



General  
Osteopathic  
Council

## Annual Report and Accounts

2010-11





# **General Osteopathic Council**

## Annual Report and Accounts 2010 - 2011

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



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# Introducing the General Osteopathic Council

The General Osteopathic Council (GOsC) regulates osteopathic practice in the UK. Our purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.

We currently register just over 4,400 osteopaths.

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.

## Chair's statement

Last year I reported on the challenging agenda set by the GOsC in its three-year Corporate Plan. The challenges include a major overhaul of our ethical and practice standards, education, quality assurance and continuing professional development, as well as working towards the introduction of revalidation. This year I am pleased to report good progress towards all these objectives.

This year we were sorry to lose Evlynn Gilvarry as Chief Executive and Registrar, but her replacement, Tim Walker, has had an excellent first year. Although the year ahead will also be challenging, I am confident that the Council and staff, working together, will meet the goals that we have set ourselves.

In February 2011, the government published a Command Paper on healthcare professional regulation, *Enabling Excellence*, which sets out new aspirations for the sector and a goal of reducing the costs of regulation. While it is important that we meet this goal – and we will – we must also ensure that independent regulation of osteopathy remains meaningful to the profession.

To this end, as we approached the end of the year, Council started to think ahead to how it can help the profession develop beyond the confines of the work of the GOsC and be better able to support itself. This work will need to be done

in cooperation with the British Osteopathic Association, the Osteopathic Educational Institutions, specialist groups and others. We hope over the coming months to start a debate within the profession and beyond, which articulates a vision for the future of osteopathy as a profession equipped to provide patient care of the highest possible standard.

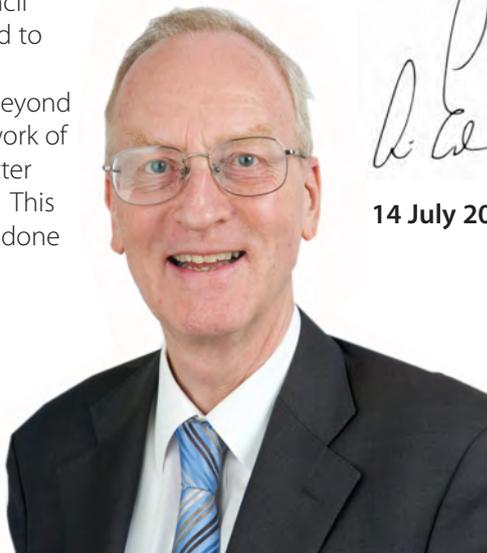
This is my last annual report as Chair of Council because I will retire at the end of March 2012. I have been fortunate as Chair to have worked with two first-class chief executives, a Council full of wise, committed, experienced and challenging members, both lay and osteopaths, and GOsC staff, who ensure that we work to the highest standards.

My successor will inherit an organisation in good shape, and will, I am sure, facilitate its further development for the good of the public, who benefit from osteopathic care, and for all our stakeholders, including the profession itself.

**Professor Adrian Eddleston**  
GOsC Chair



14 July 2011



# Chief Executive and Registrar's introduction

I took over the role of Chief Executive and Registrar of the GOsC halfway through the year on which we report, so what you see in these pages owes as much to my predecessor, Evlynnne Gilvarry, as it does to me.

The confident and successful organisation that I inherited relies on the effective work of an able staff team supported by an engaged and effective Council, something recognised once again by the Council for Healthcare Regulatory Excellence (CHRE) in its annual review of our performance.

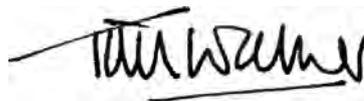
As well as a change of leadership, it has been a year of transition and preparation in other ways too.

- > We have completed the work on the revised *Osteopathic Practice Standards*, which, when introduced over the coming year, will set a new benchmark for osteopaths' practice. They have been much improved by the input of the profession during an extensive consultation.
- > We are close to completing our major programme of commissioned research covering adverse events, patient expectations and data collection. This research will not only assist the GOsC in ensuring that its regulation is evidence-based but also help the profession show the value and efficacy of osteopathic treatment.

- > The year has seen the assessment criteria finalised for our year-long pilot of revalidation. Early in 2011, we were pleased to see the recognition from government, in *Enabling Excellence*, that revalidation should not just focus on patient safety but also on the quality of healthcare. This sits well with our aspiration to continue to develop standards of osteopathic treatment and practice.
- > We have also looked hard at our external communication and engagement, with our registrants as well as patients and the public, to ensure that we remain focused and relevant to the needs of the profession and patients alike.

