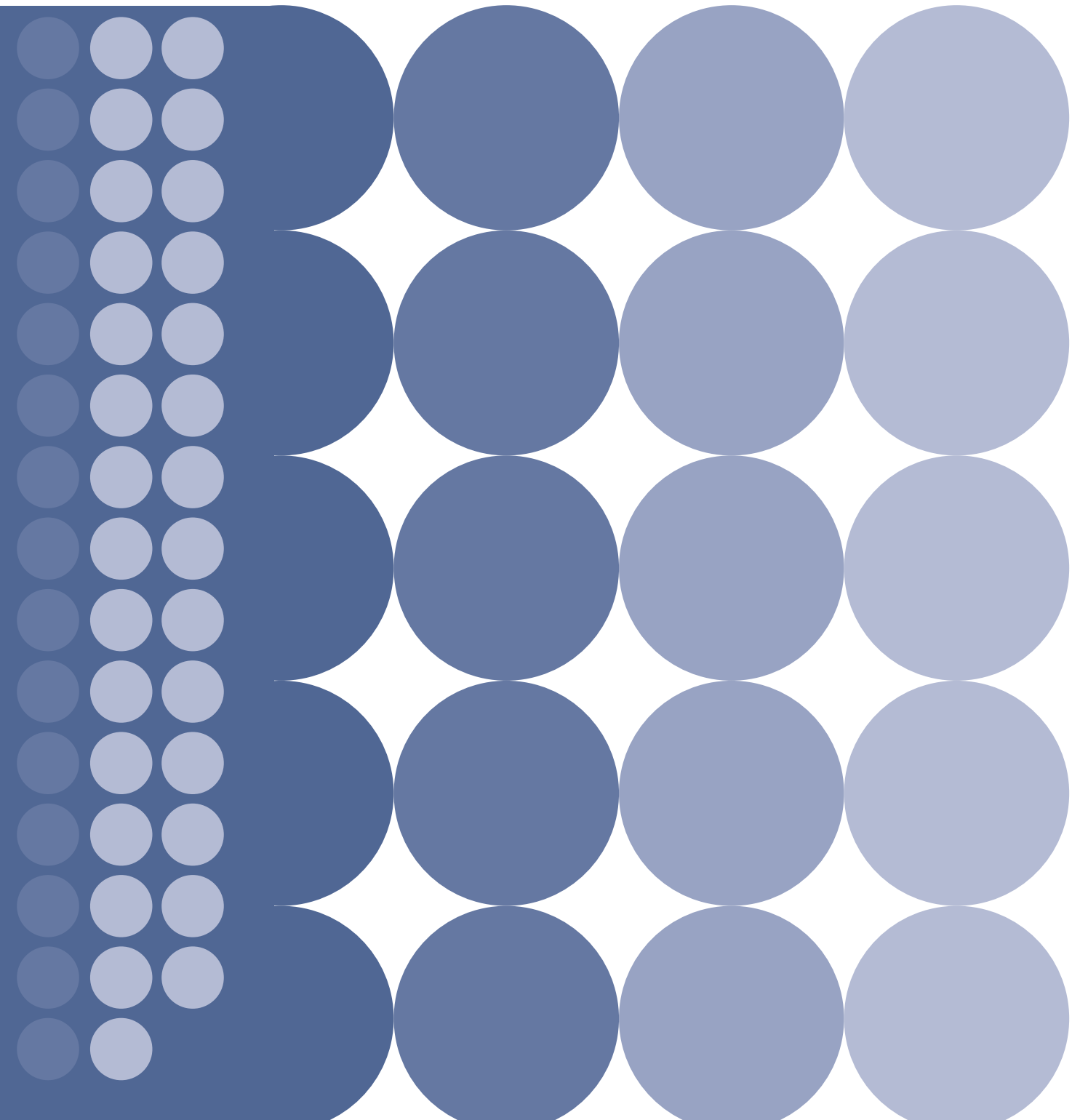




**General
Osteopathic
Council**

Annual Report and Accounts

2007 – 2008





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Images supplied by the General Osteopathic Council; the British College of Osteopathic Medicine (p7); the British School of Osteopathy (p11); and Calverts.

INTRODUCING THE GENERAL OSTEOPATHIC COUNCIL

The General Osteopathic Council (GOsC) regulates osteopathic practice in the United Kingdom. Our role is to ensure patients can have confidence in osteopathic care by promoting high standards of education, practice and conduct amongst osteopaths.

We currently register just over 4,000 osteopaths.

Our core functions are:

- 1 Setting and promoting high standards of osteopathic practice and conduct.
- 2 Assuring the quality of osteopathic education and training.
- 3 Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise.
- 4 Helping patients with complaints or concerns about osteopaths and dealing with those complaints through fitness to practise procedures where necessary.



CHAIRMAN'S STATEMENT



It has been a busy and challenging year for the General Osteopathic Council (GOsC). In addition to carrying out all our regular statutory functions, we have had to devote resources to intensive preparation for some of the most significant changes in healthcare regulation in recent times.

Those changes, set by the Government in order to improve public protection, require the GOsC to establish a wholly new governance structure. And so, over the past year, we have laid plans for a new, all-appointed Council of 14, comprising equal numbers of lay people and osteopaths. In the same vein, we have been preparing for the future separation of our fitness to practise panels from the Council. Work has also begun on the immensely important task of developing a revalidation scheme for osteopaths. The governance changes will take effect in April 2009 and revalidation will be required by 2012.

It was also a year marked by a change of leadership at the GOsC. My predecessor, Nigel Clarke, retired as Chairman in December 2007. At the same time, Madeleine Craggs, who had been Chief Executive since the GOsC's inception 10 years previously, retired.

The contribution of both Nigel and Madeleine to the development of the osteopathic profession cannot be overstated. Both worked tirelessly to ensure that regulation of osteopaths was introduced in a way that greatly enhanced the stature of the profession and continues to have that effect.

It is my aim and that of the new Chief Executive, Evlynn Gilvarry, to build on the achievements of our predecessors by providing the kind of leadership that will see the osteopathic profession further consolidate its position within the primary care health team.

We look forward to working closely with the profession in the coming year as we make progress in forging changes we hope will not only offer enhanced protection to the public, but will further underpin the standing of osteopaths as respected healthcare professionals.

Professor Adrian Eddleston
GOsC Chairman

CHIEF EXECUTIVE AND REGISTRAR'S INTRODUCTION

Throughout the year under review, and with a keen eye to major changes on the horizon, the GOsC has put additional effort into engagement with registrants and other key stakeholders. This effort will continue unabated in the year ahead.

It is imperative that the views of osteopaths on key issues such as revalidation, the imminent review of the Code of Practice and the development of revised practice standards, are collected and fully taken into consideration. With that in mind we plan a major round of consultation in 2009, including a series of regional meetings to ensure that we hear directly from osteopaths.

It is also critical that the GOsC has the continuing input of other key stakeholders, such as the British Osteopathic Association, the Osteopathic Educational Institutions, the National Council for Osteopathic Research and bodies representing patients' interests. We are fortunate to enjoy constructive engagement with these osteopathic organisations and, over the next year, we will rely more than ever on their valuable contributions as we develop key policies for the future.

Looking ahead, we plan also to intensify our efforts to ensure that the patient's voice is fed into the GOsC's policy formation. So, in addition to maintaining our links with patients' groups, we plan to conduct research amongst patients to acquire a much greater understanding of their expectations of osteopathy and osteopaths. With this information, we will be on firmer ground in making any changes to the

standards applying to osteopaths and we will have a clearer steer on the type of guidance that would be helpful to the profession.

Of course, the GOsC has many more stakeholders whose input it values. During the year under review, the GOsC benefited enormously from its engagement with other health regulators in the UK and abroad. The shared challenges facing regulators – the development and introduction of revalidation schemes is just one example – make continued close working a must.

So I would end by saying thank you to the osteopathic profession and all our other stakeholders. Your contribution is indispensable in achieving the GOsC's regulatory objectives. We look forward to working with you in 2008–09.

Evlynn Gilvarry
GOsC Chief Executive and Registrar



REPORT OF THE COUNCIL: YEAR TO 31 MARCH 2008

The Council Members present their report together with the accounts of the General Osteopathic Council for the year ended 31 March 2008.

The accounts have been prepared in accordance with the accounting policies set out on page 34 of the attached accounts and comply with the requirements of the Osteopaths Act 1993.

1 STANDARDS AND PROFESSIONAL GUIDANCE

Setting standards

It is a core function of the GOsC to set and regularly to review the standards expected of osteopaths and osteopathic education providers. A number of projects this year focused on this area of work:

> The Osteopathy Benchmark Statement, setting out the standards for osteopathic education, was developed and published in conjunction with the Quality Assurance Agency for Higher Education (QAA).

> The *Standard of Proficiency*, which sets out the standards of practice expected of an osteopath, is regularly reviewed to ensure currency with evolving healthcare policy and osteopathic practice. This year, with a thorough review in mind, we launched a consultation and development process that will continue into 2009, when new Standards of Practice guidance will be published. The first stage of the review process has involved early consultation across the profession with registrants, the British Osteopathic Association and osteopathic education providers.

> This year the GOsC provided all registrants with a GOsC Development Folder, bringing together the *Standard of Proficiency* with the CPD Guidelines for osteopaths. This has served to raise the profession's awareness of the required standards and to make them more accessible. Every new registrant receives the Development Folder as part of their registration pack.



