources which are available for osteopaths. In addition we have commissioned a piece of work to explore health and well-being needs in the osteopathic sector and to begin to explore what solutions may need to be provided by the sector. We hope to publish this later in 2022.

Strategic goal 4: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective

The activities which are described in more detail in Strategic goals 1 to 3 are delivered in accordance with the values of Strategic goal 4, to be a regulator which is accessible, effective, innovative, agile, proportionate and reflective. Within this section of our report, we will set out activities not covered elsewhere within Strategic goals 1 to 3.

Protecting the integrity of the Register

The integrity of the statutory Register of osteopaths is fundamental to protecting patients and the public. We ensure that only osteopaths who are qualified are entered onto and remain on the Register, which means that when looking for an osteopath on our searchable Register at: osteopathy.org.uk/register-search patients and the public can have confidence that they have found a registered healthcare practitioner.

A key component of access to the Register is meeting our standards. For UK graduates, demonstrating the meeting of our Osteopathic Practice Standards (OPS) is confirmed by the award of the ‘recognised qualification’ by their education provider, which is quality assured by us.

For those graduates who qualified in the UK, they need to demonstrate to the Registrar their good health and good character, which includes obtaining an Enhanced Check for Regulated Activity

(formerly a Criminal Records Bureau check) Internationally qualified graduates demonstrate that they meet the OPS in a different way, through individual assessment of competence. This may include consideration of qualification, further evidence of practice questionnaire and assessment of clinical performance. Further information on [the process for assessing international applicants](#) can be found on our website here.

Enhancing our infrastructure

During 2021-22, we have recommenced a significant project to upgrade our Register and our online registrant website to ensure the integrity of our infrastructure and also upgrade the website to ensure a better and more intuitive experience for registrants. This is a large cross-organisational project and it is planned that it will be completed during 2022/23.

Governance

This year we have introduced a new opportunity to support and develop osteopaths who are interested in understanding more about governance. The introduction of the Council Associates programme allows for two osteopaths to shadow Council and attend and contribute at meetings. This programme means that osteopaths will develop new skills which they can use to apply for future governance roles, either at the GOsC or elsewhere.

About the Register

The number of registered osteopaths has grown in 2021-22. There were 277 new or returning osteopaths to the Register.

Place of training	Number joining the Register
British College of Osteopathic Medicine	22
College of Osteopaths	30
European School of Osteopathy	54
Leeds Beckett University	1
London College of Osteopathic Medicine	1
London School of Osteopathy	21
Oxford Brookes University	1
North East Surrey College of Technology	16
Swansea University	26
The University of St Marks and St John (Marjon)	6
University College of Osteopathy	91
Overseas	8
Total	277

As at 31 March 2022, there were 5,471 osteopaths registered with the GOsC. This was a growth of 44 osteopaths which reflects the difference between those joining the Register and those leaving the Register.

Gender	Number
Male	2,665 (49%)
Female	2,806 (51%)
Total	5,471

Our team of Registration Assessors, all of whom are qualified, registered osteopaths, undertook a total of 31 registration assessments in 2021-22

Geographical location of the Register	Number
England	4,672
Northern Ireland	28
Scotland	160
Wales	153
Rest of world	458
Total	5,471

Type of assessment	Number
Non-UK qualification assessment	11
Further evidence of practice assessment	1
Assessment of clinical performance	1
Return to practice interview	18
Total	31

We continue to seek to improve our registration processes for osteopaths and to raise awareness of the importance of the Register. One of the activities that we undertake in order to protect the integrity of the Register is taking action against individuals who appear to be practising without registration. We review the websites of all those who have left the Register and, where necessary, it is usually sufficient to remind them that they must remove references to osteopathic practice.

In addition, we respond to concerns raised with us about potential illegal practice. Not all concerns raised with us require action, but in 2021-22 we sent out 30 'cease and desist' letters and we resolved 36 cases. There were two prosecutions as follows:

- Amanda Purcell was found guilty at Wigan Magistrates' Court on 21 June 2021, on two counts of using the osteopathic title while not registered with the GOsC. This is contrary to section 32(1) of the Osteopaths Act 1993. Ms Purcell received a conditional discharge for 12 months and was ordered to pay costs of £1,600 to the GOsC. She was also ordered to pay a Victim Surcharge of £21.
- Gerard Garrote was found guilty at Westminster Magistrates' Court on 5 May 2021, on one count of using the osteopathic title while not registered with the GOsC. This is contrary to section 32(1) of the Osteopaths Act 1993. Mr Garrote was fined £1,000 and ordered to pay costs of £960 to the GOsC. He was also ordered to pay a Victim Surcharge of £100.

Fitness to practise

The global pandemic continued to impact significantly on all parts of our business, and none more so than in the area of fitness to practise. Throughout the whole period of the pandemic and restrictions imposed, we continued to manage urgent hearings remotely, including hearings of interim suspension orders, reviews and some part-heard cases.

In December 2021, we conducted a general review of our Interim Remote Hearings Protocol to incorporate feedback, insights and build on the learning we have acquired since the beginning of the first lockdown in March 2020. We developed this understanding from:

- the experiences of participants of our remote and blended hearings
- carefully evaluating the experiences of remote hearings across other jurisdictions
- a literature review we conducted of existing protocols and guidance within other jurisdictions, including the civil and criminal courts, in particular the HMCTS (HM Courts and Tribunal Service) remote hearing evaluation of remote hearings during the COVID-19 pandemic, which was published in December 2021.

Because of the efficiencies and flexibility afforded by remote hearings, we anticipate that they will continue to be utilised for the foreseeable future, post pandemic. As a result of our review, we revised the Remote Hearings Guidance and Protocol which has been designed to set out a road map into

the future by providing the framework and our approach to managing remote hearings. A public consultation on this revised Remote Hearings Guidance and Protocol commenced in February 2021.

Sanctions imposed in cases considered by the Professional Conduct Committee 2021-22	Number of cases
Admonished	1
Conditions of practice	1
Suspended	4
Removed	2
Total	8

In 2021-22, we received 75 concerns. Of these, 49 were made formal.

During the course of the year, the GOsC's Investigating Committee reached a final decision in 26 cases. Of these, 17 were referred to a full hearing of the Professional Conduct Committee (PCC); in the other cases, it was determined that there was no case to answer.

Over the course of the year, the PCC concluded 19 cases; in 8 of those cases, a sanction was imposed against the osteopath (see table).

The majority of cases arise from concerns raised by patients or other members of the public. We are required to report annually on the number of cases that arise as a result of protected disclosures made by 'whistle blowers' The [Joint Regulators Whistleblowing Report 2021](#) can be found on our website.

We aim to ensure that all our investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of concerns is 26 weeks, and 52 weeks for the conclusion of the entire process.

From April 2018, the Professional Standards Authority for Health and Social Care has required that we report from the point when a concern is received by the GOsC, rather than from when a concern is opened as formal. Notwithstanding these changes, in 2021-22, the median time for investigating a concern was 27 weeks, and the median time for concluding a hearing by the Professional Conduct Committee was 65 weeks.

On 29 March 2021, GOsC was granted permission to appeal to the Court of Appeal against the judgment of the High Court in the appeal case Wray v General Osteopathic Council [2020]. The appeal took place before the Court of Appeal at the Royal Courts of Justice in London on 14 October 2021. The reserved judgment was handed down on 17 December 2021.

Delivering a unanimous, wide-ranging judgment, Lord Justice Stuart Smith concluded that the Judge had erred in her interpretation of what happened before the Professional Conduct Committee (PCC). The judge in the High Court had concluded that the PCC's approach during the final hearing had been 'seriously irregular'. The Court of Appeal disagreed. His Lordship observed that the PCC had 'rightly afforded' the registrant the opportunity to put his case and present evidence. There was nothing unfair or wrong either in the questioning, or in the PCC's reliance on the answers given by the registrant.

GOsC submitted that the High Court judgment, if left unchallenged, would stand as authority that would require regulatory committees to not only disregard a 'conviction' where the sentence is a conditional discharge for the purposes of regulatory proceedings but that the facts underlying the conviction would also be disregarded in any future proceedings.

The Court of Appeal concluded that the Judge was wrong to say that the PCC had no proven facts or prosecution case before it and no factual evidence capable of adding up to criminal conduct at all.

In its judgment, the Court of Appeal agreed with the substance of the GOsC arguments that the High Court had been wrong to criticise the way in which the PCC heard the case. Their Lordships underlined the importance of PCC panels seeking information through questioning and set out that the procedure followed by the PCC had not in any way been irregular or unfair to the registrant.

However, overall, the GOsC is deemed to have lost the appeal. This is because the Court of Appeal concluded that the High Court, notwithstanding its errors, had been entitled to form its own view of the conduct that had been admitted by Mr Wray, and to overturn the PCC's finding that he was guilty of unacceptable professional conduct.

Therefore, the appeal before the Court of Appeal was dismissed on this basis and GOsC was ordered to pay costs of £22,805.

Part of our reform programme over the past several years has included the introduction of the '[Threshold Criteria for Unacceptable Professional Conduct](#)' and '[Initial Closure Procedure](#)' which have brought step changes in our processes in the initial stages of our investigations. Whilst all members of the Investigating Committee have received training on these processes, it is essential that the training is augmented by up-to-date, accessible guidance which continues to further support Screeners in their decision-making role. Following a public consultation, we introduced key changes to our [Screeners guidance](#) in May 2021, including:

- a separate section on the application of the initial closure procedure
- generally refreshing the guidance on how to apply and incorporate the threshold criteria
- a section on 'regulatory concerns' and the documents that will be considered by the Screener.
- a separate section on interim orders.
- a Screener decision making flowchart.
- adding an appendix on the Initial Closure Procedure, the Threshold Criteria for Unacceptable Conduct and an amended template Screener's Report.

To further enhance the transparency of our work, this year we commenced a series of online webinars which set out to explain and demystify the fitness to practise process.

During the Fitness to Practise live webinars we have shared insights on fitness to practise and sought to demystify our processes for the profession and the public. We were delighted to welcome over 110 attendees at the webinar in September 2021. The sessions have been interactive, enabling attendees to put questions to the presenters and topics have been wide-ranging, covering the work of the Investigating Committee and Professional Conduct Committee.

We also launched a new Fitness to Practise ebulletin, entitled Focus on Fitness to Practise, in August 2021.

In the first edition we focussed on how a fitness to practise case is handled from receipt of a concern from a complainant up to the conclusion of a case at a hearing. We also look at a recent case considered by the Professional Conduct Committee relating to an allegation of breaching professional boundaries. We also responded to some of the feedback and questions we had received from our FtP webinar in March 2021.

We met with Victim Support in December 2021 and agreed to rename the service we provide to all witnesses going through Fitness to Practise investigations to the 'Independent Support Service'.

We considered this would improve accessibility of the service which is for all service users including complainants and registrants. We have undertaken a number of joint activities with Victim Support to help

increase awareness of the service including arranging for Victim Support to attend and engage with delegates at our next webinar due to be held in May 2022; and rebranding the leaflet/poster for the service that Victim Support provides, making it clearer that the support service is independent.

Operational efficiency, effectiveness and performance

In 2021-22 we have once again maintained the level of fees paid by registrants and we continue to focus on seeking efficiency savings across all our functions. By holding registration fees at their same level for eight years consecutively, this represents a decrease in the fee in real-terms. Across that period, taking into account the effects of inflation, the GOSC has absorbed £250,000 of lost income.

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, was able to report that in 2020-21 the GOSC met all its standards of good regulation – for the eleventh year in a row. This year the performance review included new standards of good regulation assessed against a new evidence framework.

7. Our work across the four UK countries in 2021-22

The GOsC regulates the practice of osteopathy in the UK and to help us remain an effective regulator we need to engage with all four countries of the UK. This section of our Annual Report and Accounts highlights some of the work we have undertaken that relate to each of the four countries of the UK.

England

This year we have continued to liaise closely with colleagues in NHS England and NHS Improvement, and Public Health England, to provide support for their response to the pandemic and the introduction of the vaccination programme.

We have met with Suzanne Rastrick, Chief Allied Health Professions Officer (England) and her Deputy, Beverly Harden, to discuss the impact of the pandemic, the vaccination programme and how GOsC could provide support and input from a regulatory perspective. We also discussed the status of osteopaths in England as Allied Health Professionals and the relationship between existing NHS competency frameworks and our review of the Graduate Outcomes and Standards of Education and Training. We are grateful to Beverly and her team for their considered response to our consultation.

During the reporting period, Sajid Javid was appointed as the new Secretary of State for Health and Social Care, and the Chair of Council, Dr Bill Gunnyeon wrote to the Secretary of State to highlight our support for the reform agenda and that we wished to see the reforms rolled out for all regulators as soon as practicable.

We have engaged with the Department of Health and Social Care (DHSC) around the legislative reform programme by responding to their consultation 'Regulating healthcare professionals, protecting the public'. We have also engaged with the DHSC, as they consider whether there should be a reconfiguration of the number of healthcare regulators. Our view remains that if there is to be any change in the number of regulators this must be for the benefit of patients and patient safety.

We have also engaged with the Department for Business, Energy and Industrial Strategy around their policy proposals specifically in relation to the recognition of overseas qualifications and the implementation of international recognition agreements (if required).

Scotland

In the year sent a briefing note to Carolyn McDonald, Chief Allied Health Professions Officer (Scotland) about the GOsC, our work and our response to the pandemic.

This year we met with colleagues from the Complementary and Alternative Medicines Services Team and Nursing Directorate (responsible for Allied Health Professions in Scotland).

The meeting was positive in that there was a recognition of the distinction between statutory regulation and complementary therapy (CAMS) oversight. It was confirmed there were no barrier to patients accessing osteopathy as funding decisions could be made locally. We were advised of their need

for more information about how osteopathy works and what it does in Scotland to help patients. To that end we have briefed the Institute of Osteopathy, the professional membership body, who are best placed to take this work forward as it falls within their remit.

We contributed to the Scottish Government's Patient Safety Commissioner consultation, which was arising following a recommendation in the Cumberlege Report, 'First do no harm'.

