General Osteopathic Council

# Annual Report and Accounts

## 2020-21

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

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

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# 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 theCouncil 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.

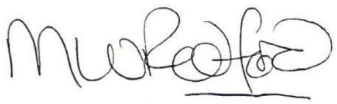
Therefore we developed our Communications and Engagement Strategy 2021-24, which sets out a new approach for the GOsC. This meant a break from the past, and the discontinuation of The Osteopath magazine to allow resources to be focused elsewhere.

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 Conduction 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 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
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 year[1] £ | Percentage of total spending % | Proportion of £570 registration fee used £ |
|---|---|---|---|
| Ensuring public protection | 1.64m (2021)<br>1.65m (2020) | 58% (2021)<br>57% (2020) | 330 (2021)<br>323 (2020) |
| Developing the profession | 0.71m (2021)<br>0.77m (2020) | 25% (2021)<br>26% (2020) | 144 (2021)<br>151 (2020) |
| Delivering robust governance[2] | 0.48m (2021)<br>0.49m (2020) | 17% (2021)<br>17% (2020) | 96 (2021)<br>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.

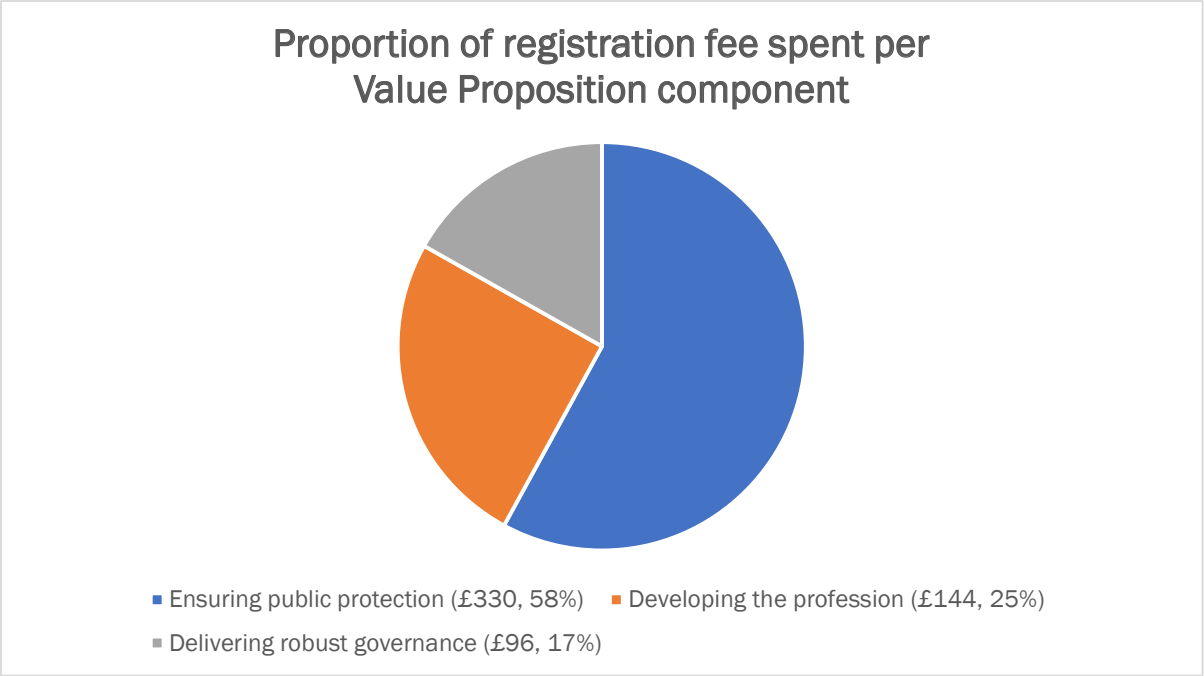
### Investment strategy

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 responsibilit**ies 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.

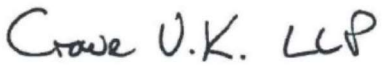
We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit Committee about their own identification 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<br>£ | 2020<br>£ |
|---|---|---|---|
| **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 |

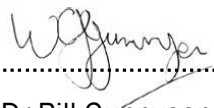
The surplus/deficit for the year arises from the GOsC's continuing operations.

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:



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Dr Bill Gunnyeon
Chair

## Cash Flow Statement

| Year to 31 March 2021 | Notes | 2021<br>£ | 2020<br>£ |
|---|---|---|---|
| **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<br>£ | 2020<br>£ |
|---|---|---|
| **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<br>£ | National insurance<br>£ |
|---|---|---|---|---|
| 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** |

[1]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 £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<br>£ | 2020<br>£ |
|---|---|---|
| **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<br>£ | 2020<br>£ |
|---|---|---|
| **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<br>£ | 2020<br>£ |
|---|---|---|
| £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<br>£ |
|---|---|
| **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<br>£ | 2020<br>£ |
|---|---|---|
| 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<br>£ | 2020<br>£ |
|---|---|---|
| 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<br>£ | 2020<br>£ |
|---|---|---|
| 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<br>£ | 2020<br>£ |
|---|---|---|
| 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<br>£ |
|---|---|
| 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<br>£ | Income<br>£ | Expenditure<br>£ | Transfer<br>£ | At 31 March 2021<br>£ |
|---|---|---|---|---|---|
| **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.

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