- > Development of a revalidation scheme to assess osteopaths' continuing fitness to practise got underway this year in line with Government requirements for all health professionals. The eventual scheme will aim to identify any deficiencies in practice and help osteopaths to address these through a process of remediation.
- > New EU legislation to assist the movement of professionals within the European Union¹ has caused the GOsC this year to develop new registration and assessment procedures for those with qualifications gained outside the UK. The aim has been to ensure that these are sufficiently rigorous to maintain patient safety whilst ensuring compliance with the law. This will be kept under review in 2008–09.
- > Through our continued funding and support of the National Council for Osteopathic Research (NCOR), the GOsC seeks to promote evidence-based osteopathic practice. The GOsC finances the free distribution of the *International Journal of Osteopathic Medicine (IJOM)* to all registrants as an aid to their professional development.



Monitoring standards

Recognised Qualifications

The GOsC is responsible for reviewing and recognising osteopathy courses across the UK, and here we work closely with the Quality Assurance Agency for Higher Education (QAA), which manages the reviews on our behalf. This process ensures that the standards of education and training remain high and that osteopaths who graduate from the courses are safe and competent to begin their professional life as an osteopath. This year, we have:

- > Reviewed and recognised three new osteopathy courses including the first course offered at Masters level
- > Renewed the recognition for two existing osteopathy courses
- > Monitored all recognised courses to ensure standards are maintained
- > Set conditions for recognition of osteopathy courses to ensure that course providers enhance their standards where this is considered necessary.



Continuing Professional Development

The GOsC takes steps to ensure that osteopaths maintain high standards of practice throughout their professional life, keeping their knowledge and skills current. A compulsory system of continuing professional development (CPD) is linked to the renewal of registration for all

¹ Directive 2005/36/EC of the European Parliament and of the Council on 7 September 2005 on the recognition of professional qualifications.

osteopaths. In order to renew their annual licence to practise, osteopaths must complete a minimum of 30 hours of CPD each year, of which at least 15 hours should involve learning with others. This year, to assist osteopaths in meeting this requirement, the GOsC developed and launched an online CPD guidance and submission facility for registrants.

- > The first tranche of osteopaths required to demonstrate their compliance with the new CPD rules were those renewing their registration in May 2008. There were 2,353 osteopaths in this category, of whom just 8 failed to submit an annual summary form.

Assessment of osteopaths with a non-UK qualification

The GOsC promotes patient safety by rigorously assessing the qualifications of applicants for registration who trained outside the UK, in order to ensure that they meet the standard required within the UK.

In 2007–08:

- > Number of applications received: 10
- > Number of applications still in progress: 3
- > Number of applications rejected: 1
- > Number of applications accepted: 6.

Promoting international standards

The GOsC and the UK osteopathic profession continue to offer leadership on standard setting and share knowledge within the international osteopathic community and across healthcare disciplines.

Europe-wide patient protection

The focus of our international work this year has been on enhancing the safety and quality of patient care in Europe. Standards of osteopathic practice vary widely across Europe and, given the increased mobility of patients and professionals, there is a need to work with

European partner organisations to ensure patients are effectively protected and the quality of osteopathic practice is assured.

Forum for Osteopathic Regulation in Europe (FORE)

The GOsC, three years ago, led the establishment of the Forum for Osteopathic Regulation in Europe (FORE). FORE brings together national registering bodies in osteopathy from across Europe to improve information exchange and develop a consensus on standards of osteopathic education, training and practice across Europe.

FORE's achievements in its first three years have been significant. Both a *European Framework for Codes of Osteopathic Practice* (EFCOP)² and a *European Framework for Standards of Osteopathic Practice* (EFSOP)³ were published by FORE in May and November 2007 respectively. Using UK standards as a basis, EFCOP and EFSOP are the culmination of two years' joint work by 17 osteopathic organisations across 14 European countries. These Framework documents were formally presented to German and Portuguese Government representatives at events held during the EU presidencies of Germany and Portugal.

Consultation is now underway on a European Framework for Standards of Osteopathic



² *European Framework for Codes of Osteopathic Practice*, Forum for Osteopathic Regulation in Europe, 2007.

³ *European Framework for Standards of Osteopathic Practice*, Forum for Osteopathic Regulation in Europe, 2007.

Education & Training (EFSOET), based on the UK's Osteopathy Benchmark Statement.⁴ Its publication is expected in Autumn 2008. This Framework will describe the nature, characteristics and standards expected of osteopathic training programmes in Europe.



AURE

The GOsC has also continued to work closely with the Alliance of UK Health Regulators on Europe (AURE),⁵ an organisation campaigning for better European healthcare standards in the interests of patients.

International standards of care

The GOsC's contribution to raising international standards of practice extends beyond the boundaries of Europe. We have also begun discussions with partner organisations in Australia and New Zealand with the aim of achieving mutual recognition of osteopathic qualifications and comparability of registration requirements for osteopaths.

Osteopathic International Alliance (OIA)

The GOsC is an active participant in the OIA,⁶ the aim of which is to share knowledge of osteopathic practice worldwide and together ensure consistently high standards in osteopathic healthcare around the world.

⁴ Subject Benchmark Statement – Osteopathy. Quality Assurance Agency for Higher Education, 2007.

⁵ www.aure.org.uk

⁶ The OIA is an international organisation working to advance the philosophy and practice of osteopathy and osteopathic medicine throughout the world.

2 PROMOTING PATIENT SAFETY

Registering osteopaths

A primary function of the General Osteopathic Council is to maintain the Register of those qualified to practise osteopathy in the United Kingdom.

Registration with the GOsC requires:

- > A recognised qualification from a UK training institution or, for applicants with an overseas qualification, the successful completion of a portfolio and Assessment of Clinical Performance (ACP)
- > A Criminal Records Bureau check or equivalent
- > A character reference
- > A health reference
- > A registration fee.

Osteopaths must renew their licence to practise annually. To do so they must:

- > Provide evidence that they have sufficient professional indemnity insurance if they are practising
- > Make a self-declaration relating to any criminal or civil convictions, cautions or warnings, or investigations
- > Confirm that they are in good physical and mental health
- > Comply with the CPD requirement of 30 hours per annum
- > Pay the fee for registration.

CPD is now a mandatory requirement of registration and non-compliance can result in an osteopath's name being removed from the Register.

Publishing the Register

The **UK Statutory Register of Osteopaths** can be viewed on the GOsC website and we continually strive to enhance its presentation to make the Register as accessible and informative as possible.

From July 2008, the Register will clearly indicate where an osteopath is subject to a condition of practice, providing a link to the findings of the relevant fitness to practise hearing.

Registration facts and figures

We currently register just over 4,000 osteopaths. As at December 2007, 53% of osteopaths were male and 47% female, showing a slight variance on the 2006 ratio of 55% male and 45% female. Looking to the future, the trend suggests an increasing proportion of female osteopaths entering the profession: for example, the graduate intake to the UK Register for 2007 indicated that females accounted for 51% and males 49%. A data collection exercise planned for late 2008 will enhance the Register's ethnicity and disability profile.

This year we registered 275 new osteopaths, of which: 267 trained in the UK and hold a recognised qualification; 8 have qualifications achieved outside the UK, including 2 from the EU/EEA; the balance were applicants from Australia and Brazil.

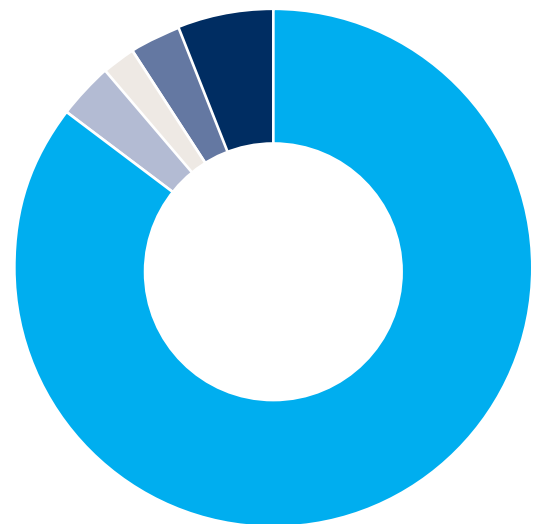


During this reporting period, 111 osteopaths were removed from the Register, for the following reasons:

- > Retirement from practice: 4
- > Resignation (for reasons such as moving abroad, full-time parenting or ill-health): 68
- > For failing to renew their registration through non-payment of the annual registration fee: 38
- > Deceased: 1
- > As a result of a disciplinary hearing: 0

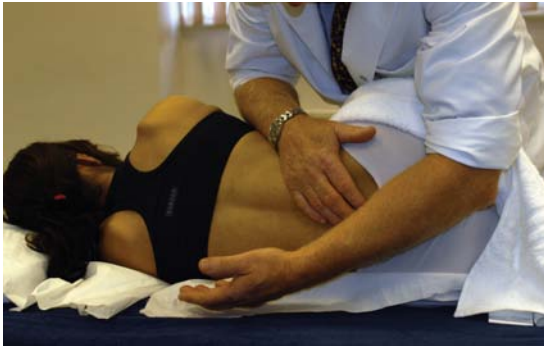
Where osteopaths practise

The south-east of England in particular, and England in general, continue to show the densest concentration of practising osteopaths:



England	3,484
Scotland	121
Wales	88
Ireland (N. Ireland 17, Rep. of Ireland 101)	118
Rest of the world	263

[Figures reflect UK-registered osteopaths as at Sept. 2008]



Practising abroad

The GOsC registers a relatively high number of individuals who are practising abroad – in over 40 countries around the world. If required by a registering body outside the UK, the GOsC will issue a Certificate of Current Professional Standing. This confirms that an osteopath is or was registered with the GOsC and will indicate if there are any outstanding complaints against that osteopath. As osteopathy becomes more widely regulated around the world, it is hoped similar information will be shared by registering bodies outside the UK with the GOsC, with respect to osteopaths applying from abroad to join the GOsC's UK Register.