We have also been part of a wider working group contributing to the Professional Regulation Conference held annually in Scotland. The 2021 conference was cancelled due to the COVID-19 pandemic and the pressure the NHS was under; however, planning for the 2022 conference is well underway with GOSc scheduled to participate in one presentation and one panel discussion.

Finally, we joined the inter-regulatory Sharing Intelligence Forum and have become signatories on the Emerging Concerns Protocol Scotland

Wales

In the year sent a briefing note to Ruth Crowder, Chief Allied Health Professions Officer (Wales) about the GOSc, our work and our response to the pandemic.

A continuing focus for the GOSc is the Welsh Language Scheme and we again prepared and submitted our Annual Welsh Language Scheme Annual Report to the Welsh Government.

We received the Welsh Language Commissioners Assurance Report 2020-21 - 'Stepping forward'. The report considered the difficulties identified by public sector organisations as they responded to the pandemic as well as highlighting effective practice identified. The Commissioner identified that some organisations were able to ensure the Welsh Language remained central in planning during the pandemic but this was inconsistent and also that the gap between those who have sufficient arrangements in place and those who didn't widened during the pandemic.

In March 2022, we also attended the PSA conference 'Regulatory developments and the Welsh Context'.

Northern Ireland

In the year sent a briefing note to Jenny Keane, Chief Allied Health Professions Officer (Northern Ireland) about the GOSc, our work and our response to the pandemic.

Our main focus this year has been on the recruitment campaign required to identify a new Council member from Northern Ireland to replace Dr Joan Martin who, on 31 March 2022, completed her eight year term of office.

Unfortunately, our first recruitment campaign did not yield a successful candidate and so, we have restarted the campaign in early 2022. We thank the Department of Health and Social Care (Northern Ireland) for their support in this regard.

8. Looking ahead: key activities for 2022-23

The Business Plan for 2022-23 sets out an ambitious programme of work matched against the GOsC's four strategic goals within the context of the coronavirus pandemic. We are maintaining our focus on our core statutory responsibilities, while continuing to demonstrate our innovative approach to regulation. Business Plan headlines include:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

- Engage with, and listen to, our stakeholders, before analysing and responding to their feedback across the full range of our work.
- Develop resources, support and guidance to apply the Osteopathic Practice Standards to real life situations, to develop professional judgement, and decision making.
- Continue to support the National Council for Osteopathic Research to increase research awareness and research activity to inform practice and patient care.
- Consider the prevalence of concerns, and information from fitness to practise and any implications for the sector connected to patient safety and the quality of patient care.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise.

- Work with the education sector to facilitate strategic thinking and development.
- Continue to embed the OPS within education provision and within the student communities.
- Publish and disseminate revised Standards for Education and Training and Graduate Outcomes for Pre-registration Osteopathic Education.
- Explore the implementation of the principles of consent in the student environment.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

- Ensure patients are at the centre of our regulatory approach across all parts of our business.
- Continue with our communications around fitness to practise to demystify and humanise our work in this area.
- Undertake a registrant and stakeholder perceptions survey to inform how they perceive us, their needs, and how we might better meet those needs.
- Undertake a patient perceptions survey to enable patients and the public to inform how they perceive us, their needs and how we might better meet those needs.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

- Explore the impact of changes to thinking in patient safety to our approach to regulating osteopaths.
- Gather feedback from our staff through a staff survey and will develop an action plan to address any issues arising.
- Complete preparations for upgrading our IT systems.
- Implement the systematic collection and analysis of equality, diversity and inclusion data for registrants, staff and members of the governance structure.

9. Financial report and accounts for 2021-22

The financial report for the year 2021-22 reflects a return to more traditional activity as we emerge from the pandemic.

Introduction

The financial year 2021-22 saw the emphasis shift towards adapting to the “new normal”, identifying and retaining the process changes that worked well during the pandemic and which mitigated for the uncertain economic climate.

This financial year recognised the prerequisite of adapting to survive in a world of increasing turbulence, with various change drivers, both internal and external, a world where business as usual in fact, actually means change. In using the escalating dynamic environment as a disruptor for positive change, the concept of ‘value’ has taken on a greater emphasis.

For the General Osteopathic Council, we have continued to look at our approach to regulation in order to ensure that we continue to add value. Questions we continue to ask include:

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Last year we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2021-22 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through our goals in the Strategic Plan 2019-24 and our underpinning Business Plans which we develop each year.

The activities set out in the annual business plans are designed specifically to:

- empower and support our registrants, who operate predominately in the independent sector providing ‘hands-on’ patient care
- ensure collaboration with our partners across the regulatory sector
- strengthen our intent to place the patient at the heart of what we do
- ensure equality, diversity and inclusion is central to our work
- deliver our core statutory functions

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.
- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation and which are relevant and appropriate for our context.
- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we will ensure we are careful where our resources are deployed in order to be cost efficient and cost effective.

We consider our value proposition to have three components:

1. Ensuring public protection
2. Developing the profession
3. Delivering robust governance

Component 1: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2021-22, we spent £1.65m on our activities to ensure public protection (2021 - £1.64m).

This was equal to 60% of our total budget (2021 - 58%) and means that for every £570 registration fee we receive we spend £340 of that on ensuring public protection. (2021 - £330).

Component 2: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research

- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals such as The Lancet and Manual Therapy
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2021-22, we spent £0.58m on our activities to ensure we developed and supported the profession (2021 - £0.71m).

This was equal to 21% of our total budget (2021 – 25%) and means that for every £570 registration fee we receive we spend £120 of that on developing the profession. (2021 - £144).

Component 3: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee and the Remuneration and Appointments Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2021-22, we spent £0.53m on our activities to ensure we delivered robust governance (2021 - £0.48m).

This was equal to 19% of our total budget (2021 – 17%) and means that for every £570 registration fee we receive we spend £110 of that on delivering robust governance. (2021 - £96).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ² £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.65m (2022)	60% (2022)	340 (2022)
	1.64m (2021)	58% (2021)	330 (2021)
Developing the profession	0.58m (2022)	21% (2022)	120 (2022)
	0.71m (2021)	25% (2021)	144 (2021)
Delivering robust governance ³	0.53m (2022)	19% (2022)	110 (2022)
	0.48m (2021)	17% (2021)	96 (2021)

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a surplus of £112,005 This was as a result of cost cutting measures to mitigate for economic uncertainties, in addition to transitioning to more financially viable processes,

At the year-end, total income was £2,883,984. Registration fee income accounted for approximately 99% of total income. Registration fees have once again been maintained at their current level – the eighth year in a row, which represents a reduction in real terms. The remaining income came from areas such as registration assessments, bank, and investment interest.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £2,775,306 after designated spending. In the reporting year our expenditure levels varied compared to past years as some activities could continue to be carried out remotely, while we saw a return to some in-person activity in other areas.

² Excluding investment losses and/or charges

³ Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts.

Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. Council reviews the reserves position on an annual basis. The reserves position for 2021-22 is set out as follows.

The Balance Sheet shows total reserves of £2,904,918. All of the GOsC reserves are unrestricted.

The Council has considered the areas in which it feels it has the greatest financial risk and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses, eg data protection fines
- unforeseen increase in quality assurance activity.

Having considered these risks and the possible financial impact should they materialise; Council has concluded that it would be prudent to hold reserves within a target range of £350k – £700k.

At the end of the financial year 2021-22, the Council is holding reserves equal to £1,072,575, which has been calculated as follows:

	£
Reserves held	2,904,918
Restricted reserves	–
Designated reserves	(182,093)
Operational fixed assets	(1,650,250)
Reserves remaining	1,072,575

Operational fixed assets is the total of the tangible and intangible assets of the GOsC.

Reserves are currently outside of the target range. The trustees will consider the level of reserves and how these may be used in the 2022-23 financial year. The trustees have concluded that the accounts should be presented on a 'going-concern' basis.

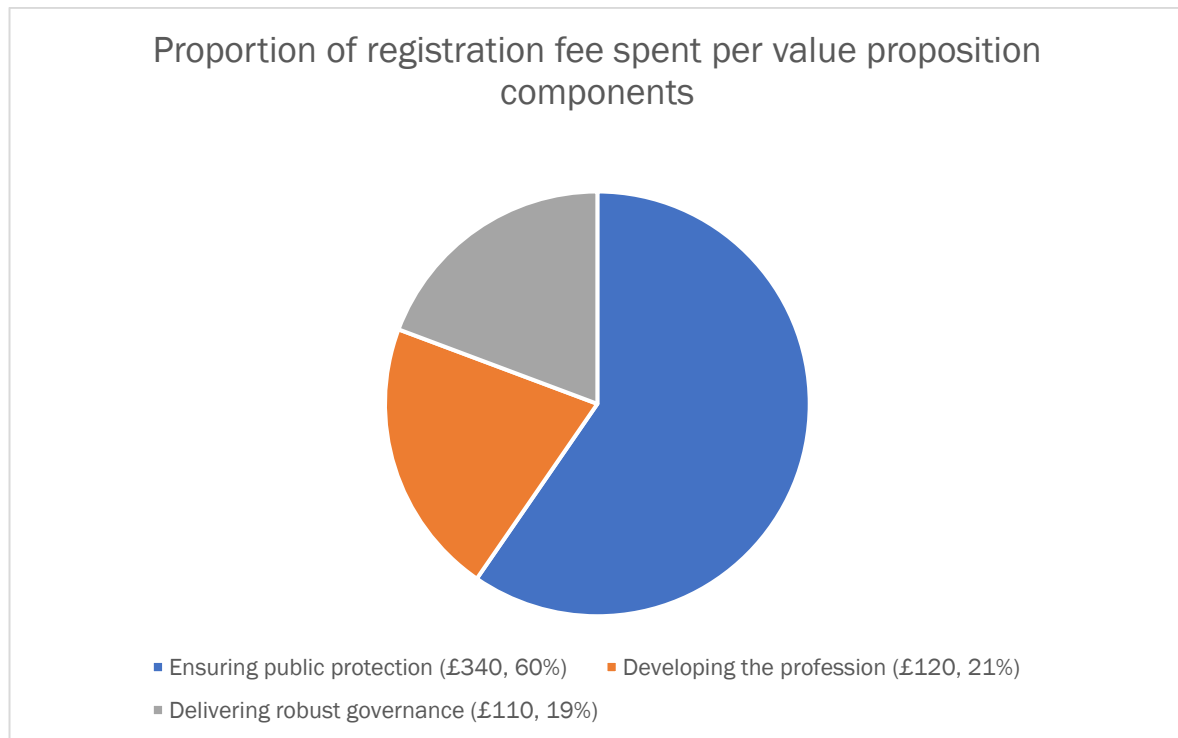
Investment strategy

Investments are valued at market value as at the date of the Statement of Financial Position (Balance Sheet). Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £1,249,568 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

What does the registration fee fund?

The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2021-22.



Statement of Council's responsibilities

Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

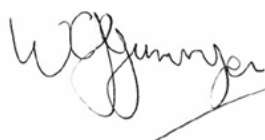
Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC, and that enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. Council has appointed an independently chaired Audit Committee to support it in this work.

Approved by Council on 14 July 2022 and signed on their behalf by:



Dr Bill Gunnyeon
Chair

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of General Osteopathic Council ('the charity') for the year ended 31 March 2022 which comprise Statement of Financial Activities, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are

independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the

financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient and proper accounting records have not been kept by the charity; or
- the financial statements are not in agreement with the accounting records and returns; or

- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011, and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs

(UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charity operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and

disclosures in the financial statements. The laws and regulations we considered in this context were the Charities Act 2011, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charity's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charity for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Health and safety legislation, Taxation legislation, and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory

correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Crowe U.K. LLP
Statutory Auditor

London

20 July 2022

Statement of Financial Activities

As at 31 March 2022	Notes	2022 £	2021 £
Income from			
Charitable activities	2	2,868,947	2,905,977
Investments	3	15,037	14,168
Total		2,883,984	2,920,145
Expenditure on			
Charitable activities	4	2,775,306	2,846,006
Total expenditure		2,775,306	2,846,006
Net income/(expenditure) before gains/(losses) on investments		108,678	74,139
Net gains/(losses) on investments		3,327	221,978
Net income		112,005	296,117
Reconciliation of funds			
Total funds brought forward		2,792,913	2,496,796
Total funds carried forward	14	2,904,918	2,792,913

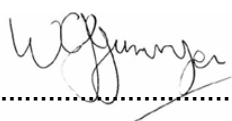
The surplus/deficit for the year arises from the GOsC's continuing operations.

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2022	Notes	2022 £	2021 £
Non-current assets			
Intangible assets	8	6,709	10,710
Tangible assets	8	1,643,541	1,660,396
Investment (portfolio)	9	1,249,568	1,234,760
Total Non-current assets		2,899,818	2,905,866
Current assets			
Debtors	10	384,449	611,659
Cash in bank and at hand		825,254	401,168
Total current assets		1,209,703	1,012,827
Current liabilities			
Creditors: amounts falling due within 1 year	11	(1,139,103)	(1,060,280)
Total current liabilities		(1,139,103)	(1,060,280)
Net current liabilities/assets		70,600	(47,453)
Provisions	13	(65,500)	(65,500)
Net assets		2,904,918	2,792,913
Represented by:			
Unrestricted reserves			
- Designated reserves		182,093	182,093
- General reserves		2,722,825	2,610,820
Total reserves	14	2,904,918	2,792,913

Approved and authorised for issue by the members of Council on 14 July 2022 and signed on their behalf by:



Dr Bill Gunnyeon
Chair

Cash Flow Statement

Year to 31 March 2022	Notes	2022 £	2021 £
Reconciliation of net (expenditure) to net cash flow from operating activities:			
Net (expenditure) for the reporting period (as per the statement of financial activities)		112,005	296,117
Depreciation		67,057	69,781
Losses/(gains) on investment		(14,943)	(221,978)
Dividends, interest and rents from investments		94	189
Decrease/(Increase) in debtors	10	227,210	(233,656)
(Decrease)/increase in creditors	11	78,823	167,279
Net cash provided by/(used in) operating activities		470,246	77,732
Cash flows from investing activities			
Dividends, interest and rents from investments		94	189
Purchase of tangible fixed assets	8	(46,201)	-
Investment portfolio top-up		(53)	(2,381)
Net cash (used in) investing activities		(46,160)	(2,192)
Change in cash and cash equivalents in the reporting period		424,086	75,540
Cash and cash equivalents at the beginning of the reporting period		401,168	325,628
Cash and cash equivalents at the end of the reporting period		825,254	401,168
Cash at bank and in hand		825,254	401,168

Notes to the financial statements – Year to 31 March 2022

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with “The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland” Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a ‘public benefit entity’ under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements other than the provision concerning the potential

for additional payments to panellists arising from an ongoing employment tribunal case featuring the NMC.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years

Tangible fixed assets

All assets with a useful economic life of more than one year, and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income, for registration fee income this is over the period of one year from the date the individual was first entered onto the register. Investment income including bank interest income is accounted for as earned.