This work sets a firm foundation for us to take forward the GOsC and the osteopathic profession, to ensure that what we do continues to be of a high standard and to ensure that we retain the confidence of those we serve.

**Tim Walker**  
Chief Executive and Registrar



14 July 2011



# Report of the Council: year to 31 March 2011

Council presents its report together with the accounts of the General Osteopathic Council for the year ended 31 March 2011.

The accounts have been prepared in accordance with the accounting policies set out on page 30 and comply with the requirements of the *Osteopaths Act 1993*.

## 1 Assuring the quality of osteopathic education and training

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Education standards sit at the very heart of the GOsC's work. Ensuring that education providers are equipping students to practise safely and competently as osteopaths promotes confidence in the GOsC's registrants.

There are currently 10 higher education providers delivering GOsC-accredited osteopathic training courses and a total of 19 Recognised Qualifications (RQs). Before these qualifications are given final approval by the Privy Council, the GOsC's Education Committee and Council consider how the courses meet our standards.

We periodically review all courses to ensure that the standards of education and training remain high. In this, we work closely with the independent Quality Assurance Agency for Higher Education (QAA), which manages the quality assurance reviews on our behalf. In its appraisal of a course, the QAA will assess documentary evidence and inspect the facilities offered by the training institution. On a QAA recommendation, Council may approve a course with specific, time-limited conditions that must be met by the provider to maintain approval.



Our guidance for course development and delivery is outlined in the *QAA Subject Benchmark for Osteopathy*. General trends in osteopathic education, identified as a result of QAA reviews, are fed back to course providers, highlighting good practice and encouraging the raising of standards.

We work closely with the Osteopathic Educational Institutions (OEIs) to maintain high standards in osteopathic education.

This year, we have:

- > Continued with our review of quality assurance and developed a revised quality assurance handbook and annual reporting process.
- > Undertaken three new RQ reviews, one renewal of RQ review, and four reviews of conditions expiring during the year.
- > Monitored all recognised courses to ensure standards are maintained.
- > Scoped out the requirements for a review of the pre-registration curriculum.
- > Produced draft guidance for OEIs on managing student fitness to practise.
- > Held a best practice seminar and regular meetings with OEIs.
- > Commissioned research on graduate preparedness for practice.
- > Commissioned research on managing health and disability in osteopathic education.

### Facts and figures 2010-11:

- > 10 OEIs provided GOsC-recognised qualifications.
- > 19 RQs, at Bachelor's level, Master's level and postgraduate level (for qualified medical doctors only).
- > Approximately 300 students obtained a Recognised Qualification in osteopathy.



## 2 Registering qualified osteopaths

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The title of 'osteopath' is protected by law, and only those entered on the GOsC's Register are entitled to practise as osteopaths in the UK. To register, applicants must have a GOsC-recognised qualification or, if they have an equivalent overseas qualification, show that they meet our requirements through a test of competence.

Osteopaths must renew their registration each year. As part of this process, the GOsC checks that osteopaths have current professional indemnity insurance and have met mandatory continuing professional development (CPD) requirements.

The GOsC Register provides detailed information about osteopaths. This resource is freely available to the public, both online via our website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and via our telephone information service.

As well as 300 new osteopaths joining the Register in the usual way last year, we also considered applications from UK-qualified individuals who, for various reasons, did not join the UK Statutory Register of Osteopaths in the initial transitional period (1998–2000). The closing date for these applications was 31 December 2010, and we admitted three new registrants in this way during the year.

### Protecting the title of osteopath

The GOsC is rigorous about policing the illegal use of the title of osteopath because it is a criminal offence in the UK for a person to describe themselves (explicitly or by implication) as any kind of osteopath, unless registered with the GOsC (*Osteopaths Act 1993*, section 32).

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.

In March 2010 the GOsC obtained an interdict (equivalent to an injunction) in the Scottish Court of Session, preventing an individual in Scotland from wrongfully holding himself out as an osteopath. This was an important case for the GOsC, as it was the first time we had used the civil courts in Scotland to obtain such an order because a private prosecution has not been possible in Scotland.