Extending GOsC registration powers

The GOsC successfully lobbied this year for an amendment to our legislation in order to extend our registration powers. Our aim is to provide an opportunity for registration for individuals with a UK qualification in osteopathy who, for good reason, did not register during the original transition period for registration (9 May 1998 to 9 May 2000). The new powers give these practitioners an opportunity similar to other applicants who do not hold a UK Recognised Qualification, such as those applying from outside the UK. The new powers will take effect in 2009 and applicants will have until 31 December 2010 to apply to be registered.

Tomorrow's osteopaths

In reviewing our 2007–08 performance, the Council for Healthcare Regulatory Excellence states: "We believe that the GOsC's work in communication and support for pre-registrants, in particular, represents good practice."

In the course of the year, all of the 2008 cohort of graduating students of osteopathy had an opportunity to attend an on-campus presentation by the GOsC, which outlined the purpose of statutory regulation, the role of the GOsC, and the requirements for entry onto the UK Register of Osteopaths. The GOsC presentations to students are mandatory in almost all Osteopathic Educational Institutions. In March 2008 all prospective applicants to the Register were sent an enhanced guide to the registration process. Applicants are encouraged to take advantage of the dedicated support offered by the GOsC Registration Department to assist potential registrants in compiling their application.

A new GOsC Registration Pack has been developed this year to equip all new registrants with a full set of professional standards documentation and practice guidance. Starting this year we will survey all new registrants to generate feedback on the registration process and administration. This will assist service development.



Protecting the title 'Osteopath'

It is a criminal offence in the UK for a person to describe themselves (explicitly or by implication) as any kind of osteopath unless they are registered with the GOsC (the Osteopaths Act 1993, section 32). We will take legal action against individuals practising unlawfully where we have sufficient evidence to support a criminal prosecution.

When we are first made aware of a non-registered individual describing themselves as an osteopath, we write to the individual concerned, advising them of the law and seeking amendments to any promotional material or practice that implies they are an osteopath. If the individual responds promptly and satisfactorily, we take no further action. If further action is considered necessary, we gather sufficient appropriate evidence and initiate a prosecution.



The GOsC is rigorous about policing the illegal use of the title and promoting protection of the title. We report prosecutions in the local press and on our website, emphasising to patients and the public the importance of checking with the GOsC that the health professionals they consult are appropriately registered.

Since 1 January 2007, the GOsC has successfully prosecuted a total of five individuals for breach of section 32 of the Osteopaths Act 1993, resulting in over £10,000 in fines and the GOsC being awarded costs in the region of £19,000.

Patient protection – the wider context

EU Directive on professional qualifications

The GOsC is responsible for regulating osteopathy in the UK, but legislation emanating from the EU has growing implications for healthcare regulation and patient protection. One such policy – the European Directive on the recognition of professional qualifications⁷ – this year came into effect at national level across the European Union. The directive aims to make it easier for qualified professionals, such as osteopaths, to practise in European countries other than their own. The GOsC fully supports the principle of freedom of movement, but as a regulator, our challenge has been to preserve and promote patient safety in the absence of consistent regulation of osteopathy across European Member States. The GOsC – in its own right and in collaboration with other health regulators – continues to alert national and European policy makers to potential patient safety concerns posed by this directive.

Healthcare Professionals Crossing Borders

With increasing freedom of movement across Europe, it is vital that regulatory bodies, patients and the public are confident that practitioners everywhere are competent and safe. The Forum for Osteopathic Regulation in Europe (FORE), of which the GOsC is a founder member, has played an active part in the

Healthcare Professionals Crossing Borders (HPCB) initiative – an informal network of regulators and registering bodies across Europe, working collaboratively on regulatory matters.

An important stream of work for HPCB is the development and use of Certificates of Current Professional Status, which enables the relevant bodies to exchange professional information when registering osteopaths from other European countries. Projects also include the Portugal Agreement and Memorandum of Understanding, which provides a framework for cooperation and for the development of professional healthcare regulation across Europe. The GOsC continues to actively support the development of these initiatives.

Fitness to Practise

Investigating complaints about osteopaths

The GOsC has public protection as its core purpose. It is our role to manage a fair process through which patients, the public and others can raise concerns about an osteopath, and make a formal complaint. This process is governed by the Osteopaths Act 1993 (sections 20 to 25) and the following statutory instruments (the Rules): *Investigation of Complaints (Procedure) Rules 1999*; *Professional Conduct Committee (Procedure) Rules 2000*; *Health Committee (Procedure) Rules 2000*.

Guidance and advice to those with concerns about an osteopath's conduct or practice is offered via the GOsC website – www.osteopathy.org.uk – or directly over the telephone or in writing.

The Act and Rules determine the process that is followed when investigating a complaint about an osteopath. This legislation also sets out certain time frames to which the process must adhere.

⁷ Directive 2005/36/EC of the European Parliament and of the Council on 7 September 2005 on the recognition of professional qualifications.



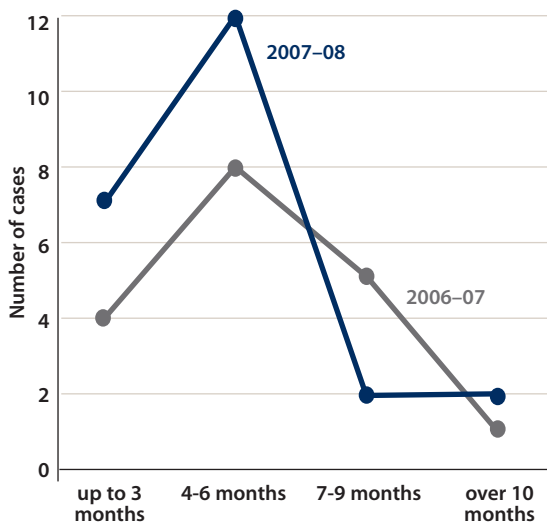
In the period 1 April 2007 to 31 March 2008, the registration of three osteopaths was suspended on an interim basis. In each case, the interim suspension was in place within four weeks of receipt of the complaint.

The Investigating Committee (IC) meets no less than once every two to three months to review live cases to ensure satisfactory progress, and to consider those cases where the investigation is complete. There are 14 members of the Investigating Committee: six osteopaths and eight lay members.

An independent legal assessor is present at all Investigating Committee meetings to provide guidance on points of law and on the committee's own powers and procedures. The Investigating Committee decides whether the evidence available is sufficient to support a case for the osteopath to answer. If so, it refers the case for further consideration to either the Professional Conduct Committee (PCC) or the Health Committee (HC), depending on the nature of the allegations made.



Figure 1:
Time taken by IC to consider cases



During the reporting year, the Investigating Committee considered a total of 23 cases. **Figure 1** shows the time taken for these cases to reach this stage of the process during this reporting year and the previous one.

Figure 2: **IC decisions for 2007-08**

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	10 (4)	1 (3)
Professional incompetence	1 (0)	5 (0)
Unacceptable professional conduct and/or professional incompetence	3 (6)	1 (4)
Relevant convictions	0 (1)	0 (0)
Health	0 (0)	2 (0)
Total cases considered	14 (11)	9 (7)

[Figures in brackets are for 2006-07]

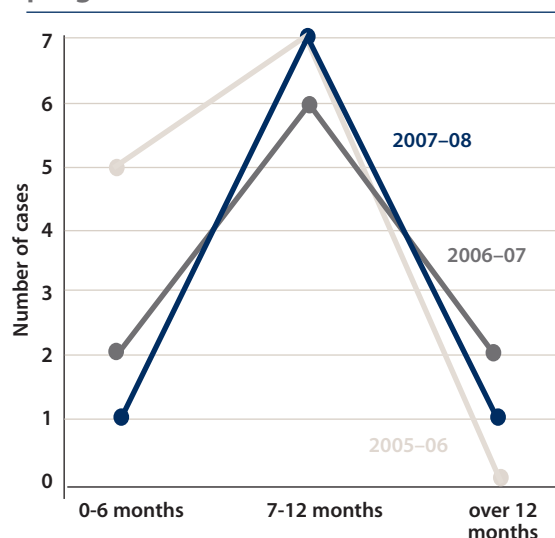
The decisions reached by the Investigating Committee in the cases considered during the reporting year are presented in **Figure 2**, which also identifies the nature of the allegations in each case. Figures for the previous year are also given for comparison. The terms used are in accordance with section 20 of the Osteopaths Act 1993.