Investment

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short term working capital and the intention is for that cash to be held to generate a return for in excess of 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements. The Trustees have been monitoring, and will continue to monitor, the financial impact of the coronavirus on the GOsC. The Trustees have concluded that the accounts be presented on a going concern basis.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2022 £	2021 £
Registration fees	2,867,347	2,889,942
Other income	1,600	16,035
Total	2,868,947	2,905,977

3. Income from investments

	2022 £	2021 £
Interest from investments	15,037	14,168
Total	15,037	14,168

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct costs £	Support costs £	Total 2022 £	Total 2021 £
Charitable activities				
Education and professional standards	474,157	207,469	681,626	652,722
Registration	263,513	243,551	507,064	475,862
Fitness to practise	816,741	288,652	1,105,393	1,096,660
Communications and research	318,856	162,367	481,223	620,762
Total	1,873,267	902,039	2,775,306	2,846,006

5. Support costs

	Management	Governance	Admin	IT	Total 2022	Total 2021
	£	£	£	£	£	£
Support costs						
Education and professional standards	79,764	34,618	63,995	29,092	207,469	151,158
Registration	93,637	40,639	75,125	34,150	243,551	268,726
Fitness to practise	110,977	48,164	89,037	40,475	288,653	226,737
Communications and research	62,424	27,092	50,083	22,767	162,366	193,147
Total	346,802	150,513	278,240	126,484	902,039	839,768

Support costs (IT, Governance and Administration and Establishment) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2022 £	2021 £
Governance costs		
Council members fees (including National Insurance)	99,383	99,201
Other governance costs	51,130	22,245
Total	150,513	121,446

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £96,750 including responsibility allowances (2021 - £96,562). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £4,889 (2021 - £0).

Name	Position	Location	Honorarium £	National insurance £
Bill Gunnyeon	Chair	Scotland	27,000	2,505
Joan Martin	Member	Northern Ireland	7,500	–
Deborah Smith	Member	Bedfordshire	7,500	–
Denis Shaughnessey	Member	Hampshire	7,500	–
Sarah Botterill	Member	Wales	7,500	–
Simeon London	Member	Scotland	7,500	–
Elizabeth Elander	Member	Cheshire	7,500	–
Daniel Bailey	Member	Wolverhampton	7,500	–
Caroline Guy	Member	Isle of Wight	7,500	–
Deborah Bowman ¹	Member	London	9,750	128
Total			96,750	2,633

¹Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

The Osteopaths Act 1993 allows for the remuneration of Council members.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £306 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £12.50 per case screened. Members of these committees claimed daily attendance fees which totalled £123,904 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £1,972

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Policy Education Committee, Audit and Remuneration and Appointments Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £8,262 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £6,723

Net expenditure after charging

	2022 £	2021 £
Net expenditure for the year stated after charging		
Fees paid to Crowe UK		
- External audit	22,630	15,500
Depreciation of assets	67,057	69,781

7. Employees and staff costs

Staff costs during the year were as follows:

	2022 £	2021 £
Staff costs		
Salaries	1,197,239	1,202,311
Employer's National Insurance	131,802	116,594
Pensions	116,264	114,208
Total	1,445,305	1,433,113

In the financial year 2021-22, redundancy and severance costs of £0 (2021-£19,800) were incurred.

	2022	2021
Average staff numbers		
Chief Executive and Registrar's office	3	3
Education and professional standards	5	5
Registration and resources	6	6
IT	1	1
Fitness to practise	7	7
Communications	4	5
Total	26	27

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £357,213 (2021 – £346,361).

The total number of staff whose taxable emoluments fell into higher salary bands was:

	2022 £	2021 £
£70,000 – £80,000	0	0
£80,000 – £90,000	0	2
£90,000 – £100,000	2	0
£100,000 – 110,000	0	0
£110,000 – 120,000	1	1
£120,000 – £130,000	0	0

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, was £116,264 (2021 – £114,208).

8. Intangible and Tangible Fixed Assets

Intangible assets

	Total £
Cost	
At 1 April 2021	279,856
Additions	–
Disposals	–
At 31 March 2022	279,856
Depreciation	
At 1 April 2021	269,146
Charge for the year	4,001
Disposals	–
At 31 March 2022	273,147
Net book value	
At 31 March 2021	10,710
At 31 March 2022	6,709

All intangible assets related to Computer Software.

Tangible Fixed Assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2021	18,208	109,693	55,339	2,244,172	2,427,412
Additions	–	40,804	5,397	–	46,201
Disposals	–	–	–	–	–
At 31 March 2022	18,208	150,497	60,736	2,244,172	2,473,613
Depreciation					
At 1 April 2021	18,071	78,997	47,174	622,774	767,016
Charge for the year	137	17,615	7,118	38,186	63,056
Disposals	–	–	–	–	–
At 31 March 2022	18,208	96,612	54,292	660,960	830,072
Net book value					
At 31 March 2021	137	30,696	8,165	1,621,398	1,660,396
At 31 March 2022	–	53,885	6,444	1,583,212	1,643,541

9. Investments

	2022 £	2021 £
At the start of the year	1,234,760	1,010,777
Investment addition	–	–
Income reinvested	13,411	13,979
Fees taken	(13,546)	(11,974)
Gain/(loss)	14,943	221,978
Total portfolio	1,249,568	1,234,760

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities £754,951 bonds £303,587 and other assets including cash £191,030

10. Debtors

	2022 £	2021 £
Trade debtors	264,455	516,393
Prepayments and accrued income	113,920	95,075
Other debtors	6,074	191
Total debtors	384,449	611,659

11. Creditors

	2022 £	2021 £
Trade creditors	115,923	108,567
Deferred income	898,605	823,574
Accruals	78,636	78,451
Other creditors	618	12,923
Other tax and social security	45,321	36,765
Total creditors	1,139,103	1,060,280

12. Deferred income

	2022 £	2021 £
As at 1 April	823,574	798,288
Amount deferred during the year	898,605	823,574
Amount released to the financial statements	(823,574)	(798,288)
Total deferred income	898,605	823,574

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Provisions

The charity had the following provisions during the year:

	2021 £
At 1 April 2021	65,500
Additions	–
Utilised in the year	–
Reversals	–
At 31 March 2022	65,500

The provision has been made in relation to potential additional panellist cost, reflecting our prudent estimate of the potential wider impact of an employment tribunal claim, involving the Nursing and Midwifery Council, for additional sums by a fitness to practise panellist.

Panellists sit on our fitness to practise panels and are independent members. This claim relates to whether the panellist is a worker, with entitlement to holiday pay. The case has been heard, judgement remains outstanding, and the provision has been made to cover potential costs which GOsC might incur as a result of the wider employment tribunal claim.

14. Reserves

	At 1 April 2021 £	Income £	Expenditure £	Transfer £	At 31 March 2022 £
Reserves	–				
General reserves	2,510,820	2,887,311	(2,723,701)	48,395	2,722,825
Designated reserves					
- CPD	107,093	–	–	(30,000)	77,093
- IT investment	75,000	–	–	–	75,000
- General Legal costs	100,000	–	(51,605)	(48,395)	–
Values Project	–	–	–	30,000	30,000
Total reserves	2,792,913	2,887,311	(2,775,306)	–	2,904,918

The designated reserves relate to the implementation of the new Continuing Professional Development (CPD) scheme (£77,093), investment in IT to streamline our activities (£75,000) such as the upgrade of our CRM system, and the Values Project (£30,000) which will allow for the implementation and evaluation of shared decision making resources which will support osteopaths with undertaking CPD. General legal costs incurred expenditure of £51,605, the remaining designated reserve of £48,395 was transferred back to general reserves.

Prior year comparative

	At 1 April 2020 £	Income £	Expenditure £	Transfer £	At 31 March 2021 £
Reserves					
General reserve	2,314,703	3,142,123	(2,846,006)	(100,000)	2,510,820
Designated reserve	182,093	–	–	100,000	282,093
Total funds	2,496,796	3,142,123	(2,846,006)	–	2,792,913

15. Related party transactions

There were no related party transactions in the year.



General
Osteopathic
Council

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU

020 7357 6655
info@osteopathy.org.uk
osteopathy.org.uk

The GOsC is a charity registered in England
and Wales (1172749)

Accounts



General
Osteopathic
Council

Annual Report and Accounts 2020-21



General Osteopathic Council

Annual Report and Accounts 2020-21

Presented to Parliament pursuant to section 40(5) of the Osteopaths Act 1993

© General Osteopathic Council 2021

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to us at the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

This publication is available from our website at: osteopathy.org.uk/annualreport

Contents

1. About the General Osteopathic Council	7
2. Chair's statement.....	8
3. Chief Executive and Registrar's introduction	10
4. Our strategic goals	12
5. Our governance, management and risks	13
6. Our work in 2020-21 – how we performed against our strategy	23
7. Our work across the four UK countries in 2020-21	38
8. Looking ahead: key activities for 2021-22	41
9. Financial report and accounts for 2020-21.....	42

1. About the General Osteopathic Council

The General Osteopathic Council (GOSC) has a statutory duty under the Osteopaths Act 1993 to develop and regulate the osteopathy profession in the UK in order to ensure public protection.

Our role involves the pursuit of the following objectives:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of the profession

Our core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with complaints or concerns about osteopaths and where necessary dealing with those complaints through fitness to practise procedures

The statutory objectives of the GOSC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the trustees are able to confirm they have had due regard to the Charity Commission's guidance on public benefit.

As at 31 March 2021 there were 5,427 osteopaths registered with the GOSC.

2. Chair's statement



It is my privilege, on behalf of Council, to introduce our Annual Report covering what has been, for every organisation, a very challenging year.

For the General Osteopathic Council (GOsC), we had to adapt quickly to working from home; learn how to deliver our core functions remotely; address our financial challenges to ensure the sustainability of the organisation; improve our communication with all our stakeholders; support our staff and ensure their ongoing well-being; and continue to work with our registrants to support them and to ensure the protection of patients and the public. Early in the year Council was pleased to appoint Matthew Redford as our permanent Chief Executive and Registrar effective from 1 June 2020.

As the year ended, we had delivered almost all our business plan; achieved a balanced financial outcome despite a significant loss of income; continued to protect patients through delivery of our core regulatory functions including the introduction of remote hearings; developed and introduced a new communications and engagement strategy; and again met the Professional Standards Authority for Health and Social Care standards of good regulation. This has been the result of the determination, teamwork, and commitment of all who are a part of GOsC.

I would like to pay tribute to the strong leadership provided by the Chief Executive and his Senior Management Team (SMT) who have led throughout by example; to the enthusiasm and flexibility of our staff who

have adapted to new working situations and processes quickly and without complaint; and to the members of all our committees who have as always provided continued unstinting support.

Finally, I owe a huge debt of gratitude to my fellow Council members who, despite virtual working, quickly formed a strong and mutually supportive team, delivering in partnership with the SMT, a clear strategic direction for the organisation as we worked through our challenges and prepared for a post-pandemic future.

As we face the year ahead, the future is looking much brighter albeit that the road ahead will not be entirely smooth. There is without doubt though cause for optimism, not least as the result of the rapid development and deployment of vaccines which has been a real scientific and logistical triumph.

Like every crisis there are also many things that we have learned that can help us shape the future approach to work and to life in ways that we could not have imagined prior to the pandemic, and we must ensure that as life returns to something closer to normal, we continue to take advantage of those lessons learned.

As a Council, we are committed to ensuring that we move forward positively; continuing to improve how we operate as a regulator; working in partnership with our registrants

and patients to ensure that our processes are appropriate, fair, and transparent; and ensuring the optimal protection of patients and the public. In addition, we will continue the work we have started, in seeking to demonstrate the benefits and safeguards of osteopathy as a regulated healthcare profession with the devolved Governments across the UK.

Setting aside the impact the ongoing presence of the coronavirus may have in the coming year, a significant focus for the Council will be the Government's plans for reform of healthcare regulation in the UK.

There has been a longstanding need for reform of our legislation to make it fit for the world in which we regulate today and so the potential benefits from the Government's proposals could be considerable, allowing a much more modern and flexible approach which would benefit registrants and patients.

The devil will of course be in the detail and the Council will be focussing on constructive engagement with Government and the submission of a comprehensive response to the current consultation on regulatory reform. In addition, we will be looking to submit robust evidence to the forthcoming independent review which the Government has commissioned to consider the structure of healthcare regulation including a review of the number of individual regulators.

We will seek to ensure that the specific aspects of osteopathic practice which need careful reflection in regulation are understood and that the benefits of the current independent approach to regulation of osteopathy are not overlooked. Most importantly we will seek to ensure that whatever the outcome, the support for osteopaths and the protection of their patients is not compromised.

If the past year is anything to go by, the year ahead will be busy, challenging, and unpredictable but I am confident that we are well placed to address whatever issues we face as we continue to work hard to be a high performing, effective and approachable regulator.

I would like to end by extending my grateful thanks and appreciation to all those osteopaths and patients who throughout the year have engaged with us in various ways.

Your views and ideas have been invaluable, and I look forward to further developing our approach to engagement in the year ahead.