## The Register: facts and figures

### Number of registrants

(at 31 March 2011)



4,442

### Gender breakdown

(at 31 March 2011)



2,172 female

2,270 male

### Number of osteopaths joining the Register

(01 April 2010 to 31 March 2011)



303

### Gender breakdown of osteopaths joining the Register

(01 April 2010 to 31 March 2011)



176 female

127 male

### Number of applicants joining the Register under new powers

1 April 2010 to 31 March 2011

3

### Number of registrants leaving the Register

1 April 2010 to 31 March 2011

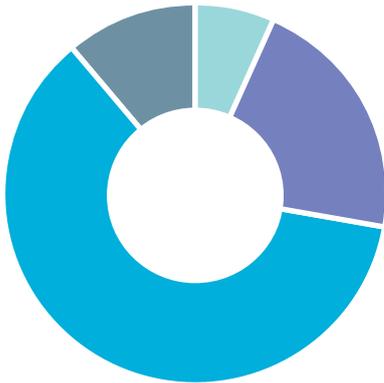
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(Deceased 8; removed 25; resigned 72; retired 13)

## The Register: facts and figures cont.

### Number of registrants leaving the Register

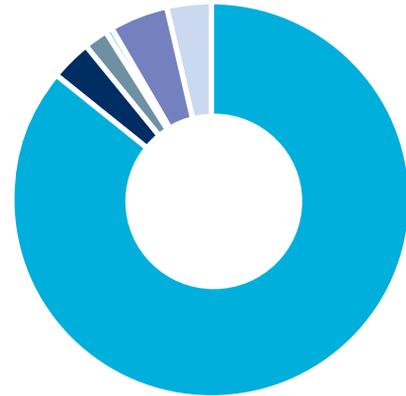
1 April 2010 to 31 March 2011



Deceased	8
Removed	25
Resigned	72
Retired	13

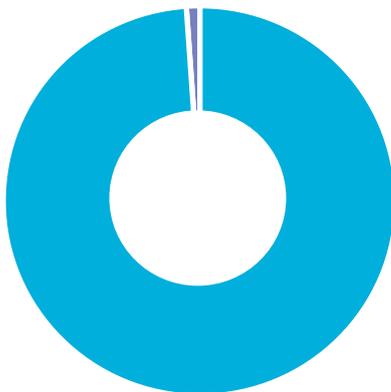
### Location of practice (or home) of registrants

at 31 March 2011



England	3,817
Scotland	144
Wales	97
Northern Ireland	20
European Economic Area	210
Rest of the world	154

### Breakdown of where new applicants joining the Register 1 April 2010 to 31 March 2011 trained



UK	300
EEA	0
Rest of the World	3

## 3 Ensuring osteopaths keep their knowledge and skills up to date

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### Continuing professional development (CPD)

All osteopaths are required to undertake CPD activities that will maintain their skills and enhance their practice of osteopathy. To renew their registration, osteopaths must provide us with confirmation that they have undertaken a minimum of 30 hours of CPD every year. For verification, registrants must keep documentary evidence that they have completed the CPD activities.

A random selection of 20.5% of the CPD returns was scrutinised during 2010 to ensure that the content claimed complied with the CPD Guidelines. A further 2% of osteopaths were asked to present evidence in support of their CPD activities.

Around 3,209 osteopaths (approximately 72.7%) used the online facility provided by the GOsC to submit their 2010 CPD returns.

During the year we started a review of our CPD scheme. This work will progress alongside the pilot of the revalidation scheme because of their close interrelationship.

### Revalidation

In line with government requirements that apply to all regulated health professions, we are developing a revalidation scheme aimed at ensuring that osteopaths remain fit to practise and that they meet our standards of competence, clinical practice, communication and professionalism, as well as contribute to continuous improvement in the quality of osteopathic treatment and care.

We have made good progress during 2010 with the development of a revalidation scheme suitable for osteopaths, and we will be piloting key aspects of the scheme in 2011-12. An independent Assessment Expert Team, comprising osteopath and lay education experts, developed *Guidelines for Osteopaths Seeking Revalidation* (revalidation pilot). These guidelines will form the core of the assessment of osteopaths' practice during the pilot.

Working with KPMG, appointed as independent consultants to assist with the evaluation of the revalidation pilot, we have produced three reports to date to inform development of the revalidation scheme. These reports cover:

- > the work undertaken by other regulators to outline costs, benefits, financial and regulatory risks;
- > a detailed picture of how osteopaths practise (based on a survey of registrants);
- > a methodology to identify costs, benefits and risks of revalidation.