Data shows an increase on the previous year in the number of cases considered by the Investigating Committee during the year 2007–08. As in the year 2006–07, the majority of these complaints related to unacceptable professional conduct.

When a case is referred to either the Professional Conduct Committee (PCC) or the Health Committee (HC), the GOsC will instruct a solicitor to prepare the case for hearing. This involves an analysis of the evidence received, the gathering of further evidence, if necessary, and preparation of the charges that the osteopath will have to answer.

Steps are also taken to arrange a hearing, which involves identifying a panel of committee members to hear the case. Each panel will comprise a lay chairman, two other lay members, and two osteopath members. There must also be present an independent legal assessor, whose role is to advise the panel on the law. These preparations necessarily take some time, although every effort is being made to ensure that there is no untoward delay; from 2008, the GOsC will set strict targets for handling cases within defined time frames.

Figure 3: Time taken for case to progress from IC to PCC



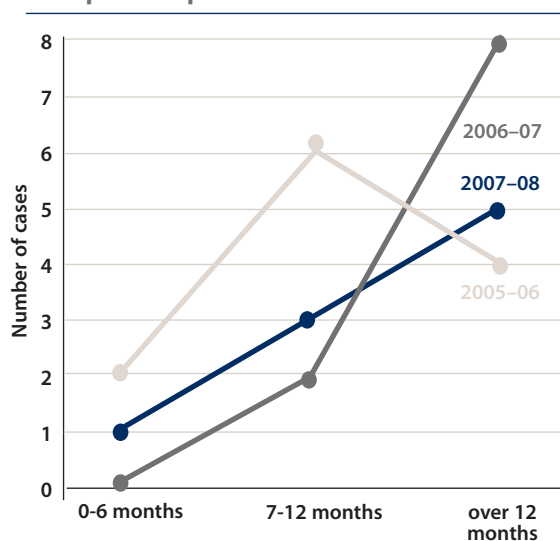
The data presented in **Figure 3** was worked out on the basis of identifying the cases which were heard by the Professional Conduct Committee in 2007–08 and measuring how long they had taken to go from the Investigating Committee to the Professional Conduct Committee.

The Professional Conduct Committee considered nine new cases and one review of a Suspension Order during the period of this report. The Professional Conduct Committee also imposed three interim suspension orders. **Figure 4** shows the decisions reached in the new cases and the sanctions that were applied.

Figure 4: PCC decisions for 2007–08

	Removed	Suspended	Conditions of practice	Admonished	Not well founded	Total
Unacceptable professional conduct	0	2	1	0	0	3
Professional incompetence	0	0	0	0	0	0
Unacceptable professional conduct and/or professional incompetence	0	0	1	0	2	3
UK conviction	1	1	0	1	0	3

Figure 5: Time taken to complete complaints procedure



The GOsC has been able to reduce the overall time taken in a number of the cases considered by the Professional Conduct Committee during 2007–08. This is illustrated in **Figure 5**, which shows the time taken for cases to complete the full fitness to practise process (from receipt of complaint to a decision made by the Professional Conduct Committee).

Appeals and judicial reviews

Osteopaths who are dissatisfied with the decision reached by the Professional Conduct Committee hearing the complaint against them have a right of appeal to the High Court. In the year 2007–08 there were two appeals by osteopaths against decisions of the Professional Conduct Committee: *Moody v General Osteopathic Council* [2007] EWHC 2465 (Admin) and *R (on the application of Low) v General Osteopathic Council* [2007] EWHC 2839. Neither appeal was upheld, although one registrant (Mr Moody) made a further appeal to the Civil Appeals Office. Judgment in that appeal – again not upheld – was given outside the reporting year.

Improving Fitness to Practise processes

The GOsC produces an annual Fitness to Practise Report. This enables the regulation function and the Fitness to Practise Committees to identify areas where the efficiency and consistency of the GOsC's processes could be improved. Over the last year, the GOsC has developed new guidance – *Investigating the Committee Decision Making Process* – with the aim of improving consistency of decision making.

In addition, the Professional Conduct Committee identified areas within the hearings process that could be improved to reduce the time taken to hear cases. As a result, a Notice to Parties was produced, with the aim of securing timely disclosures and accepting witness statements as evidence in chief. These improvements were implemented in the first half of 2008 and their effect in operation will be reviewed in late 2008 or early 2009.

GOsC staff responsible for the implementation of fitness to practise procedures are actively involved in the committees' development programmes and receive training alongside committee members.

The GOsC plans to commission, in 2008–09, an independent audit of the efficiency of its fitness to practise process and to conduct research amongst those who have had experience of the service offered. The findings from both will be used to effect further improvements to the process for investigating complaints about osteopaths.



Enhancing quality and safety

The GOsC has a comprehensive programme of research underway to enhance the quality and safety of osteopathic practice. In this, we have the support of the National Council for Osteopathic Research (NCOR), which is overseeing a number of these projects on our behalf.

Assessing risk

A three-year programme of research projects, funded by the GOsC, is currently assessing the potential for risk associated with osteopathic practice. Identifying any patterns of adverse incidents is essential to the development of training, guidance and patient protection. Contributors to the data collection include the regulator, professional representative bodies, the Osteopathic Educational Institutions, providers of osteopathic professional indemnity insurance and patients.

Monitoring quality

In the year ahead, other streams of GOsC research will explore patient expectations of osteopathic care, and the effectiveness of our complaints and registration processes. Work is also underway to produce a more detailed profile of the current practice of osteopathy in the UK. A detailed survey of registrants will be conducted in the year ahead. With funding from the GOsC, the NCOR commenced another three-year project, in March 2007, to produce a national audit tool for osteopathic practice. The Standardised Data Collection initiative, currently being piloted, will make a valuable contribution to monitoring quality in the delivery of osteopathic care.

3 STAKEHOLDER ENGAGEMENT

As a statutory regulator, the General Osteopathic Council has a duty to engage actively with all relevant stakeholders to ensure their views are properly represented. This ensures the GOsC has proper regard for the interests of registrants and the interests of persons using or needing the services of osteopaths.

The GOsC is committed also to working with those concerned with the education, training and employment of osteopaths, and those concerned with the regulation of healthcare professions and the provision of health services – with the overall aim of protecting patients and enhancing standards of osteopathic practice.

Meeting public and patient needs

The interests of patients and the public are at the heart of all our regulatory processes and the GOsC is striving constantly to improve our understanding of the needs of those who engage the services of an osteopath.

Our membership of the UK Joint Regulators' Public-Patient Involvement (PPI) Group has encouraged us to re-examine the PPI principles underpinning GOsC functions to identify potential areas for enhancing our services.

Most important is the development and delivery of accessible, good quality public information – a full review of the scope and content of our leaflets and websites is now underway.



A programme of service-user research is planned for the year ahead to inform and enhance the GOsC's services. We will be surveying patients and the public to gain a better understanding of their expectations of osteopathic care and the information they would wish to have before embarking on a course of treatment. We will also conduct research into how well our complaints process is serving those who have highlighted concerns about the osteopathic care they have received.

Our Statutory Register of Osteopaths offers a vital public service. User research will help us ensure the public and patients can access the Register readily and with confidence. With more than seven million osteopathic consultations per year, and an ever-widening range of patients seeking the services of osteopaths, it is crucial that the GOsC services are accessible to a diverse public. The GOsC has developed an Equality Scheme and Action Plan, and in the months ahead we will be consulting all our stakeholders to ensure they are all equally well served.

Recognising the need to promote awareness of osteopathic standards amongst other healthcare professionals, as well as amongst the general public, the GOsC participated this year in a series of major national healthcare exhibitions and conferences.

In this, the 10th year of statutory regulation of osteopathy, the GOsC published an illustrated

review of current UK osteopathic practice – *Good Health in Good Hands – UK Osteopathy Today*, which aims to provide the public and patients with easily assimilated facts about osteopathic standards of education, training and practice.

Produced to coincide with *Advancing Osteopathy 2008*, the report was publicly launched at a royal reception on 31 January 2008 in the presence of the GOsC's Patron, HRH The Prince of Wales, and over 250 guests representing interests across healthcare, government and the national and international osteopathic communities.

Harmonising healthcare regulation

The GOsC works with government agencies throughout the devolved regions to improve the quality and delivery of care.

We are also an active partner, along with other healthcare regulators, in initiatives led by the Council for Healthcare Regulatory Excellence (CHRE), taking the view that harmonisation of regulation has distinct advantages where it can be achieved meaningfully and to the benefit of patients and the public.

Our registrants

A sound regulatory framework for osteopathic practice is founded on a high level of constructive engagement between osteopaths and their regulatory body.

Reviewing the GOsC's performance in 2007–08, the Council for Healthcare Regulatory Excellence (CHRE) noted that "the GOsC has a particularly strong commitment to communication with registrants ..." The result is a high level of engagement by osteopaths in professional development and the promotion of standards.

The GOsC fosters a Regional Communications Network, which links the regulator to over 30 regional osteopathic societies and provides a twice-yearly forum for the purpose of policy development and consultation.



Enhancing e-communications

Electronic communication with osteopaths was increased this year with the launch in August 2007 of the **o** zone – a dedicated website for registrants. By end-March 2008, around 60% of osteopaths were accessing the website.

From January 2008, a new interactive facility on the website – ‘My CPD record’ – enabled osteopaths to maintain an online record of CPD activities, and to submit their mandatory annual CPD record to the GOsC in electronic format, via the **o** zone. Within six months of introduction, 1,500 registrants had opted to make their CPD submission online.