Dr Bill Gunnyeon CBE
Chair of Council
20 July 2021

3. Chief Executive and Registrar's introduction



I want to start by acknowledging the impact of the work of the profession during the pandemic. You rose to the challenge and ensured that patients continued to receive high quality treatment. For that, I thank you

Through the past year, and indeed currently, we continue to live through a significant chapter in global history. The resilience of Government, industries, organisations (of all sizes and shapes) and indeed, the human race itself, has been thoroughly tested.

The impact of the pandemic – the significant loss of life, the future health challenges for those with long-COVID and the NHS waiting list backlog – are clear to all.

The pandemic has touched each and every one of us, and although we have been apart from our loved ones, friends and colleagues due to lockdowns and social distancing, in many ways, living through this shared experience has kept us close.

As I reflect back on the year, it would be easy to focus on the challenges and the difficulties. But there have also been many positive moments we should celebrate. The coming together of communities; fundraising activities such as those inspired by Captain Sir Tom Moore; the superhuman efforts of frontline staff and, of course, the scientific community quickly advancing a range of new vaccines.

Here at the General Osteopathic Council (GOsC) we have also been responding to the impact of the pandemic. I must pay tribute to my staff who have gone above and beyond in the cause of duty, adapting to homeworking and the impact this had on their personal lives. Their work to support the profession, which often took place unseen and in the background, outside their normal working hours, has ensured that the organisation is emerging from the pandemic able to face future challenges as robustly as we did before. I must also thank our Council and Committee members for their ongoing support and recognition of the efforts of the team during this period.

The fast evolving nature of the pandemic meant that we were frequently working at pace to keep up with the changes to guidance being issued by Government and other bodies. I recognise that many in the profession were often looking for direct answers to their questions; however, the very nature of the situation meant there was often no 'yes or no' answer and the way through required you, as a healthcare profession, to apply professional judgement based on the situation at hand.

With the frequency of new guidance being issued by Government and other bodies, the patient voice was often diminished. But we took active steps to ensure the patient voice continued to be heard in our work. We produced a case study that was incorporated into the [Professional Standards Authority for Health and Social Care \(PSA\) COVID learning review](#).

The pandemic has taught us many things - the need for flexibility in our planning; the need to modernise how we work, moving away from paper-based processes to an increased use of digital; and that we can operate effectively without always physically being in the office. Our learning during the pandemic was published in early 2021 via a [briefing document issued by Nockolds Solicitors](#).

One of the major needs highlighted to us by the pandemic was to reconsider how we used our communication resources to help us listen effectively, to understand and learn from our stakeholders and to inform how we engage.

Therefore we developed our [Communications and Engagement Strategy 2021-24](#), which sets out a new approach for the GOsC. This meant a break from the past, and the discontinuation of The Osteopath magazine to allow resources to be focused elsewhere.

We intend to put a human face to the organisation, to myth-bust where helpful, and utilise new and varied communication approaches. I hope that you will have already seen some of this new approach being put into action, through the continuing professional development Peer

Discussion Review webinars attended by over 200 osteopaths; our Fitness to Practise myth-busting webinars led by Sheleen McCormack, Director of Fitness to Practise; and, most recently, [blogs from our Council members](#), starting with Dr Bill Gunnyeon reflecting on his first year as Chair.

This year we developed a new [Draft Equality, Diversity and Inclusion Framework 2021-24](#) following an independent audit of our approach by an external consultant, who we thank for their insightful work. This is an important area for the GOsC and we want to make sure that equality, diversity and inclusion is central to all we do.

2020 saw the reaction to the murder of George Floyd; a focus on health inequalities for people from an ethnic minority background, for those from the LGBTQIA community, and those with a disability; as well as a focus on mental health support and awareness. We signposted where support could be found through our ebulletins and we will continue to raise awareness of equality, diversity and inclusion matters through our enhanced social media presence.

I believe that by working in partnership with the profession, patients and our stakeholders, despite the challenges of the past 12 months, we can look to the future with confidence and optimism.



Matthew Redford
Chief Executive and Registrar
20 July 2021

4. Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2021.

In 2019, Council approved a new four-year Strategic Plan which set out what the organisation aims to achieve in the period 2019-2024 (osteopathy.org.uk/strategic-plan).

Within this plan, we describe our vision as a regulator:

A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.

This vision is underpinned by four high-level strategic objectives which set the course of the four-year planning cycle from 2019 to 2024:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

This report describes our governance and our risks as well as our performance against the four strategic goals.

5. Our governance, management and risks

Council

The GOsC was established under the Osteopaths Act 1993 and has the statutory responsibility to regulate and develop the profession of osteopathy in order to ensure the protection of patients. The GOsC is also a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749). This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 other lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

The role of Council includes: setting the corporate strategy and objectives; determining key policies for the organisation; and making rules, as provided for under the Osteopaths Act 1993.

Council approves the annual Budget and Business Plan and holds the Chief Executive and Registrar to account for the delivery of: the Corporate Plan; the Business Plan; the Budget; risk mitigation; organisational performance and staff leadership; and for external perceptions.

Members of Council are appointed by the Privy Council. Appointments require the GOsC to follow a recruitment procedure that is scrutinised by the Professional Standards Authority for Health and Social Care (PSA). Each year, every Council member (and other non-executives) take part in a performance appraisal with the Chair of Council (or relevant committee chair).

As at 1 April 2021, the members of Council were:

Chair
Dr Bill Gunnyeon (lay)
Lay members
Sarah Botterill
Professor Deborah Bowman
Dr Joan Martin
Dr Denis Shaughnessy
Osteopath members
Daniel Bailey
Elizabeth Elander
Caroline Guy
Simeon London
Deborah Smith

Brief biographies of all current Council members are available on the GOsC website at: osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee; The Audit Committee; and the Remuneration and Appointments Committee.

Each Committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

The work of each Committee is set out below:

Policy and Education Committee

The Policy and Education Committee (PEC) fulfils the statutory role of the Education Committee under section 11 of the Osteopaths Act 1993.

The role of the PEC is to contribute to the development of Council policy. This includes:

- The standards required for initial registration and appropriate means for assessing those standards.
- All matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice (OPS) required for registration.
- Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
- The management, investigation and adjudication of concerns about the fitness to practise of registrants.
- Matters relating to the exercise of powers under section 32 of the Act (protection of title of 'osteopath').

- The development of the osteopathic profession.
- Measures to encourage research and research dissemination within the osteopathic profession.
- Any research needs to support the GOsC's work.

Its statutory role as Education Committee includes:

- Advising Council on the recognition of qualifications in accordance with section 14(6) of the Act (or the withdrawal of recognition).
- Appointing and managing the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

During 2020-21, members of the PEC included:

Committee members	
Daniel Bailey	Osteopath
Sarah Botterill	Lay
Professor Deborah Bowman (Chair)	Lay
Elizabeth Elander	Osteopath
Dr Joan Martin	Lay
External members	
Dr Marvelle Brown	Lay
Bob Davies	Osteopath
Professor Raymond Playford	Lay
Nick Woodhead	Osteopath

In addition, four organisations are invited to send observers to the meeting: the Institute of Osteopathy; the National Council for Osteopathic Research; and the Osteopathic Alliance. The observers may participate in all parts of the meeting except for that business reserved to the statutory Education Committee.

Audit Committee

The role of the Audit Committee is to provide advice so that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GOsC's statutory duties; and to make recommendations for any actions to Council and the Executive as appropriate. The Committee also considers any matters relating to fraud and loss, or information security breaches.

The Audit Committee oversees the GOsC risk management framework while overall responsibility rests with the Council, which reviews the high-level risk register twice a year. The Audit Committee reviews the risk register at each meeting and also makes an annual statement of assurance to Council that it considers that risk is being managed appropriately within the organisation.

During 2020-21, members of the Audit Committee included:

Council members	
Dr Denis Shaughnessy	Lay
Deborah Smith	Osteopath
External members	
Graham Masters	Lay
Chris Shapcott (Chair)	Lay

Remuneration and Appointments Committee

The Remuneration and Appointments Committee (RaAC) oversees appointment, performance and remuneration policy in relation to Council and other non-executives and staff of the GOsC; and makes recommendations to Council. This includes monitoring the diversity data of those candidates who apply and are selected. Non-executives include all members of Council and statutory and non-statutory committees.

In the year up to 31 March 2021, the Committee oversaw recruitment process of:

- lay and registrant members of the Investigating Committee
- lay members of the Professional Conduct Committee, including a new Chair of the Professional Conduct Committee

The Committee also oversaw the reappointment of:

- 2 members of Council
- 18 members of the fitness to practise committees (Investigating Committee and Professional Conduct Committee)

During 2020-21, members of the RaAC included:

Council members	
Dr Bill Gunnyeon (Chair)	Lay
Caroline Guy	Osteopath
Simeon London	Osteopath
Dr Denis Shaughnessy	Lay
External member	
Kate Husselbee	Lay

Council members' attendance at Council and committee meetings

Individual members also attend working groups, ad hoc meetings and appraisals throughout the year.

Name	Council	Audit	PEC	RaAC
Dr Bill Gunnyeon	4/4			
Daniel Bailey	4/4		7/7	
Sarah Botterill	4/4		7/7	
Professor Deborah Bowman	4/4		7/7	
Caroline Guy	4/4			3/3
Elizabeth Elander	4/4		6/7	
Simeon London	4/4			3/3
Dr Joan Martin	4/4		7/7	
Dr Denis Shaughnessy	4/4	3/3		3/3
Deborah Smith	4/4	3/3		

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions: the Investigating Committee, the Health Committee and the Professional Conduct Committee. The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the Remuneration and Appointments Committee.

Investigating Committee

The role of the Investigating Committee is to determine whether there is a case to answer against an osteopath, which may relate to an allegation of: unacceptable professional conduct; professional incompetence; a conviction or matters relating to the osteopath's physical or mental ill health.

During 2020-21, members of the Investigating Committee were:

Name	
Adam Fiske	Osteopath
Sue Gallone	Lay
Paul A Grant	Lay
Catherine Hamilton-Plant	Osteopath
Eleanor Harding	Lay
Linda Hawkins	Lay
Laura Heskins	Lay
James Hurden	Osteopath
Jay Ruddock	Osteopath
Penny Sawell	Osteopath
Jacqueline Telfer	Lay
Debbie Watt	Osteopath
Tamsyn Webb	Osteopath
Brian Wroe (Chair)	Lay

Health Committee and Professional Conduct Committee

The role of the Professional Conduct Committee is to adjudicate at a hearing cases concerning serious unacceptable conduct, incompetence or convictions and, where the Committee finds any such allegation well founded, to impose a sanction on the osteopath concerned.

The role of the Health Committee is to consider cases in which an osteopath is alleged to be in poor physical or mental health and, if the allegation is well founded, to take appropriate in the interests of the public and the osteopath.

Members are appointed to serve on both the Health and Professional Conduct Committees, although each committee has its own Chair.

During 2020-21, members of the Health and Professional Conduct Committees included:

Name	
Tom Bedford	Osteopath
Alastair Cannon	Lay
Claire Cheetham	Osteopath
Colin Childs	Lay
Richard Davies – PCC Chair	Lay
Philip Geering – Health Committee Chair	Lay
Helena Greenwood	Osteopath
Barry Kleinberg	Osteopath
Rama Krishnan	Lay
Morag MacKellar	Lay
Kenneth McLean	Osteopath
Abby Mulholland	Osteopath
Nora Nanayakkara	Lay
Dr Pamela Ormerod	Lay
Mark Osbourne	Lay
David Probert	Osteopath
Andy Skelton	Lay

The GOSC Executive Team

GOSC operations are managed day-to-day by the Chief Executive and Registrar and Senior Management Team and other staff.

The GOSC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOSC advisers

Auditors

Crowe UK
St Bride's House
10 Salisbury House
London EC4Y 8EH

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified by the GOsC in 2020-21 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
National emergency (pandemic) and impact on the exercise of our statutory functions	Robust remote working infrastructure supports home working and ongoing delivery of function, alongside coordinated approach with fellow healthcare regulators. Risk assessments developed using Government Guidance around reopening of Osteopathy House as a COVID-secure workplace.
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities.
Delay to delivery of regulatory reform	Liaison with Department of Health and Social Care officials and other regulators, as well as internal review and contingency planning.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

National emergency (pandemic) and impact on the exercise of our statutory functions:

The first risk we have identified is around impact on our statutory functions of a national emergency, such as the coronavirus (COVID-19) global pandemic. The impact has been significant and will lead to changes in how the GOsC operates in the future, and how the profession develops and evolves in the coming years.

In 2020-21, the GOsC faced financial pressures arising directly from the pandemic, and Council members, who are also the charity trustees, are mindful of their responsibilities to ensure the GOsC remains a going concern. It is for this reason that Council members will ensure any decisions Council reaches are taken with the organisation's best interests at heart,

prioritising the future viability of the organisation so that it can deliver its statutory responsibilities. While the GOsC ended the financial year in a better position than it might otherwise have done, the development of future budgets will be prepared with a high-degree of caution especially as the pandemic situation remains uncertain.

In relation to our statutory functions, we have undertaken a number of risk assessments at an organisation and team level. These include ensuring Osteopathy House is a COVID-secure working environment for our staff and visitors. Our risk assessments took into consideration all equality and diversity factors including that c40% of our staff team are from an ethnic minority background.

Strategic ambitions undermined by pressures on sustainability:

Our second risk is linked very much to the first – that our strategic ambitions are undermined by pressures on sustainability.

The pandemic exposed a number of challenges with how our legislation requires us to work. The most significant is that we do not have a single point in time when everyone on the Register is required to renew their registration, with registrations happening each month of the year. This meant that when the pandemic took effect, we had no certainty as to whether those who were due to renew their registration would indeed renew.

This posed a major challenge – what would happen if there was a substantial change to the composition of the Register? And the uncertainty as to how many registrants would renew each month meant we were unable to forward plan with any certainty for at least the first six to nine months of the pandemic.