The steady enhancement of e-communications is a central tenet of the GOsC’s communications strategy and will help ensure registrants remain up-to-date and engaged in the development of professional standards.

The Osteopath

The Osteopath magazine, produced by the GOsC for registrants and external stakeholders, was relaunched in April 2007 after an extensive revamping of content and design, and is now published bi-monthly. February 2008 marked the 100th issue of *The Osteopath* magazine.



Delivering guidance

The GOsC collaborated this year with a range of other health professions to develop guidelines for radiologists on the management of clinical imaging requests from non-medically qualified healthcare practitioners, including osteopaths. The guidelines aim to enhance the delivery and safety of patient care. All registrants received a copy of the clinical imaging guidelines.

Professional partnerships

Assuring the quality of osteopathic training and the highest standards of practice is underpinned by a programme of regular meetings and consultation between the GOsC and representatives of the recognised Osteopathic Educational Institutions.⁸

The GOsC also values its constructive engagement with the British Osteopathic Association, which represents the majority of osteopaths practising in the UK. The two bodies meet quarterly to discuss a wide range of issues directly affecting osteopaths and their patients.

With a view to strengthening the evidence for policy-making, the GOsC continues to work in partnership with the National Council for Osteopathic Research (NCOR), the body responsible for promoting a research culture within UK osteopathy and of which the GOsC is a stakeholder and primary funder.

⁸ At 31 March 2008, the number of osteopathy courses accredited by the GOsC as Recognised Qualification courses was 8. By September 2008 this had increased to 10.

ADVANCING OSTEOPATHY 2008

10 years of statutory regulation

31 January – 3 February 2008

To mark 10 years of osteopathic statutory regulation in the UK, the GOsC hosted a national three-day event in February 2008 – the UK's largest osteopathic conference to date, bringing together 1,350 delegates from 20 countries, to review advances in osteopathic education, research and practice.

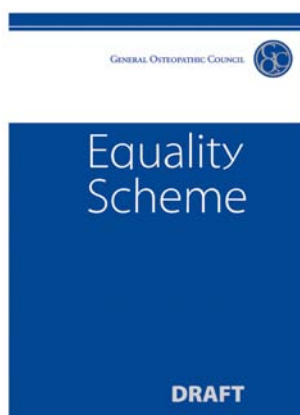
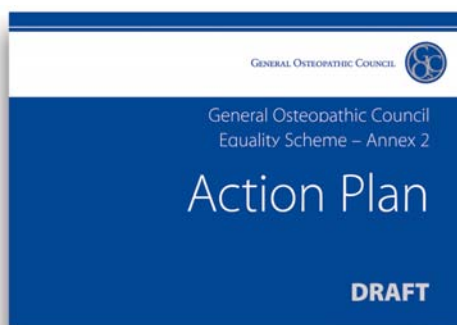
A reception on 31 January 2008, in the presence of HRH The Prince of Wales, formerly launched *Advancing Osteopathy 2008*.



4 EQUALITY AND DIVERSITY

The GOsC is subject to a general duty to eliminate unlawful discrimination and harassment, and promote equality of opportunity in relation to race, disability and gender. To discharge these duties as a regulator, employer and service provider, and to ensure all our policies promote equality and diversity, we have developed an Equality Scheme and an action plan underpinning the scheme in relation to gender, race and disability. This has involved a complete review of all our policies and procedures to test their impact on minority groups. The Equality Scheme and Action Plan will be the subject of wide consultation in the autumn of 2008, following which any necessary changes will be implemented.

In addition, in 2008, the GOsC will conduct a more detailed review of its human resources policies and procedures, part of which will test their soundness in terms of equality and diversity.



5 GOVERNANCE AND MANAGEMENT

Preparation for governance changes

In the year under review, detailed preparations were made for the introduction of a wholly new governance structure from April 2009. The governance changes are a key part of the healthcare regulation reforms required by Government. In February 2007, the Government published the White Paper, *Trust Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, which initiated a programme of reforms affecting all health professionals.

The key changes at the GOsC will be:

- > A new Council of 14, wholly appointed, comprising seven lay and seven osteopath Members;
- > A new committee sub-structure with new rules providing for the committees' composition. In future, Council Members will no longer be members of panels involved in Fitness to Practise processes.

The detailed preparations have involved the development of a complete set of competences for Members of the new Council and the statutory committees. A governance working party, established by the Council, oversaw this work, and a set of draft competences was distributed for consultation amongst registrants and other key stakeholders.

In addition, we have worked closely with the Department of Health in developing a Constitution Order to provide for the new Council.

We have also liaised closely with the Appointments Commission, the body that will undertake the recruitment and appointment process, to ensure it has all the relevant information.

Our annual performance review

In common with the eight other regulatory bodies that oversee the work of 1.2 million health professionals in the UK, the GOsC is subject to external monitoring by the Council for Healthcare Regulatory Excellence (CHRE). The CHRE reports the findings of our annual Performance Review to Parliament, health ministers in England, Northern Ireland, Scotland and Wales, the public and patients, and the professional regulatory bodies.

We publish the CHRE report on our website and its findings inform our business planning and internal performance targets.

Current governance structure

Responsibilities of Members of Council

The Members of Council are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the organisation and which enable them to ensure that the accounts comply with the Osteopaths Act 1993 (section 40(1)). They are also responsible for safeguarding the assets of the Council and for taking reasonable steps to prevent and detect fraud and other irregularities.

The Members of Council are responsible for the maintenance and integrity of audited information published on the Council's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

Members of Council have been concerned to prepare accounts which give a true and fair view of the Council's financial position at the end of the year and of its financial activities during the year. Members of Council have also strived to follow best practice by:

- > Selecting suitable accounting policies and then applying them consistently;
- > Making judgements and estimates that are reasonable and prudent;



- > Stating whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- > Preparing the accounts on the going concern basis.

At present, our Council comprises 24 members:

- > 8 Lay Members appointed by the Privy Council
- > 3 Members appointed by the Education Committee
- > 1 Member appointed by the then Secretary of State for Education and Skills
- > 12 Osteopath Members elected by the profession.

The Council is chaired by Professor Adrian Eddleston, a Lay Member. Mr Nigel Clarke stepped down as Chairman of Council in December 2007.

The General Osteopathic Council

as at 30 September 2008

Patron

HRH The Prince of Wales KG KT GCB

Chairman Professor Adrian Eddleston DM FRCP
(elected Chairman from 1 January
2008, reappointed May 2008)

Treasurer Mr John Chuter OBE
(reappointed May 2008)

Lay Members (appointed by Privy Council)

Mrs Geraldine Campbell BSc MSc
(appointed July 2008)

Mr Nigel Clarke BA (Hons)
(Chairman until 31 Dec 2007,
reappointed May 2008)

Mrs Fionnuala Cook OBE
(reappointed May 2008)

Professor Ian Hughes PhD MILTHE
(reappointed May 2008)

Miss Anne Jones BA (Hons)
(resigned November 2007)

Mr Andrew Popat CBE
(resigned November 2007)

Mr Paul Sommerfeld MA
(reappointed May 2008)

Miss Jenny White MBE LLB
(appointed July 2008)

Secretary of State Appointee

Professor Trudie Roberts BSc (Hons)
MB ChB PhD FRCP
(reappointed May 2007)

Osteopath Members

Mr Martin Booth DO

Mr Robert Burge ADO DO

Ms Claire Cheetham DO BSc (Hons)
Ost Med

Mrs Catherine Hamilton-Plant DO

Mr Tim McClune DO

Mrs Rachel Pointon BA (Hons) DO

Dr Richard Rebain PhD DO
(elected May 2008)

Mr Robin Shepherd DO

Mrs Rosalind Stuart-Menteth DO

Miss Fiona Walsh DO

Mr John Wilden DO

Dr Leslie Wootton MRCS LRCP DO

Education Members

Dr Stephen Barasi PhD, MHEA
(appointed May 2007)

Mr Manoj Mehta BSc (Hons)
Ost Med DO (completed term
of office May 2007)

Dr Andrew Thompson PhD
(appointed May 2007)

Ms Margaret Wolff BA (Hons)
PGCE ILTM (appointed May 2007)

The Osteopaths Act 1993 established four statutory committees with specific legal functions. The Council itself has established other non-statutory committees to help discharge its functions. These committees are comprised of Council and Co-opted Members. Membership of individual committees is listed on the GOsC website, www.osteopathy.org.uk.

Statutory committees:

Education Committee

Health Committee

Investigating Committee

Professional Conduct Committee

Non-Statutory committees:

Audit Committee

Communications Committee
(stood down June 2008)

Finance & General Purposes Committee and its subcommittee – Remuneration

Practice & Ethics Committee
(stood down December 2007)

Section 32 Committee (Protection of Title)

Co-opted members

*serving on GOsC committees between
1 April 2007 and 31 March 2008*

Ms Victoria Baron

Dr Katharine Boursicot

Mr Michael Boyall

Mr Gavin Burt

(Committee stood down June 2008)

Mr John Cadywould

Mr Paul Cairns

Mr Paul Coleman

(completed term of office July 2007)

Mr John Dennison (resigned July 2008)

Mr David Hamilton-Rump

Miss Jane Hern

Mr David Higham

(Committee stood down December 2007)

Miss Tracey Huckfield

Mr Robin Lansman

(Committee stood down June 2008)

Mr Christopher Liffen

Mr Michael O'Neill

Mr Jonathan Poston

Mrs Nicola Renken

Mrs Sandy Rhodes (appointed July 2007)

Mr Graham Sharman

Mr William Thomas

(Committee stood down December 2007)

Dr Andrew Thompson PhD

(appointed to Council by the Education
Committee, May 2007)

Mr Robert Wadsworth

Ms Linda Wallace

Mr David Wilson

Management

The GOsC staff is led by the Chief Executive, Evlynn Gilvarry, who is also the Registrar. Ms Gilvarry was appointed in November 2007. There are five Senior Managers:

- > Vince Cullen, Director of Professional Standards
- > Gillian O'Callaghan, Head of Registration & Management Information Services
- > Matthew Redford, Head of Finance & Administration
- > Velia Soames, Head of Regulation
- > Brigid Tucker, Head of Communications

The previous Chief Executive and Registrar, Miss Madeleine Craggs, retired on 7 December 2007.

Principal office

Osteopathy House
176 Tower Bridge Road
London
SE1 3LU

Telephone 020 7357 6655
Facsimile 020 7357 0011
Website www.osteopathy.org.uk

Auditors

Buzzacott LLP
12 New Fetter Lane
London
EC4 1AG

Bankers

The Royal Bank of Scotland plc
28 Cavendish Square
London
WIM 0DB



The Chairman, Members of Council and staff of the General Osteopathic Council wish to acknowledge with deep gratitude the invaluable contribution to the work of the GOsC since its establishment, made by our former Chairman of Council, Mr Nigel Clarke, and former Chief Executive and Registrar, Miss Madeleine Craggs, both of whom retired from office in December 2007.

6 FINANCIAL REPORT FOR THE YEAR 2007–08

Overview

The financial statements show a surplus in the period of £191,892, with cash increasing by £309,572, predominantly because of the year-end surplus before taxation. General Reserves total £683,629; £1,190,310 has been ring-fenced in designated funds for specific work projects; and £927,356 is ring-fenced as the fixed asset fund. Further information on these designated funds can be found in the reserves section of this report on pages 27 and 28.

Figure 6 summarises key elements of the Income & Expenditure Account in the last two financial years.

Figure 6: Income and Expenditure

	Financial year	
	2007–08	2006–07
	£	£
Total income	3,007,594*	2,722,852
Total expenditure (incl. corporation tax charge)	2,815,702*	2,492,967
Surplus	191,892	229,885
% of income spent	93.62%	91.56%

* Includes *Advancing Osteopathy 2008*

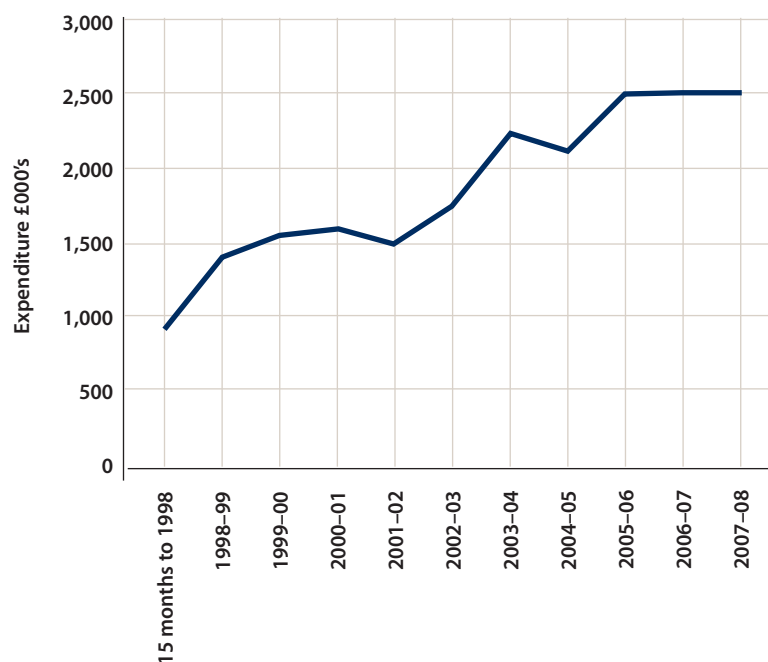
Income

Income totalled £3,007,594, of which £202,580 related specifically to the GOsC 10th Anniversary events and conferences – *Advancing Osteopathy 2008*. Registration fees totalled £2,593,161. Again this year, the level of registration fee remained unchanged at £750, reflecting an annual reduction in real terms, taking inflation into account.

Expenditure

In the period, total expenditure of £2,789,013 was spent on meeting the business plan objectives, including the GOsC 10th Anniversary events and conferences, *Advancing Osteopathy 2008*.

Figure 7: Total expenditure per financial year



Employment costs

Total expenditure on staff and related costs was £1,163,635, an increase of £17k on the previous year. Within that, £1,059,727 related to salaries and pension, which represents 43% of the total expenditure in the year (excluding the GOsC 10th Anniversary costs).

Professional Standards

Expenditure on Professional Standards (£341,280) was broadly consistent with that in the previous financial year (£344,759). This included expenditure on two research projects in respect of which the Council set aside designated funds. It also includes the cost of the Recognised Qualification Accreditation process administered on behalf of the GOsC by the Quality Assurance Agency (QAA).

Over the last five years, the cost of the QAA process has averaged £98,936 per year. The proportion of the average QAA cost, against the average of the GOsC's total expenditure for the same period, is 4.15%, which amounts to £31.13 per registrant.

Communications

Overall in the financial year, total expenditure on communication was £314,990. This includes: the production and distribution of *The Osteopath* magazine (£89,215); production and distribution of a new report, *Good Health in Good Hands* (£27,036); facilitating communication within the network of regional osteopathic societies (£23,358); and Council's international and public affairs activities (£34,408).

A significant commitment of staff time was this year dedicated to preparations for *Advancing Osteopathy 2008*, the GOsC 10th Anniversary events, and to communicating imminent healthcare regulation changes.

Registration & Management Information Services

In the period, £47,038 was spent on the production and distribution of the printed Statutory Register of Osteopaths, distribution of certificates of registration and identity cards, and checks carried out through the Criminal Records Bureau. All expenditure in this area is aimed at maintaining the integrity of the Register and ensuring IT applications effectively support this aim.

Regulation (including Fitness to Practise processes)

Expenditure increased in this area by £58,713 or 23%. The increase related specifically to the greater frequency of meetings of the Investigating and the Professional Conduct Committees, necessitated by an increase in the caseload. In 2007–08, costs were £203,044, against £152,092 in 2006–07.

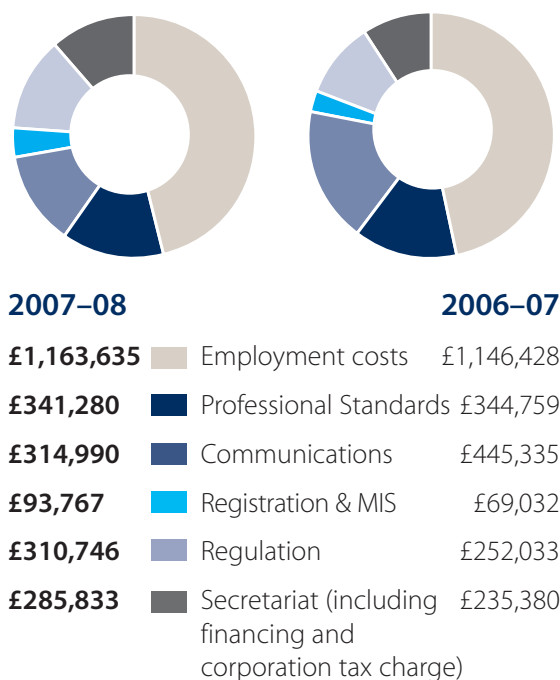
Secretariat

Total expenditure of £248,410 is up on last year by 20% (£40,593). In the main this relates to an increase in the cost of convening Council, committee and working group meetings.

In the period under review, the Council committed new funds to the introduction of the GOsC Equality & Diversity programme (£6,356), and to the commissioning of independent audits to test the robustness of various functions within the Council (£7,814). In 2007–08, the Finance and Registration functions were subjected to independent audits, which provided the Audit Committee and the Council with assurances that all was well.

Figure 8: **Breakdown of expenditure (%)***

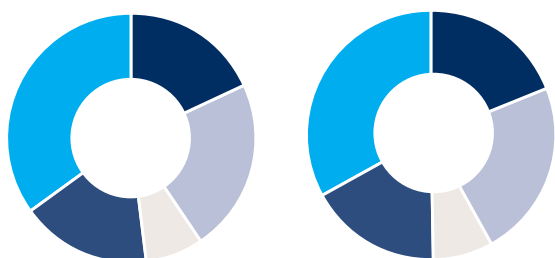
* Excluding *Advancing Osteopathy 2008*



What does the registration fee fund?

The annual registration fee of £750 is analysed below to show the amount spent by each function. **Figure 9** compares the split of the registration fee in financial years 2006–07 and 2007–08.