Our mitigation was to provide frequent reports to Council and to ensure that we closely monitored income and expenditure data. The Council deprioritised activity in some areas to ensure a focus on our public protection duties. When the situation became clearer, we were able to restart those activities which had been paused due to the impact of the pandemic.

Delay to delivery of regulatory reform:

The third risk relates to a delay to regulatory reform. In the past year, the Government has worked with the healthcare regulators to develop proposals for regulatory reform.

While, at the time of writing, there is an open consultation on the reform proposals, there is a lack of clarity around when the reforms may be applied to all regulators. Additionally, there is an independent review being commissioned which will consider the configuration of the healthcare regulatory landscape and this may lead to a change in the number of regulators in the future, although again this remains unclear.

To mitigate this risk we have actively engaged with our fellow healthcare regulators and the Department of Health and Social Care about the reform programme, which, if implemented, will enable all regulators to streamline their activities and ensure that the regulatory model deployed is fit for purpose.

Volume and complexity of fitness to practise cases:

Our final risk is around fitness to practise. Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. The risk is notably financial, due to the expense of the process but also around the efficiency and timeliness of the cases being completed. While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation has encouraged us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes.

Because of the pandemic we temporarily paused substantive fitness to practise hearings between March and July 2020; however, we maintained our operation for the most serious public protection cases, such as for interim suspension applications and review hearings.

We developed, at significant pace, interim guidance which led the way in the regulatory sector around guidance for holding remote hearings and guidance for questioning vulnerable witnesses remotely. From July 2020 we restarted our hearing activity using remote technology and it is our intention to continue with remote or 'blended' hearings, (hearings in which some people attend virtually and others are present at Osteopathy House) for appropriate cases and meeting events when restrictions ease.

We had identified a risk last year, which no longer appears in the above principle risks table for this year. This related to Equality, Diversity and Inclusion and the need to update our Equality, Diversity and Inclusion Policy 2018 following an independent audit.

The audit was completed in 2020 and led to the development of a Draft Equality, Diversity and Inclusion Framework 2021-24. The framework sets out our commitment to this important area of our work and describes the actions we intend to take over the next 18-months. We expect the draft framework to be approved by Council in July 2021.

6. Our work in 2020-21 – how we performed against our strategy

Strategic goal 1: We will support the osteopathic profession to deliver high quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare

Osteopathic Practice Standards

During 2020-2021 we continued to undertake a range of activities to support ongoing embedding of standards in our own statutory functions, education and practice, with this year seeing the additional context of the coronavirus pandemic.

A key activity for the GOSc was supporting safe practice during the pandemic, particularly during early restrictions when many health services were closed. This included production of guidance and statements for osteopaths and patients about relevant issues. For example, we published Interim guidance on infection control in osteopathy during COVID-19 pandemic to provide more detailed guidance to support osteopaths to practise safely in accordance with public health guidance.

This was continually updated to take account of the changing and diverging positions across the four countries of the UK. We also published a number of statements for example, on remote consultations, about vaccinations and on other related matters. For patients, we published advice for those seeking osteopathic treatment, which was also updated to take account of relevant government guidance throughout the year.

Our continuing professional development (CPD) scheme focuses on providing high quality care for patients in accordance with

the Osteopathic Practice Standards (OPS) with themes of engagement, community and support at its heart and its continued implementation is a key part of our activities.

Continued implementation and evaluation of the continuing professional development scheme

During 2020-21 we continued to undertake extensive evaluation of our CPD scheme involving the collection and analysis of a range of sources of data to ensure that the scheme is being implemented and that the benefits are being realised. This included data from the following sources: our annual CPD Evaluation Survey; registration and renewal; verification and assurance; fitness to practise; complaints and concerns; plus a range of qualitative data directly from osteopaths attending our extensive series of webinar activities.

Overall, we have found that compliance with the scheme is good. A high proportion of osteopaths were reporting using the four themes of the OPS (Communication and patient partnership; Knowledge, skills and performance; Safety and quality in practice and Professionalism) and undertaking CPD in communication and consent.

Reduced barriers were being reported to reflection, but even so we will continue to provide support and resources in this area.

A high proportion of osteopaths have identified the peer who will undertake their Peer Discussion Review (PDR) and confirm completion of the CPD cycle, although 39% felt unprepared for the PDR. We have presented and made a [recording available of a PDR webinar](#) to support osteopaths to feel more prepared and the majority of attendees at the live event felt that this had increased their understanding.

Our analysis of protected characteristics has not identified any barriers to completing the scheme for people with particular protected characteristics. These findings have helped to inform our supporting activities in the context of the pandemic.

We have found that it was harder for osteopaths to access traditional face-to-face CPD activities. So we continued to provide support for osteopaths to participate in the scheme. This included: running c.60 webinars, both an increase in small and large group webinars on patient feedback, case-based discussion, peer observation and PDR to approximately 15% of osteopaths working in the UK. This supported the continuing embedding of our standards, but also supported osteopaths to continue to build communities and seek support during a period of significant social isolation and change. Feedback from osteopaths indicated that these were effective mechanisms for supporting the implementation of the CPD scheme and our standards.

We published a wide range of supporting resources, all available at cpd.osteopathy.org.uk including: patient feedback templates, an animation; decision

trees to help osteopaths work through choosing an objective activity and choosing a peer for their Peer Discussion Review; a number of templates to support participation in different aspects of the CPD scheme; plus a completed example of a Peer Discussion Review form.

We also had [a case study published in the International Perspectives in Values-Based Mental Health Practice](#) publication which brings to life examples of good osteopathic care and makes explicit what is important to patients. The key message from our chapter was that by working together and collaboratively (patients, practitioners and regulators) we can understand more about what is important to us rather than making assumptions about this, to help inform good decisions and positive practice.

Understanding the barriers to implementation of our standards

We have been working on understanding in more detail the barriers to implementation of our standards. We continued our work with Professor Gerry McGivern and his team who undertook a follow-up survey to explore the implementation of the Osteopathic Practice Standards. The initial research aimed to explore:

- Which regulatory activities best support osteopaths to be able to deliver care and to practise in accordance with the Osteopathic Practice Standards?
- What factors inhibit osteopaths from practising in accordance with the Osteopathic Practice Standards?
- What factors encourage osteopaths to practise in accordance with the Osteopathic Practice Standards?

The initial findings showed the impact of our regulatory activities over the past five years and helped us to understand where there is further work to do, particularly around diversifying our communications and engagement activity. This report has informed our new [Communications and Engagement Strategy 2021-24, published in February 2021](#), which seeks to diversify our communication and engagement with osteopaths as well as focusing more on listening and engaging with different types of osteopaths as well as other stakeholders.

Evaluating the impact of our upstream activities through fitness to practise data

Evaluating the impact of our upstream activities can be seen through our fitness to practise data and our concerns and complaints work that we undertake jointly with the National Council of Osteopathic Research, the Institute of Osteopathy and the osteopathic insurers. This is an annual report which helps us to see trends in concerns over time so that we can feed this into our standards, guidance and CPD activities enabling us to take action to avoid harm. In 2020-2021, we published the [report data from 2013 to 2019](#).

Findings included:

- More reported concerns this year (184 to 214 excluding advertising). However, these figures remain significantly lower than those from the first few years of collection of the data.
- Clinical concerns were the lowest ever recorded.

- Increase in management complaints – primarily around value for money.
- Small increase (39 to 42 concerns) around communication and consent).
- Increase in regulation-specific concerns about bringing the profession into disrepute (22 compared to previous years of 13 and then 9).
- Significant increase in sexual impropriety concerns (17 compared to 6-year mean of 11.5).

Some of these sexual impropriety concerns relate to alleged events dating back several years but which have only recently been brought to our attention. This should be considered in light of the Me Too movement, which may have triggered some complainants to reframe their experiences.

We had already undertaken significant work to strengthen our guidance in relation to professionalism issues and also around the transgression of boundaries (including sexual touching and sexually motivated conduct). However, this continues to be a key area of focus for communications and engagement.

The OPS contains much stronger guidance around maintaining professional and emotional as well as sexual boundaries. Our communications have continued to focus on this during 2020-2021 and we plan to develop a range of material to support the maintenance of boundaries and professionalism in 2021-2022 working closely with our strengthened Patient Involvement Forum to help us do this.

Strategic goal 2: We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise

Quality assuring osteopathic education

During 2020-21 we continued our review of the Guidance for Osteopathic Pre-registration Education which aims to provide a realistic and comprehensive set of outcomes to be met by graduates, demonstrating an ability to practise in accordance with the Osteopathic Practice Standards (OPS) in a range of contexts in which osteopaths may practise in the future. Subject to consultation and approval by Council in 2021-22, it will, for the first time include Standards for Education and Training.

During 2020-21 we undertook significant development work with our Stakeholder Reference Group comprising patients, new graduates, the Institute of Osteopathy, the Council of Osteopathic Educational Institutions, the Osteopathic Alliance, the National Council for Osteopathic Research, and the Chartered Society of Physiotherapists.

We held focus groups concentrating on equality, diversity and inclusion within osteopathic education. The findings from the Stakeholder Reference Group and the focus groups helped to refine and strengthen the consultation drafts and the consultation issues, including in the following areas:

- equality, diversity and inclusion
- clinical hours and necessary clinical experience
- maintaining links with others
- patient partnership and values

- research
- education, leadership and management
- the need for outcomes to support graduates to practise in a range of settings post-graduation

The Guidance for Osteopathic Pre-registration Education and the Standards for Education and Training will be published for public consultation later in 2021..

We have an extensive quality assurance process to ensure that only graduates meeting the OPS are awarded a recognised qualification.

A key focus in 2020-2021 was the coronavirus pandemic and its impact on the delivery of health education and the maintenance of standards. Osteopathic teaching clinics were closed from March 2020 and gradually reopened from June to October 2020. This inevitably had an impact on the delivery of the curriculum and the ability for students to gain clinical experience, so we moved rapidly to work with the education providers to ensure that the standards of education and care provision were maintained during this challenging time.

We worked collaboratively with the educational providers to support changes to delivery and assessment which enabled the maintenance of standards and we supported collaborative working on risk assessments and infection control so that clinics could open again safely both for students, patients, staff and the public.

Examples of changes in the sector to ensure the maintenance of standards included:

- strengthening of infection control including risk assessments of clinics, personal protective equipment (PPE), smaller student bubbles, staggered patient arrival and departure times
- implementation of a blended approach including face-to-face, phone and online consultations
- additional clinics run outside of term times
- more online teaching with recorded material and resources plus live tutorials
- adaptation of the assessment process, for example allowing text books to be used during assessments
- increased student support mechanisms
- increased staff training and support
- use of governance mechanisms to manage and monitor changes made (including consultation and feedback)

The osteopathic educational providers continued to supply narrative and evidence about the changes made to ensure that standards were maintained to give assurance to our statutory education committee.

New quality assurance provider

During 2020-2021, we transitioned to a new quality assurance provider Mott MacDonald following a robust procurement process. The transitional period involved the publication of a [Quality Assurance handbook](#) developed following extensive engagement, consultation and insight undertaken with stakeholders including osteopathic educational providers and education visitors to adapt and develop the quality assurance processes. The handbook included the development of specific criteria to inform the themes used in the quality assurance and to aid transparency about how the themes would be assessed. The handbook will be further developed following feedback from these visits and ongoing engagement during 2021.

During this period we have updated the Quality Assurance framework including the approach to the analysis of the nine education providers' annual reports submitted and our findings, plus plans for further development drawing on the Standards for Education and Training and drawing together criteria in the Mott MacDonald Interim Handbook. Our Policy and Education Committee continues to monitor the quality of osteopathic education in the sector during this challenging time.

Strategic goal 3: We will build closer relationships with the public and the profession based on trust and transparency

Involving patients

We have noted the loss of the patient voice from the delivery of health services during the pandemic. In 2020-2021 we made it a priority to hear from patients and to create a strategy working towards their deeper involvement through the development of a co-production approach.

In June 2020, we undertook patient focus groups where patients told us what was important to them in relation to their health and osteopathic practice during the coronavirus pandemic. This led to the creation of a new workstream focusing on increasing patient engagement in our project work and informed our guidance for patients and osteopaths. We developed a patient feedback template to support osteopaths to capture feedback from their own patients during the pandemic.

We now have a dedicated patient lead to support safe spaces for our patients to foster a greater understanding of osteopathy, health regulation and how patients can input. Support is provided prior to and post meetings. During 2020-2021, patients have informed:

- the Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training
- fitness to practise guidance about remote hearings
- expert witness guidance working group
- development of additional patient feedback templates to take into account the coronavirus pandemic

- the draft Communications and Engagement Strategy 2021-24
- patient and public involvement in osteopathic and chiropractic education (a seminar held jointly with the General Chiropractic Council and all osteopathic and chiropractic educational providers)

Extensive work has also been undertaken to support, consolidate and embed patient involvement in our own policies and processes.

Communications and engagement strategy

This year saw the publication of our new Communications and Engagement Strategy for 2021-24 which focuses on insight and is grounded within the context of our core statutory functions. It aims to help us build trust in our regulatory approach and to support the GOsC to deliver on its overarching goals.

As a regulator, the delivery of our strategic priorities requires implementation through the actions of others, and evaluation of effectiveness is required to evidence the delivery of our strategic priorities. It is therefore critical that our communications and engagement provide us with insight about the perceptions of our diverse stakeholders – including on issues such as trust in us as a regulator – with regard to osteopaths, the public, patients and wider stakeholders, and to help us understand what is important to each of them.

Through our new strategy, we aim to rebalance our approach to communications and engagement with an increased focus on listening and engaging, recognising the diversity of osteopaths across the profession, as well as continuing to communicate key information to osteopaths, patients and other stakeholders.

This new approach will help us to promote patient safety, and support osteopaths to deliver high quality care. Our new approach will also provide us with insight to continually evaluate the effectiveness of what we do and to inform our future approach and activity.

The purpose of the strategy is to support and provide direction for the efficient and effective delivery of our overarching strategic goals and business plans by informing the engagement activities that we undertake now and in the future.