Figure 9: **Proportion of £750 fee spent per function in each financial year**



2007–08

£136.08	Professional Standards	£143.52
£168.12	Communications	£171.76
£57.78	Registration & MIS	£58.90
£127.56	Regulation	£128.23
£260.46	Secretariat (including financing and corporation tax charge)	£247.69

2006–07

Notes

- > The segments represent the net costs, including employment costs (salary + pension).
- > Secretariat includes the cost of Council and its non-statutory committees, overhead costs of running Osteopathy House (postage, rates, service contracts), the independent audit programme, and the employment costs of the Office of the CE&R and the Finance & Facilities Department.
- > In 2008, the Communications Department includes the net costs of the GOsC 10th Anniversary events, *Advancing Osteopathy 2008*, which are equal to £32.15 or 4.29% per registrant.

Reserves policy

The Council has examined the requirement for free reserves, i.e. those funds not invested in tangible fixed assets, designated for specific purposes or otherwise committed. The Council

considers that, given its future activities, the optimum level of free reserves should be equivalent to three months' average annual expenditure at any one time. This is based on a three-year historical review of actual expenditure and consideration of future known activities. The Council considers that this provides sufficient flexibility to cover temporary shortfalls in revenue due to timing differences in income flows, adequate working capital to cover core costs, and will allow the organisation to develop its future activities. The level of reserves will be reviewed on an annual basis.

Reserve position

The Balance Sheet shows total funds of £2,801,295.

The Council has a fixed asset fund totalling £927,356, primarily including Osteopathy House, which is wholly owned by the GOsC. The figure is less than last year, as we are required to depreciate the value of our property in our accounts by £21,600 in each financial year. In reality, Osteopathy House, which represents a desirable central London property, is an appreciating asset.

General funds of the organisation at 31 March 2008 total £683,629, and equal free reserves equivalent to three months' average annual expenditure. This is at a significantly lower level than in previous years but it is not considered to pose an unnecessary risk.

Funds totalling £1,190,310 have been designated for the specific purposes of:

> Research into Adverse Events in Osteopathic Practice	£210,310
> Development of Standardised Data Collection	£80,000
> Reforms to the GOsC Governance structures	£200,000
> Development of a scheme of revalidation for osteopaths	£150,000
> Osteopathy House redevelopment	£550,000

These five designated funds reflect the Council's commitment to reinvesting funds in professional development and the infrastructure required to deliver effective regulation:

- > The Adverse Events research and Standardised Data Collection relate directly to the need for increased evidence-based practice, for the benefit of the public and the profession alike.
- > The Governance fund underpins the set-up of a wholly new and independently appointed governance structure for the Council, to come into effect on 1 April 2009.
- > The proposed revalidation process, under which registrants will be required to demonstrate they meet the standard for continued registration, has the aim of enhancing public protection. The GOsC will be expected to introduce a scheme of revalidation by 2011.
- > The redevelopment of Osteopathy House is necessary to ensure that the GOsC headquarters (a) complies with the Disability Discrimination Act (e.g. the installation of a lift) and (b) continues to be fit for holding Fitness to Practise hearings.

**Approved by Members of Council on
16 September 2008 and signed on their
behalf by:**

A handwritten signature in black ink on a light yellow background. The signature is cursive and appears to read 'A. Eddleston'.

**Professor Adrian Eddleston
Chairman**

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE COUNCIL

We have audited the accounts of the General Osteopathic Council, which comprise the income and expenditure account, the balance sheet, the cash flow statement, the principal accounting policies, and the related notes numbered 1 to 13. The accounts have been prepared under the accounting policies set out therein.

This report is made solely to the General Osteopathic Council in accordance with section 40 of the Osteopaths Act 1993. Our audit work has been undertaken so that we might state to the Members of Council, as a body, those matters we are required to state to them in an auditors' 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 Members of Council, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Members of the Council and auditors

As described in the Statement of Responsibilities of Members of Council, the General Osteopathic Council is responsible for the preparation of the annual report and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

We have been appointed as auditors under section 40 of the Osteopaths Act 1993 and report in accordance with the regulations under section 40 of that Act. Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the accounts give a true and fair view and are properly prepared in accordance with the Osteopaths Act 1993. We also report to you if, in our opinion, the annual report is not consistent with the accounts, if the Council has not kept proper accounting records or if we have not received all the information and explanations we require for our audit.

We read other information in the annual report and consider whether it is consistent with the accounts. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the accounts. Our responsibilities do not extend to any other information.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the General Osteopathic Council in the preparation of the accounts, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.



Opinion

In our opinion the accounts:

- > Give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the Council's state of affairs as at 31 March 2008 and of its income and expenditure in the year then ended; and
- > Have been properly prepared in accordance with the Osteopaths Act 1993.

Buzzacott LLP

30 September 2008

Buzzacott LLP

Chartered Accountants and Registered Auditors
12 New Fetter Lane
London
EC4A 1AG

ACCOUNTS

Income and expenditure account

Year to 31 March 2008

	Notes	2008 £	2007 £
Income			
Fees		2,593,161	2,509,197
Other income	1	211,853	213,655
10th Anniversary Event (<i>Advancing Osteopathy 2008</i>)	5	202,580	—
Total		3,007,594	2,722,852
Expenditure			
Staff and related costs	2	1,163,635	1,146,428
Professional standards	4	341,280	344,759
Communications	4	314,990	445,335
Registration & MIS	4	93,767	69,032
Regulation (including Fitness to Practise)	4	310,746	252,033
Secretariat	4	248,410	207,817
10th Anniversary Event (<i>Advancing Osteopathy 2008</i>)	5	305,451	—
Financing	4	10,734	9,928
Total expenditure		2,789,013	2,475,332
Surplus before tax		218,581	247,520
Corporation tax charge	7	26,689	17,635
Surplus for the year after tax	12	191,892	229,885

The surplus for the year arises from the Council's continuing operations.

There is no difference between the surplus before taxation and the retained surplus for the periods stated above, and their historical cost equivalents.

No statement of recognised gains and losses is required as there are no recognised gains or losses in the period or prior period other than the surpluses for the periods.

Balance sheet

31 March 2008

	Notes	2008 £	2008 £	2007 £	2007 £
Fixed assets	8		927,356		928,102
Current assets					
Debtors	9	286,717		248,421	
Short-term deposits		2,100,000		1,000,000	
Cash at bank and in hand		253,624		1,044,052	
			2,640,341		2,292,473
Creditors: amounts falling due within one year	10		(766,402)		(611,172)
Net current assets			1,873,939		1,681,301
Total assets less total liabilities			2,801,295		2,609,403
Reserves					
General reserve	12		683,629		1,151,301
Designated funds	12				
> Osteopathy House redevelopment			550,000		—
> Governance arrangements			200,000		100,000
> Revalidation			150,000		—
> Adverse Events			210,310		225,000
> Standardised Data Collection			80,000		100,000
> Critical Cs project			—		5,000
> 10th Anniversary Event			—		100,000
> Fixed asset fund			927,356		928,102
Total Reserves	12		2,801,295		2,609,403

Approved by the Members of Council on 16 September 2008 and signed on their behalf by:



Professor Adrian Eddleston
Chairman



Mr John Chuter OBE
Treasurer

Cash flow statement

Year to 31 March 2008

	Notes	2008 £	2007 £
Cash inflow from operating activities	A	252,834	210,769
Returns on investments and servicing of finance	B	133,514	92,748
Taxation		(26,689)	(17,635)
Capital expenditure	B	(50,087)	(7,054)
Increase in cash	C	309,572	278,828

Notes to the cash flow statement for the year to 31 March 2008

A Reconciliation of surplus before tax to net cash inflow from operating activities

	2008 £	2007 £
Surplus before tax	218,581	247,520
Interest receivable	(133,514)	(92,748)
Depreciation charge	50,833	51,129
Increase in debtors	(38,296)	(14,136)
Increase in creditors	155,230	19,004
Net cash inflow from operating activities	252,834	210,769

B Gross cash flows

	2008 £	2007 £
Returns on investment and servicing of finance		
Interest receivable	133,514	92,748
Total	133,514	92,748
Capital expenditure		
Payments to acquire tangible fixed assets	(50,087)	(7,054)
Total	(50,087)	(7,054)

C Analysis of changes in net funds

	1 April 2007 £	Cash flows £	31 March 2008
Cash at bank and in hand	1,044,052	(790,428)	253,624
Short-term deposits	1,000,000	1,100,000	2,100,000
Total	2,044,052	309,572	2,353,624

D Reconciliation of net cash flow to movement in net funds

	£
Increase in cash in the period	309,572
Net funds at 1 April 2007	2,044,052
Net funds at 31 March 2008	2,353,624

Principal accounting policies

31 March 2008

Basis of accounting

The accounts are prepared under the historical cost convention and in accordance with applicable accounting standards.

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

Income

Fee income and bank interest income are accounted for on a receivable basis.

Other income is accounted for on a cash received basis with the exception of conference income, which is deferred to match associated expenditure.

Expenditure

Expenditure is accounted for on a payable basis with the exception of costs incurred in respect of the published Register of Osteopaths which are matched with the year of publication. Support costs have been apportioned between the functions on the basis of the average number of employees (see note 2), except where they can be attributed directly to a function.