The strategy has these three aims:

- Promote trust
- Be timely and responsive
- Be a forward looking regulator

Public consultations, communications and engagement

We seek to involve a wide range of internal and external stakeholders in all our consultations, through extensive engagement activities including with patients, using a range of approaches such as: workshops, focus groups, surveys and one-to-one meetings.

In 2020-21 we consulted publicly on:

- Guidance on insurance requirements for osteopaths
- Reduced registration fee
- Screeners Guidance

Throughout the pandemic, despite the restrictions, we continued to engage regularly with a wide range of stakeholders including: local and regional groups; educational providers; special interest groups; regulators; researchers; patients and others. We held webinars for regional leads to encourage and support them in moving their groups online. We also ran a small number of online presentations directly to individual groups.

Moving the engagement online was necessitated by the COVID-19 restrictions but this approach will continue to be utilised as a part of our new engagement strategy providing far wider access to our stakeholders and a choice of ways to engage.

These online webinars have provided us with an opportunity to engage directly with osteopaths, listen to their concerns and respond to their queries. The feedback from the sessions has been very positive and highlighted that osteopaths would like to see more webinars in the future. The feedback has also provided invaluable insight as to how we can work towards meeting osteopaths' needs.

We published the registrant magazine, The Osteopath, with issues in the spring, summer, autumn and winter during the pandemic, ending with our final issue at the end of February 2021.

Social media particularly Facebook and Twitter continue to grow in the important role they play in our communication work, with each channel having over 2,800 and 2,900 followers respectively. Both channels played a key role in our promotion of our annual CPD Evaluation Survey, and in providing updates on and signposting to other areas of our work.

Early in the COVID-19 period, we produced a centralised hub page on our website to draw all our pandemic related news, updates and guidance from ourselves and other key sources, together in one place.

Welsh language

We are required under the Welsh Language Act 1993 to publish a Welsh Language Scheme and to report annually to the Welsh Language Commissioner, which we did in November 2020. Our scheme, which provides that in the conduct of public business in Wales we will treat the English and Welsh languages equally, was approved by the Welsh Language Board in 2011. We report annually to the Board on its implementation.

Along with other regulators we continue to be engaged in dialogue with the Welsh Language Commissioner and Welsh Government on proposed new Welsh Language Standards and we responded to the consultation on the proposed Standards in October 2020.

We have continued to ensure that the Osteopathic Practice Standards (OPS), which came into force in 2019, was available in Welsh together with other resources also available in the Welsh language. There is a 'Welsh spoken' feature on our Register which we have encouraged osteopaths to utilise.

Promoting equality and diversity

We have an Equality and Diversity policy in place which sets out our objectives. These are to:

- Ensure the GOsC's regulatory framework is fair and free from discrimination.
- Promote professional values to protect a diverse public.
- Promote equality of opportunity and access to the osteopathy profession.
- Ensure a system of governance for the GOsC which supports equality and diversity and ensures high standards in the recruitment and employment of staff.

During the reporting period, we commissioned an independent audit of our approach to equality, diversity and inclusion. The independent audit helped focus our attention on what we need to do to enhance our work in this area and following that activity we developed a new draft Equality, Diversity and Inclusion Framework 2021-24, which we hope will be approved for publication later in the year.

The framework summarises our policy intent and sets three clear objectives:

- promote equality
- value diversity
- embrace inclusivity

In support of these aims, we collect a range of data across our work so we can ensure no barriers are posed to those who may hold any protected characteristics. All members of staff and all members of the governance structure undertake training on equality and diversity and during the year we have focused on maintaining well-being and wellness recognising the impact of the

pandemic. All fitness to practise panellists are trained in unconscious bias, which is important given the nature of the decisions they make in undertaking their work.

Throughout October 2020, we promoted Black History Month on our social media channels and through the ebulletin, and we issued a statement in June 2020 reiterating our commitment to equality, diversity and inclusion in the wake of the Black Lives Matter movement.

Throughout February 2021, we used our social media platforms to promote awareness of LGBT+ History Month. For the duration of the month, we changed our GOSc profile picture on all social

media platforms to a temporary design of the GOSc logo featuring the rainbow flag. We also promoted the LGBT+ History Month website through a series of posts; the February edition of our monthly ebulletin to osteopaths; and in our GOSc staff email signatures.

We used our social media channels to promote our participation in the #TimeToTalk mental health awareness campaign, also in February 2021, and throughout the year, particularly through our ebulletins, we have supported the profession by promoting free well-being and wellness resources which are available for osteopaths to access.

Strategic goal 4: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective

The activities which are described in more detail in Strategic goals 1 to 3 are delivered in accordance with the values of Strategic goal 4, to be a regulator which is accessible, effective, innovative, agile, proportionate and reflective. Within this section of our report, we will set out activities not covered elsewhere within Strategic goals 1 to 3.

Protecting the integrity of the Register

The integrity of the statutory Register of osteopaths is fundamental to protecting patients and the public. We ensure that only osteopaths who are qualified are entered onto and remain on the Register, which means that when looking for an osteopath on our searchable Register at: osteopathy.org.uk/register-search patients and the public can have confidence that they have found a registered healthcare practitioner.

A key component of access to the Register is meeting our standards. For UK graduates, demonstrating the meeting of our Osteopathic Practice Standards (OPS) is confirmed by the award of the 'recognised qualification' by their education provider, which is quality assured by us.

For those graduates who qualified in the UK, they need to demonstrate to the Registrar their good health and good character, which includes obtaining an Enhanced Check for Regulated Activity (formerly a Criminal Records Bureau check).

Internationally qualified graduates demonstrate that they meet the OPS in a different way, through individual assessment of competence. This may include consideration of qualification, further evidence of practice questionnaire and assessment of clinical performance. The process for assessing applicants with European rights changed in December 2020 when the UK left the European Union. Further information on [the process for assessing international applicants](#) can be found on our website here.

To further protect the integrity of the Register, during the past year we moved a registration renewal process which was paper-based to a fully online system to respond to the challenge that the pandemic presented. We also introduced an online registration certificate and in doing so, this ensured that we were maintaining our service standards while adopting more environmentally friendly ways of working.

The number of registered osteopaths has grown in 2020-21. There were 265 new or returning osteopaths to the Register.

Place of training	Number joining the Register
British College of Osteopathic Medicine	27
College of Osteopaths	25
European School of Osteopathy	53
Leeds Beckett University	2
London School of Osteopathy	9
Oxford Brookes University	2
North East Surrey College of Technology	29
Swansea University	25
University College of Osteopathy	88
Overseas	5
Total	265

As at 31 March 2021, there were 5,427 osteopaths registered with the GOsC.

Gender	Number
Male	2,646 (49%)
Female	2,781 (51%)
Total	5,427

Geographical location of the Register	Number
England	4,627
Northern Ireland	29
Scotland	162
Wales	150
Rest of world	459
Total	5,427

Our team of Registration Assessors, all of whom are qualified, registered osteopaths, undertook a total of 27 registration assessments in 2021-21

Type of assessment	Number
Non-UK qualification assessment	14
Further evidence of practice assessment	0
Assessment of clinical performance	1
Return to practice interview	12
Total	27

We continue to seek to improve our registration processes for osteopaths and to raise awareness of the importance of the Register. One of the activities that we undertake in order to protect the integrity of the Register is taking action against individuals who appear to be practising without registration. We review the websites of all those who have left the Register and, where necessary, it is usually sufficient to remind them that they must remove references to osteopathic practice.

In addition, we respond to concerns raised with us about potential illegal practice. Not all concerns raised with us require action, but in 2020-21 we sent out 38 'cease and desist' letters and we resolved 39 cases. 3 prosecutions were commenced in this period for using the osteopathic title while not registered with the GOsC, contrary to section 32(1) of the Osteopaths Act 1993.

On 4 March 2021, Gareth Milner appeared at City of London Magistrates' Court, and was found guilty on one count of using the osteopathic title while not registered with the GOsC, contrary to section 32(1) of the Osteopaths Act 1993. Mr Milner was fined £1,300 and ordered to pay costs of £360 to the GOsC.

Fitness to practise

The global pandemic impacted significantly on all parts of our business, but none more so than in the area of fitness to practise, where, in order to protect hearing participants, we paused our substantive face-to-face activities between March and July 2021.

During this time we maintained a focus on any concerns received which were high risk, so that our public protection duties were not compromised.

We continued throughout to manage urgent hearings remotely, including hearings of interim suspension orders, reviews and some part-heard cases. We recommenced listing substantive hearings remotely from July 2020 onwards.

To facilitate and manage this, several measures and activities were undertaken to ensure our hearings and meetings continued to be fair, accessible and transparent, namely:

- An Interim Protocol for Remote Hearings was introduced and approved by Council in July 2020 (see below).
- A bespoke half-day training session was held, attended by all panelists, and led by an experienced Legal Assessor.
- Tailored training and assistance on the use of the relevant electronic meeting platforms was made available for every panelist.
- A revised Practice Note on Questioning Witnesses was approved by Council to assist at remote hearings.
- A cloud-based system called Caselines was piloted successfully in August 2020. Caselines is an electronic evidence preparation and presentation system which enables confidential hearing documents to be prepared, shared and accessed securely for fitness to practise hearings. Caselines is now being used by all parties in our meetings and hearings.
- We drafted a separate Fitness to Practise Risk Register to identify and manage risks in remote and blended hearings.

The interim guidance for remote hearings was produced at pace but we took measures to ensure that the patient voice was not lost. We held a focus group with patients where our Director of Fitness to Practise was able to discuss the interim guidance and hear from patients directly. Our learning from the pandemic and specifically ensuring the patient voice is central to our approach, was detailed within a case study published as part of the [Professional Standards Authority COVID learning review](#).

In 2020-21, we received 78 concerns. Of these, 46 were made formal.

During the course of the year, the GOsC's Investigating Committee reached a final decision in 39 cases. Of these, 18 were referred to a full hearing of the Professional Conduct Committee (PCC); in the other cases, it was determined that there was no case to answer.

Over the course of the year, the PCC concluded 26 cases; in 16 of those cases, a sanction was imposed against the osteopath (see table).

Sanctions imposed in cases considered by the Professional Conduct Committee 2020-21	Number of cases
Admonished	9
Conditions of practice	1
Suspended	1
Removed	5
Total	16

The majority of cases arise from concerns raised by patients or other members of the public. We are required to report annually on the number of cases that arise as a result of protected disclosures made by 'whistle blowers' and our Handling Whistleblowing Concerns Policy can be found on our website at: osteopathy.org.uk/whistleblowingconcerns. We aim to ensure that all our investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of concerns is 26 weeks, and 52 weeks for the conclusion of the entire process.

From April 2018, the Professional Standards Authority for Health and Social Care has required that we report from the point when a concern is received by the GOsC, rather than from when a concern is opened as formal. Notwithstanding these changes, in 2020-21, the median time for investigating a concern was 26 weeks, and the median time for concluding a hearing by the Professional Conduct Committee was 66 weeks.

As part of our ongoing reform programme we have been continuing to explore options and implement reforms which we consider could improve and modernise our fitness to practise processes and improve patient protection, but which do not require a change to our primary legislation, the Osteopaths Act. The purpose of these changes has been to further improve efficiency, transparency and consistency in processes and outcomes.

To further enhance the transparency of our work, this year we commenced a series of online webinars which set out to explain and demystify the fitness to practise process. We held two webinars; the first, in September 2020, covered the work of the Investigating Committee and what happens at Professional Conduct Committee hearings and what the process is like for the patient or witness, including the role of the Victim Support Helpline. The second webinar, held in March 2021, focused on the investigation process including the role of the Investigating Committee.

These initial webinars have proven to be very popular and we saw an increase in attendance with 84% participating in our second webinar compared to the first. (56 people attended the first webinar, with 103 attending the second webinar.)

We intend to continue to run these webinars through 2021-22 as well as launching a new Fitness to Practise ebulletin which will help disseminate learning from cases and hearings to the profession.

The statutory appeal hearing, *Sayer v General Osteopathic Council* [2021] took place by way of a remote hearing on 21 January 2021, resuming on 28 January 2021 for half a day. The appeal was dismissed in its entirety, and the finding of the PCC upheld for the reasons set out in a reserved judgment of Mr Justice Morris handed down on 24 February 2021. The appellant was ordered to pay GOSC's costs agreed as £14,200.

The statutory appeal hearing, *Wray v General Osteopathic Council* took place by way of a remote hearing on 19 November 2020. The appeal was allowed, and the finding of the PCC quashed for the reasons set out in a reserved judgment of Mrs Justice Collins Rice handed down on 15 December 2020. The GOSC was ordered to pay the appellant's costs. On 29 March 2021, GOSC was granted permission to appeal to the Court of Appeal against the judgment of the High Court in the appeal case of *Wray*.

Operational efficiency, effectiveness and performance

In 2020-21 we have once again maintained the level of fees paid by registrants and we continue to focus on seeking efficiency savings across all our functions. By holding registration fees at their same level for seven years consecutively, this represents a decrease in the fee in real-terms. Across that seven-year period, taking into account the effects of inflation, the GOSC has absorbed £250,000 of lost income.

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, was able to report that in 2019-20 the GOSC met all its standards of good regulation – for the tenth year in a row. This year the performance review included new standards of good regulation assessed against a new evidence framework.

As the year drew to a close, we were able to welcome the Department of Health and Social Care's (DHSC's) launch of its consultation on proposals to reform professional regulation.

GOSc, in partnership with the other professional regulators and the PSA, had worked during 2020-21 with the DHSC to help shape the proposals.

The consultation document 'Regulating healthcare professionals, protecting the public' sets out proposals for reform across the following four areas:

- Governance and Operating Framework
- Education and Training
- Registration
- Fitness to practise

The consultation will also consider next steps for the reform of professional regulation, and builds on the White Paper 'Integration and innovation: working together to improve health and social care for all' that was announced by the Secretary of State for Health and Social Care in February 2021.

The White Paper, which set out plans for a new Health and Care Bill, seeks to extend the powers of the Secretary of State for Health and Social Care to make changes to the regulation of healthcare professions, including the power to remove a profession from regulation, to close down a regulator and the power to allow regulators to delegate functions to another body.

We look forward to engaging positively with the DHSC on the reform agenda and to ensure that we make the case for proportionate, professional regulation that places patient safety at its core.

7. Our work across the four UK countries in 2020-21

The GOsC regulates the practice of osteopathy in the UK and to help us remain an effective regulator we need to engage with all four countries of the UK. This section of our Annual Report and Accounts highlights some of the work we have undertaken that relate to each of the four countries of the UK.

England

The reporting period was dominated by the impact of the pandemic and we worked closely with colleagues in NHS England and NHS Improvement, and Public Health England, to provide support for their response to the pandemic and the introduction of the vaccination programme.

In early 2021, the Joint Committee on Vaccination and Immunisation set out the programme for vaccinations which saw front line healthcare professionals eligible for the COVID-19 vaccine under priority list 2. We received a number of requests from regional Clinical Commissioning Groups and NHS Trusts to help publicise the vaccination opportunity to osteopaths in those regions. Our staff worked quickly to share the published contact details of osteopaths with the respective bodies, or to directly email those registrants who might have been able to book a vaccination.

We met with Suzanne Rastrick, Chief Allied Health Professions Officer (England) and her Deputy, Beverly Harden, to discuss the impact of the pandemic, the vaccination programme and how GOsC could provide support and input from a regulatory perspective. We also discussed the status

of osteopaths in England as Allied Health Professionals and the relationship between existing NHS competency frameworks and our review of the Guidance for Pre-Registration Osteopathic Education (GOPRE).

In autumn 2020, we participated in an NHS England and NHS Improvement online workshop which focused on equality and diversity and the health inequalities which have been highlighted by the pandemic. This session helped inform the development of our own Draft Equality, Diversity and Inclusion Framework 2021-24.

Scotland

In the summer of 2020, we corresponded with the Scottish Health Department to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to take, to highlight advice and guidance for osteopaths working in Scotland. We received positive feedback from the Scottish Health Department in response to that communication which set out that we were ready to provide any regulatory input as required in relation to osteopathy in Scotland. We have also sent a briefing note to Carolyn McDonald, Chief Allied Health Professions Officer (Scotland) about the GOsC, our work and our response to the pandemic.

In September, we attended a webinar hosted by the Professional Standards Authority for Health and Social Care (PSA) on candour and whistleblowing in the context of the COVID-19 pandemic in

Scotland. The webinar considered the role that a public forum like Care Opinion can play in facilitating dialogue between care providers and patients leading to change. It also looked at some of the factors that inhibit candour and create barriers for whistleblowing by health care professionals in the context of the COVID-19 pandemic. In our context, we see the potential for this work to fit in with our patient activity and how stories about healthcare experiences may be shared and managed in a constructive and supportive way.

We have also been part of a wider working group contributing to the Professional Regulation Conference held annually in Scotland. The 2020 conference was cancelled due to the COVID-19 pandemic; however, the 2021 conference has now been set for 1 November 2021 which we shall attend.

We have recruited nine new patient representatives from Scotland for our Patient Involvement Forum and we would like to thank the Vice-President of the Institute of Osteopathy, Glynis Fox, who was instrumental in facilitating this development.

Finally, we have responded to the consultation from Health Improvement Scotland on the draft Emerging Concerns Protocol and we have indicated that we would accept the invitation to become signatories.

Wales

We corresponded with the Welsh Government to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to

take, to highlight advice and guidance for osteopaths working in Wales. In response we received an invitation to meet with Ruth Crowder, Chief Allied Health Professions Officer (Wales) where we discussed how we could develop closer links with Wales, which was held in January 2021. We look forward to continuing to work with our Welsh colleagues.

A focus during the reporting year has been on the Welsh Language Scheme and in October 2020, we submitted our response to the Welsh Government consultation on the Welsh Language Scheme Standards. Our response highlighted the need for proportionality and for clarity in specific areas, to ensure that regulators won't struggle to deliver on the ambitions of the Welsh Language Scheme.

Following the consultation, GOSC was invited to meet with the Welsh Commissioners Office to discuss our submission. One specific area of interest from the Welsh Commissioners Office was our approach to annotating the Register to identify those osteopathic practices where the Welsh language is spoken. This was considered to be innovative and the Welsh Commissioners Office believed that GOSC may be the only body to provide such a service. We have offered to work with the Welsh Commissioners Office to develop a 'good practice' case study around this area of our work.

The Welsh Government held a policy making standards event connected to the Welsh Language Scheme in October 2020 which we attended. We support the Welsh Language Commissioner's aim to develop an inclusive approach which ensures that

the Welsh language is not treated any less favourably than the English language. Specifically the Commissioner will be seeking to understand how organisations demonstrate they have thought inclusively about issues which might impact on the Welsh language, such as whether to translate or not. We have reflected on this meeting and we have plans in place to update our Equality Impact Assessment to ensure there is active consideration of this issue.

We have responded to a thematic questionnaire from the Welsh Language Commissioner on whether there was any impact on the Welsh language and associated services we provide to Welsh speakers due to the pandemic.

In March 2021, we attended the PSA conference 'Regulatory developments and the Welsh Context'. The event was opened by Vaughan Gething, Minister for Health and Social Services with short, targeted presentations from the PSA, Health Education and Improvement Wales and Social Care Wales. The presentations focused on the need for each organisation to be flexible to the challenges of the pandemic; to recognise that there has been significant change much (but not all) of which was for the better; and that patients and the public needed to have their voice heard within the context of the rapidly changing environment.

During the group discussions, GOSC referenced its case study on re-integrating the patient voice into its work and the need for more meaningful, personal information which ensured that decisions were made with patients, not to them.

Northern Ireland

Consistent with our approach across all four countries of the UK, in the reporting year we corresponded with the Department of Health (Northern Ireland) to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to take, to highlight advice and guidance for osteopaths working in Northern Ireland.

We subsequently met with Jenny Keane, Chief Allied Health Professions Officer (Northern Ireland) in January 2021. In the following month, in February 2021, we worked together to ensure osteopaths in Northern Ireland would be eligible – as healthcare professionals – for the COVID-19 vaccine. We look forward to continuing to work with our colleagues in Northern Ireland.

We recognised this year that there was a need for an increase in our direct engagement with osteopaths in Northern Ireland and we have taken steps to ensure a more proactive approach. During the reporting year we have held CPD webinars which attracted a high interest with 17 of the 24 osteopaths who are registered in Northern Ireland taking part. The webinars and presentations were positively received and we look forward to continuing to work closely with colleagues in the region.

8. Looking ahead: key activities for 2021-22

The Business Plan for 2021-22 sets out an ambitious programme of work matched against the GOsC's four strategic goals within the context of the coronavirus pandemic. We are maintaining our focus on our core statutory responsibilities, while continuing to demonstrate our innovative approach to regulation. Business Plan headlines include:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

- We will engage with, and listen to, our stakeholders, before analysing and responding to their feedback across the full range of our work.
- We will continue to support and empower registrants to meet the requirements of the continuing professional development (CPD) scheme.
- We will evaluate CPD implementation data to inform our work.
- We will support new graduates (UK and internationally qualified) making the transition into practice.
- We will continue to support research including into the concerns prevalent to osteopathic care.
- We will continue to learn from our fitness to practise processes.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise.

- We will work with the education sector to facilitate strategic thinking and development.
- We will continue to embed the Osteopathic Practice Standards within education provision and within student communities.
- We will explore issues connected to the future sustainability of the profession.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

- We will ensure patients are at the centre of our regulatory approach across all parts of our business.
- We will introduce new communication around fitness to practise, such as ebulletins and webinars, to demystify and humanise our work in this area.
- We will further enhance our social media presence to include a greater recognition of equality and diversity.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

- We will comply with our statutory rules and legislation.
- We will introduce a new approach to equality, diversity and inclusion.
- We will develop our capacity for using data more effectively.
- We will introduce a new 'Council Associates' programme for osteopaths to identify future leaders in governance.

9. Financial report and accounts for 2020-21

The financial report for the year 2020-21 reflects on the ongoing value of regulation even in the most challenging of years.

Introduction

In the financial year 2020-21, the context and environment within which we all operated changed beyond recognition with the impact of the coronavirus pandemic. We found ourselves, alongside other organisations, operating in this new and fast evolving environment.

But, challenge brings evolution and opportunity. And, in the face of significant change, organisations are often required to reprioritise activities and goals, and re-evaluate what is important.

No one would have wanted to experience the effects of the pandemic. But we must, and will, learn the lessons that come from it and ensure that we use it as a disruptor for positive change.

And in using coronavirus as a disruptor for positive change, the concept of 'value' has taken on a greater emphasis.

We have seen individuals identifying what is of value to them, such as spending more quality time with their family and friends; actively taking steps to ensure a better work-life balance; and an appreciation of the smaller things in life.

For organisations, the same approach applies, and at the General Osteopathic Council, we have needed to reprioritise and ask ourselves questions about the value of what we do. We have asked:

- How can we make our work more streamlined and cost-effective?

- How can we ensure we are listening, engaging and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

In thinking about these questions we have begun to describe where we believe, we as a regulator, add value. This is what we call our 'Value Proposition' which we will describe in more detail through this financial report for the year 2020-21.

The Value Proposition

Our approach to regulation is articulated through our goals in the Strategic Plan 2019-24 and our underpinning Business Plans which we develop each year.

The activities set out in the annual business plans are designed specifically to:

- empower and support our registrants, who operate predominately in the independent sector providing 'hands-on' patient care
- ensure collaboration with our partners across the regulatory sector
- strengthen our intent to place the patient at the heart of what we do
- ensure equality, diversity and inclusion is central to our work
- deliver our core statutory functions

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.
- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation and which are relevant and appropriate for our context.
- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we will ensure we are careful where our resources are deployed in order to be cost efficient and cost effective.

We consider our value proposition to have three components:

1. Ensuring public protection
2. Developing the profession
3. Delivering robust governance

Component 1: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2020-21, we spent £1.64m on our activities to ensure public protection (2020 - £1.65m).

This was equal to 58% of our total budget (2020 - 57%) and means that for every £570 registration fee we receive we spend £330 of that on ensuring public protection. (2020 - £323).

Component 2: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research
- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals such as The Lancet and Manual Therapy
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2020-21, we spent £0.71m on our activities to ensure we developed and supported the profession (2020 - £0.77m).

This was equal to 25% of our total budget (2020 – 26%) and means that for every £570 registration fee we receive we spend £144 of that on developing the profession. (2020 - £151).

Component 3: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee and the Remuneration and Appointments Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2020-21, we spent £0.48m on our activities to ensure we delivered robust governance (2020 - £0.49m).

This was equal to 17% of our total budget (2020 – 17%) and means that for every £570 registration fee we receive we spend £96 of that on delivering robust governance. (2020 - £96).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year¹ £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.64m (2021)	58% (2021)	330 (2021)
	1.65m (2020)	57% (2020)	323 (2020)
Developing the profession	0.71m (2021)	25% (2021)	144 (2021)
	0.77m (2020)	26% (2020)	151 (2020)
Delivering robust governance²	0.48m (2021)	17% (2021)	96 (2021)
	0.49m (2020)	17% (2020)	96 (2020)

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a surplus of £296,117 This was caused by an investment gain as the stock market rebounded after the significant shock it incurred in the previous year due to the global pandemic.

At the year-end, total income was £2,920,145. Registration fee income accounted for approximately 99% of total income. Registration fees have once again been maintained at their current level – the seventh year in a row, which represents a reduction in real terms. The remaining income came from areas such as advertising sales for The Osteopath magazine and bank and investment interest.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £2,846,006 after designated spending. In the reporting year we responded to the pandemic by reigning in expenditure to offset any reduction in our forecast income levels.

¹ Excluding investment losses and/or charges

² Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts.

Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. Council reviews the reserves position on an annual basis. The reserves position for 2020-21 is set out as follows.

The Balance Sheet shows total reserves of £2,792,913. All of the GOsC reserves are unrestricted.

The Council has considered the areas in which it feels it has the greatest financial risk and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses, eg data protection fines
- unforeseen increase in quality assurance activity.

Having considered these risks and the possible financial impact should they materialise; Council has concluded that it would be prudent to hold reserves within a target range of £350k – £700k.

At the end of the financial year 2020-21, the Council is holding reserves equal to £839,714, which has been calculated as follows:

	£
Reserves held	2,792,913
Restricted reserves	-
Designated reserves	(282,093)
Operational fixed assets	(1,671,106)
Reserves remaining	839,714

Operational fixed assets is the total of the tangible and intangible assets of the GOsC.

General Reserves total £2,510,820 which represents an increase of £196,117 over the previous year.

Reserves are currently outside of the target range. The trustees have been monitoring, and will continue to monitor, the financial impact of the COVID-19 pandemic on the GOsC. The trustees have concluded that the accounts should be presented on a 'going-concern' basis.