Pension contributions

The Council operates a defined contribution pension scheme for qualifying employees. The assets of the scheme are held separately from those of the Council in an independent fund. The employer's contribution for the year is charged to salaries in the Income and Expenditure account.

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 Council. 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.

Notes to the accounts

31 March 2008

1 Income

The Council's income and surplus before taxation were all derived from its principal activity.

The National Council of Osteopathic Research (NCOR) contribution comprises the reimbursements received from the British Osteopathic Association (BOA) and the OELs towards the NCOR contribution paid by the Council.

Other income received in the year was as follows:

	2008 £	2007 £
Other income		
ACP/Conditions of practice	5,270	4,045
Conference	—	38,785
Magazine & leaflets	53,495	56,191
Bank interest	133,514	92,748
NCOR contribution	10,000	10,000
GP workshops	—	8,250
Recoverable costs*	4,477	1,550
Miscellaneous	5,097	2,086
Total	211,853	213,655

* section 32 prosecutions, see pages 11–12.

2 Employee and staff costs

Staff costs during the year were as follows:

	2008 £	2007 £
Wages and salaries	791,438	803,168
Social security costs	86,036	86,528
Other pension costs (see note 3)	182,253	194,453
	1,059,727	1,084,149
Temporary staff	12,160	31,720
Recruitment	75,285	10,595
Training & development	5,156	12,304
Other	11,307	7,660
Total	1,163,635	1,146,428

The average number of employees, on a full-time equivalent basis and by activity, of the Council during the year ended 31 March 2008 was:

	2008	2007
Professional standards	4	4
Communications	5	6
Registration & MIS	3	1
Regulation (including Fitness to Practise)	3	4
Secretariat	7	7
Total	22	22

3 Pension costs

The contributions paid in the year in respect of the Council's pension scheme were £184,345. (In 2007 this was £181,635.)

4 Expenditure

Expenditure for each function in the year was as follows:

	Notes	2008 £	2007 £
Professional Standards			
Evaluation		75,938	125,344
Committees & workshops		19,438	33,715
Publications & subscriptions (including <i>International Journal of Osteopathic Medicine</i>)		68,411	53,409
Continuing Professional Development		31,843	17,769
Research (NCOR)		49,383	51,329
Research (Adverse Events)		14,690	—
Research (Standardised Data Collection)		20,000	—
Standard of Proficiency		1,391	6,071
World Health Organization guidelines		—	7,706
Revalidation		7,712	—
Support costs	6	52,474	49,416
Total		341,280	344,759
Communications			
GOsC publications		130,844	145,843
Committees and workshops		4,636	11,338
Internal communication		34,253	90,549
External communication		74,016	119,148
Publications and subscriptions		5,648	4,333
Support costs	6	65,593	74,124
Total		314,990	445,335
Registration & Management Information Services			
Documentation and postage for registration		47,038	45,981
Conferences, committees and workshops		5,960	—
Management information systems		1,413	10,697
Support costs	6	39,356	12,354
Total		93,767	69,032
Regulation (including Fitness to Practise)			
Statutory & other committees and working groups		203,044	152,092
Fitness to Practise documentation		6,682	(10,956)
Critical Cs project		28,193	24,373
Legal costs		19,165	18,677
Continuing Professional Development rules		—	8,135
Recognised Qualification accreditation		—	8,898
Legislative Review consultation		—	1,398
Publications and subscriptions		1,659	—
Support costs	6	52,003	49,416
Total		310,746	252,033

	Notes	2008 £	2007 £
Secretariat			
Council costs		66,609	57,053
Council working groups		4,477	—
Government review		—	17,587
Statutory & other committees and working groups		29,640	20,378
Equality and Diversity		6,356	—
Independent audit programme		7,814	—
Auditors' remuneration			
> Audit		16,215	15,569
> Other services		4,311	3,565
Publications & subscriptions		8,511	7,187
Support costs	6	104,477	86,478
Total		248,410	207,817
Financing			
Bank charges		10,734	9,928
Total		10,734	9,928
TOTAL		1,319,927	1,328,904

5 *Advancing Osteopathy 2008 – 10th Anniversary Event*

This event marked 10 years of statutory regulation for the osteopathic profession, and incorporated a formal launch reception, three days of international conferences and a dinner-dance reception. The financial commitment from the General Osteopathic Council was funded from a designated fund established in 2007.

Income and expenditure in relation to the event have been recognised in the Income and Expenditure account.

6 Support costs

	2008	2007
	£	£
Depreciation	50,833	51,129
Rates	34,485	28,123
Building maintenance	61,167	43,202
IT services	20,527	18,088
Utilities	12,428	11,277
Postage, printing and stationery	59,706	70,589
Telephone and fax	10,681	13,106
Insurance	30,899	26,319
Taxation on payments to Council Members	25,294	—
Annual Report	5,447	7,541
Other	2,436	2,414
Total	313,903	271,788

These costs have been apportioned as follows:

	2008	2007
	£	£
Professional standards	52,474	49,416
Communications	65,593	74,124
Registration & MIS	39,356	12,354
Regulation (including Fitness to Practise)	52,003	49,416
Secretariat	104,477	86,478
Total	313,903	271,788

7 Taxation

The tax charge on the surplus before tax for the year was as follows:

	2008	2007
	£	£
Current tax:		
Corporation tax at 20% (2007 at 19%)	26,689	17,635
Tax on surplus for year	26,689	17,635

The Council is liable for corporation tax on its investment income but is not liable for corporation tax in respect of any surplus or deficit arising from statutory activities.

8 Fixed assets

	Freehold buildings £	Office furniture £	Office equipment £	Computer hardware £	Total £
Cost					
At 1 April 2007	1,080,326	130,939	107,504	149,102	1,467,871
Additions	—	45,519	—	4,568	50,087
At 31 March 2008	1,080,326	176,458	107,504	153,670	1,517,958
Depreciation					
At 1 April 2007	194,528	105,271	99,883	140,087	539,769
Charge for the year	21,600	18,222	5,544	5,467	50,833
At 31 March 2008	216,128	123,493	105,427	145,554	590,602
Net book value					
At 31 March 2008	864,198	52,965	2,077	8,116	927,356
At 31 March 2007	885,798	25,668	7,621	9,015	928,102

9 Debtors

	2008 £	2007 £
Fee debtors	194,476	178,559
Prepayments and accrued income	85,818	67,837
Other debtors	6,423	2,025
Total	286,717	248,421

10 Creditors: amounts falling due within one year

	2008 £	2007 £
Deferred income	470,001	428,182
Trade creditors	63,409	68,355
Accruals	162,163	72,545
Other creditors	1,759	2,011
Income tax and social security	48,692	31,826
Corporation tax creditor	20,378	8,253
Total	766,402	611,172

11 Payments to Council Members

During the year, payments were made to Council Members as follows:

	2008	2007
	£	£
Appointed and elected Members		
> Attendance fees – Council, committees and sub-committees	91,750	97,810
> Travel	16,226	15,744
> Subsistence	3,051	1,332
	111,027	114,886
Co-opted members		
> Attendance fees – Council, committees and sub-committees	18,685	19,965
> Travel	3,291	3,413
> Subsistence	328	436
	22,304	23,814
Total	133,331	138,700

At 31 March 2008 the Council membership was:

	2008	2007
Lay Members	8	8
Osteopath Members	12	12
Education Members	3	3
Secretary of State Appointee	1	1
	24	24
Co-optees	19	18
Total	43	42

12 Reserves

	At 1 April 2007	Surplus for the year	Gross transfers between funds	At 31 March 2008
	£	£	£	£
General reserve	1,151,301	191,892	(659,564)	683,629
Designated funds				
> Osteopathy House redevelopment	—	—	550,000	550,000
> Governance Arrangements	100,000	—	100,000	200,000
> Revalidation	—	—	150,000	150,000
> Adverse Events	225,000	—	(14,690)	210,310
> Standardised Data Collection	100,000	—	(20,000)	80,000
> Critical Cs project	5,000	—	(5,000)	—
> 10th Anniversary Event	100,000	—	(100,000)	—
> Fixed asset fund	928,102	—	(746)	927,356
Total	2,609,403	191,892	—	2,801,295

The five designated project funds reflect the Council's commitment to reinvesting funds back into the profession and the infrastructure required to deliver a robust form of regulation:

- > Adverse Events and Standardised Data Collection link intrinsically to the need for an evidence-based practice, which will assist the profession for many years to come.
- > The Governance Arrangements fund relates to set-up costs of a wholly new and independently appointed governance structure for the Council, which will come into force on 1 April 2009.
- > The designated fund for the redevelopment of Osteopathy House is necessary to ensure the Council operates in a headquarters building that (a) complies with the Disability Discrimination Act (eg. the installation of a lift) and (b) continues to be fit for purpose to hold Fitness to Practise hearings.
- > The Revalidation designated fund is a sensible and prudent move to ensure Council has available funds to cover the set-up and introduction costs of revalidation. Revalidation is a process aimed at enhancing public protection and under which registrants will be required to demonstrate they meet the standard for continued registration.
- > The fixed asset fund was set up in order to demonstrate that not all of the Council's funds are available for general application. The fixed asset fund is set at an amount equal to the net book value of tangible fixed assets.

13 Capital commitments

Capital commitments that are contracted but not provided for at 31 March 2008 amount to £nil. (In 2007, this was £40,503.)



**General
Osteopathic
Council**

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