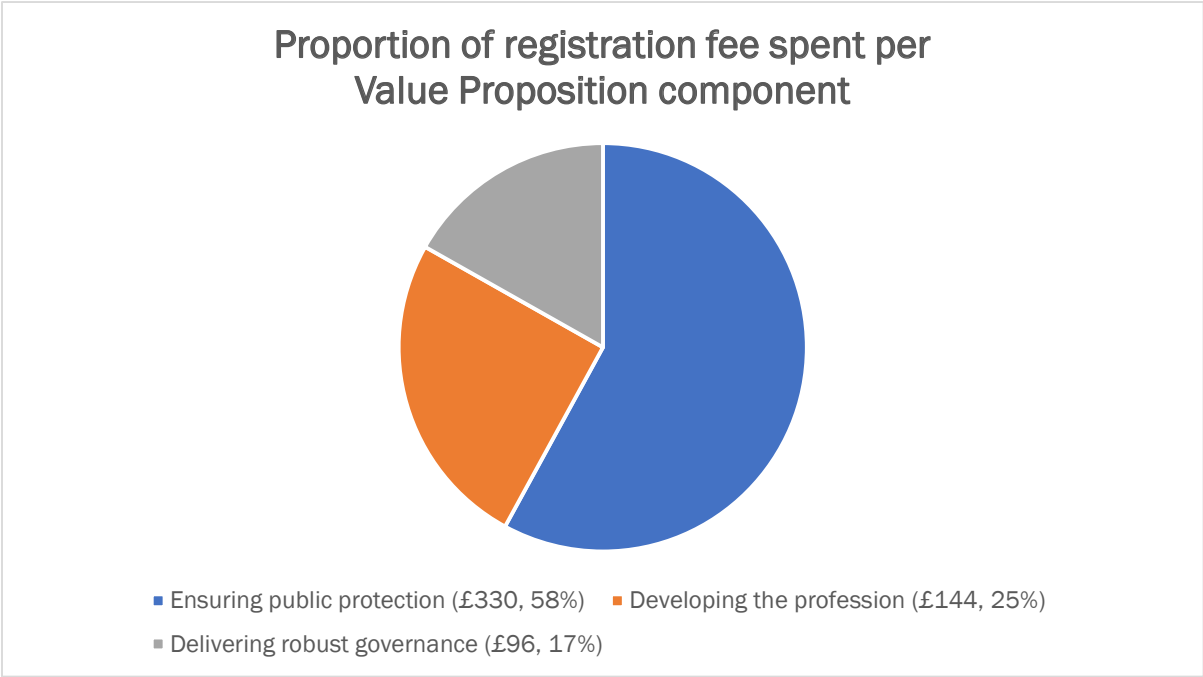
Investment strategy

Investments are valued at market value as at the date of the Statement of Financial Position (Balance Sheet). Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £1,234,760 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

What does the registration fee fund?

The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2020-21.



Statement of Council's responsibilities

Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC, and that enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. Council has appointed an independently chaired Audit Committee to support it in this work.

Approved by Council on 20 July 2021 and signed on their behalf by:



Dr Bill Gunnyeon
Chair

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of General Osteopathic Council ('the charity') for the year ended 31 March 2021 which comprise Statement of Financial Activities, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are

independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the

financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient and proper accounting records have not been kept by the charity; or
- the financial statements are not in agreement with the accounting records and returns; or

- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011, and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs

(UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charity operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and

disclosures in the financial statements. The laws and regulations we considered in this context were the Charities Act 2011, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charity's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charity for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Health and safety legislation, Taxation legislation, and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory

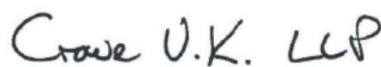
correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with

all laws and regulations.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Crowe U.K. LLP

Statutory Auditor

London

26 July 2021

Statement of Financial Activities

As at 31 March 2021	Notes	2021 £	2020 £
Income from			
Charitable activities	2	2,905,977	2,942,804
Investments	3	14,168	18,925
Total		2,920,145	2,961,729
Expenditure on			
Charitable activities	4	2,846,006	2,927,732
Total expenditure		2,846,006	2,927,732
Net income/(expenditure) before gains/(losses) on investments		74,139	33,997
Net gains/(losses) on investments		221,978	(145,042)
Net (expenditure)		296,117	(111,045)
Reconciliation of funds			
Total funds brought forward		2,496,796	2,607,841
Total funds carried forward	13	2,792,913	2,496,796

The surplus/deficit for the year arises from the GOsC's continuing operations.

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2021	Notes	2021 £	2020 £
Non-current assets			
Intangible assets	8	10,710	14,707
Tangible assets	8	1,660,396	1,726,181
Investment (portfolio)	9	1,234,760	1,010,777
Total Non-current assets		2,905,866	2,751,665
Current assets			
Debtors	10	611,659	378,003
Cash in bank and at hand		401,168	325,628
Total current assets		1,012,827	703,631
Current liabilities			
Creditors: amounts falling due within 1 year	11	(1,060,280)	(958,500)
Total current liabilities		(1,060,280)	(958,500)
Net current liabilities/assets		(47,453)	(254,869)
Provisions	13	(65,500)	-
Net assets		2,792,913	2,496,796
Represented by:			
Unrestricted reserves			
- Designated reserves		282,093	182,093
- General reserves		2,510,820	2,314,703
Total reserves	14	2,792,913	2,496,796

Approved and authorised for issue by the members of Council on 20 July 2021 and signed on their behalf by:



Dr Bill Gunnyeon
Chair

Cash Flow Statement

Year to 31 March 2021	Notes	2021 £	2020 £
Reconciliation of net (expenditure) to net cash flow from operating activities:			
Net (expenditure) for the reporting period (as per the statement of financial activities)		296,117	(111,045)
Depreciation		69,781	78,154
Losses/(gains) on investment		(221,978)	145,042
Dividends, interest and rents from investments		189	(18,925)
Decrease/(Increase) in debtors	10	(233,656)	172,730
(Decrease)/increase in creditors	11	167,279	(133,083)
Net cash provided by/(used in) operating activities		77,732	132,873
Cash flows from investing activities			
Dividends, interest and rents from investments		189	18,925
Purchase of tangible fixed assets	8	-	(10,074)
Investment portfolio top-up		(2,381)	845
Net cash (used in) investing activities		(2,192)	9,696
Change in cash and cash equivalents in the reporting period		75,540	142,569
Cash and cash equivalents at the beginning of the reporting period		325,628	183,059
Cash and cash equivalents at the end of the reporting period		401,168	325,628
Cash and cash equivalents at the end of the reporting period			
Cash at bank and in hand		401,168	325,628

Notes to the financial statements – Year to 31 March 2021

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with “The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland” Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a ‘public benefit entity’ under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of

the financial statements other than in relation to provisions as disclosed in the notes to the financial statements.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years

Tangible fixed assets

All assets with a useful economic life of more than one year, and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income, for registration fee income this is over the period of one year from the date the individual was first entered onto the register. Investment income including bank interest income is accounted for as earned.

Investment

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short term working capital and the intention is for that cash to be held to generate a return for in excess of 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements. The Trustees have been monitoring, and will continue to monitor, the financial impact of the coronavirus on the GOsC. The Trustees have concluded that the accounts be presented on a going concern basis.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2021 £	2020 £
Registration fees	2,889,942	2,893,347
Total	2,889,942	2,893,347

Other income

	2021 £	2020 £
Magazine and leaflets	8,346	23,650
Performance assessments	6,425	11,665
Recoverable costs	1,148	11,998
Miscellaneous	116	2,144
Total	16,035	49,457

	2021 £	2020 £
Total income from charitable activities	2,905,977	2,942,804

3. Income from investments

	2021 £	2020 £
Interest from investments	14,168	18,925
Total	14,168	18,925

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct costs £	Support costs £	Total 2021 £	Total 2020 £
Charitable activities				
Education and professional standards	501,564	151,158	652,722	575,213
Registration	207,136	268,726	475,862	588,909
Fitness to practise	869,923	226,737	1,096,660	1,077,877
Communications and research	427,615	193,147	620,762	685,733
Total	2,006,238	839,768	2,846,006	2,927,732

5. Support costs

	Management £	Governance £	Admin £	IT £	Total 2021 £	Total 2020 £
Support costs						
Education and professional standards	58,417	21,860	46,471	24,410	151,158	160,310
Registration	103,853	38,863	82,614	43,396	268,726	284,996
Fitness to practise	87,626	32,790	69,706	36,615	226,737	240,466
Communications and research	74,644	27,933	59,379	31,191	193,147	204,842
Total	324,540	121,446	258,170	135,612	839,768	890,614

Support costs (IT, Governance and Administration and Establishment) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2021 £	2020 £
Governance costs		
Council members fees (including National Insurance)	99,201	97,735
Other governance costs	22,245	83,951
Total	121,446	181,686

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £96,562 including responsibility allowances (2020 - £95,250). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £0 (2020 - £10,330).

Name	Position	Location	Honorarium £	National insurance £
Bill Gunnyeon	Chair	Scotland	27,000	2,513
Joan Martin	Member	Northern Ireland	7,500	-
Deborah Smith	Member	Bedfordshire	7,500	-
Denis Shaughnessey	Member	Hampshire	7,500	-
Sarah Botterill	Member	Wales	7,500	-
Simeon London	Member	Scotland	7,500	-
Elizabeth Elander	Member	Cheshire	7,500	-
Daniel Bailey	Member	Wolverhampton	7,500	-
Caroline Guy	Member	Isle of Wight	7,500	-
Deborah Bowman ¹	Member	London	9,562	125
Total			96,562	2,638

¹Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

The Osteopaths Act 1993 allows for the remuneration of Council members.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £306 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £12.50 per case screened. Members of these committees claimed daily attendance fees which totalled £127,901 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £0

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Policy Education Committee, Audit and Remuneration and Appointments Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £8,470 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £0

Net expenditure after charging

	2021 £	2020 £
Net expenditure for the year stated after charging		
Fees paid to Crowe UK (net of VAT)		
- External audit	15,500	15,000
Depreciation of assets	69,781	78,154

7. Employees and staff costs

Staff costs during the year were as follows:

	2021 £	2020 £
Staff costs		
Salaries	1,202,311	1,206,369
Employer's National Insurance	116,594	125,603
Pensions	114,208	106,969
Total	1,433,113	1,438,941

In the financial year 2020-21, redundancy and severance costs of £19,800 (2020-£61,981) were incurred. Of the £19,800 redundancy and severance costs, £15,975 remained unpaid at year-end.

	2021	2020
Average staff numbers		
Chief Executive and Registrar's office	3	3
Education and professional standards	5	4
Registration and resources	6	6
IT	1	1
Fitness to practise	7	7
Communications	5	6
Total	27	27

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £346,361 (2020 – £444,923).

The total number of staff whose taxable emoluments fell into higher salary bands was:

	2021 £	2020 £
£70,000 – £80,000	0	1
£80,000 – £90,000	2	1
£90,000 – £100,000	0	1
£100,000 – 110,000	0	0
£110,000 – 120,000	1	1
£120,000 – £130,000	0	0

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, was £114,208 (2020 – £106,969).

8. Intangible and Tangible Fixed Assets

Intangible assets

	Total £
Cost	
At 1 April 2020	279,856
Additions	-
Disposals	-
At 31 March 2021	279,856
Depreciation	
At 1 April 2020	265,149
Charge for the year	3,997
Disposals	-
At 31 March 2021	269,146
Net book value	
At 31 March 2020	14,707
At 31 March 2021	10,710

All intangible assets related to Computer Software.

Fixed Assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2020	18,208	109,693	55,339	2,244,172	2,427,412
Additions	-	-	-	-	-
Disposals	-	-	-	-	-
At 31 March 2021	18,208	109,693	55,339	2,244,172	2,427,412
Depreciation					
At 1 April 2020	17,810	66,163	32,670	584,588	701,231
Charge for the year	261	12,834	14,504	38,186	65,785
Disposals	-	-	-	-	-
At 31 March 2021	18,071	78,997	47,174	622,774	767,016
Net book value					
At 31 March 2020	398	43,530	22,669	1,659,584	1,726,181
At 31 March 2021	137	30,696	8,165	1,621,398	1,660,396

9. Investments

	2021 £	2020 £
At the start of the year	1,010,777	571,845
Investment addition	–	584,819
Income reinvested	13,979	12,661
Fees taken	(11,974)	(13,506)
Gain/(loss)	221,978	(145,042)
Total portfolio	1,234,760	1,010,777

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities £712,792 bonds £231,341 and other assets including cash £290,627

10. Debtors

	2021 £	2020 £
Trade debtors	516,393	244,708
Prepayments and accrued income	95,075	120,012
Other debtors	191	13,283
Total debtors	611,659	378,003

11. Creditors

	2021 £	2020 £
Trade creditors	108,567	81,604
Deferred income	823,574	798,288
Accruals	78,451	40,438
Other creditors	12,923	407
Other tax and social security	36,765	37,763
Total creditors	1,060,280	958,500

12. Deferred income

	2021 £	2020 £
As at 1 April	798,288	813,762
Amount deferred during the year	823,574	798,288
Amount released to the financial statements	(798,288)	(813,762)
Total deferred income	823,574	798,288

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Provisions

The charity had the following provisions during the year:

	2021 £
At 1 April 2020	–
Additions	65,500
Utilised in the year	–
Reversals	–
At 31 March 2021	65,500

The provision has been made in relation to potential additional panellist cost, reflecting our prudent estimate of the potential wider impact of an employment tribunal claim, involving the Nursing and Midwifery Council, for additional sums by a fitness to practise panellist.

Panellists sit on our fitness to practise panels and are independent members. This claim relates to whether the panellist is a worker, with entitlement to holiday pay. The case has been heard, judgement remains outstanding and the provision has been made to cover potential costs which GOsC might incur as a result of the wider employment tribunal claim.

14. Reserves

	At 1 April 2020 £	Income £	Expenditure £	Transfer £	At 31 March 2021 £
Reserves	–				
General reserves	2,314,703	3,142,123	(2,846,006)	(100,000)	2,510,820
Designated reserves					
- CPD	107,093	–	–	–	107,093
- IT investment	75,000	–	–	–	75,000
- General Legal costs	–	–	–	100,000	100,000
Total reserves	2,496,796	3,142,123	(2,846,006)	–	2,792,913

The designated reserves relate to the implementation of the new Continuing Professional Development (CPD) scheme (£107,093) investment in IT to streamline our activities

(£75,000) and a designated reserve (£100,000) for general legal costs which may be recorded in the coming year.

Prior year comparative

	At 1 April 2019 £	Income £	Expenditure £	Transfer £	At 31 March 2020 £
Reserves					
General reserve	2,575,343	2,956,996	(3,042,636)	(175,000)	2,314,703
Designated reserve	32,499	-	(25,406)	175,000	182,093
Total funds	2,607,842	2,956,996	(3,068,042)	-	2,496,796

15. Related party transactions

There were no related party transactions in the year.



General
Osteopathic
Council

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU

020 7357 6655
info@osteopathy.org.uk
osteopathy.org.uk

The GOsC is a charity registered in England and Wales (1172749)