Members of the Education Committee, sitting as the Revalidation Standards and Assessment Group, oversee the work on revalidation. Developing the revalidation scheme, piloting it and KPMG's evaluation of it is funded by a grant from the Department of Health.

In February 2011, the government published a Command Paper, *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. The Department of Health asks regulators to continue to develop the evidence base for revalidation, looking at how Revalidation can add value 'in terms of increased safety or quality of care for users of health care services'. This supports our view that quality of care should be central to revalidation and CPD.

## 4 Setting standards and promoting good practice

Patients expect from osteopaths high standards of practice and professional conduct. It is our role to set and regularly review these standards to ensure they reflect patient expectations and are evidence-based. This has been the focus of several projects this year:

### Revisions to osteopathic practice standards

The *Standard of Proficiency* and the *Code of Practice* were combined into a single document and issued for consultation in autumn 2010. The consultation and analysis were conducted independently by Hewell Taylor Freed and Associates.

During the consultation around 100 registrants were interviewed and over 160 attended 12 focus groups across the UK. There were a further 160 responses to the consultation.

The proposed *Osteopathic Practice Standards*, as the new document will be known, was considered by a working group of GOsC Council members (osteopathic and lay) before approval by Council. The full consultation analysis and the GOsC's response has been published on the GOsC website.

The new Standards will come into force in September 2012, allowing a year for their adoption by osteopaths and educators.

### Enhancing quality and safety

The GOsC works in partnership with the National Council for Osteopathic Research (NCOR), the body responsible for promoting a research culture and strengthening the evidence base for osteopathy. In addition, this

year we funded research projects aimed at enhancing the quality and safety of osteopathic practice:

- > Patient expectations – we completed our comprehensive UK-wide survey of public and patient expectations and experiences of osteopathic care. The results were very positive, with around 97% of patients satisfied with their treatment and care. However, the study identified some areas of unmet patient expectation, and these findings are being used to provide additional guidance to osteopaths and their patients.
- > Preparedness for practice – we commissioned a team from Queen Mary, University of London to research the preparedness to practise of recent osteopathy graduates. The study, which will include surveys of recent graduates, their employers and their colleagues, alongside work with students and OEIs, will help both the GOsC and the OEIs to better target support for future graduates.
- > Adverse events – our commissioned study of trends in insurance claims against osteopaths and complaints to the GOsC was completed this year. This study is one of four research projects that we have commissioned to investigate adverse events associated with osteopathic care. The final two projects are due for completion in 2011-12.
- > Standardised data collection – NCOR completed the development and piloting of a 'standardised data collection' tool for gathering patient data in osteopathic private practice. This GOsC-funded project will help establish clinical audit standards and enable the profession more precisely to describe osteopathic practice for the benefit of the public and patients.

> *International Journal of Osteopathic Medicine* (IJOM) – this year we moved from providing our registrants with a hard copy of this quarterly journal to an online subscription. This has also allowed us to provide a package to all registrants of other journals, including the *Journal of Bodywork and Movement Therapies*, *Clinical Biomechanics*, *Manual Therapy*, *the Spine Journal*, *Medicine*, and the *Journal of Manipulative and Physiological Therapeutics*.

## Promoting international standards

The GOsC has continued to coordinate the work of the Forum for Osteopathic Regulation in Europe (FORE), to facilitate the regulation of osteopathy across Europe. Working with the European Federation of Osteopaths (EFO), we agreed in principle to the establishment of a pan-European set of standards for osteopathy, through the Committee for Standardization in Europe (CEN), an EU-recognised standards body.

We signed a Memorandum of Understanding with the osteopathic regulators in Australia and New Zealand, to establish reciprocal arrangements for registering migrating osteopaths that will streamline the process without detriment to patient safety.

We also continue to work with the Osteopathic International Alliance (OIA) to promote osteopathic standards globally. During the year, the World Health Organisation published a benchmark document on training standards for osteopathy. The GOsC, as part of the OIA, is engaged in developing further reference materials that show the extent to which the benchmark is achieved worldwide.



## 5 Dealing with concerns and complaints

Public protection is the core of the GOsC's role. As part of this, we are committed to operating a fair process through which patients, the public and others can raise concerns about an osteopath and make a formal complaint.

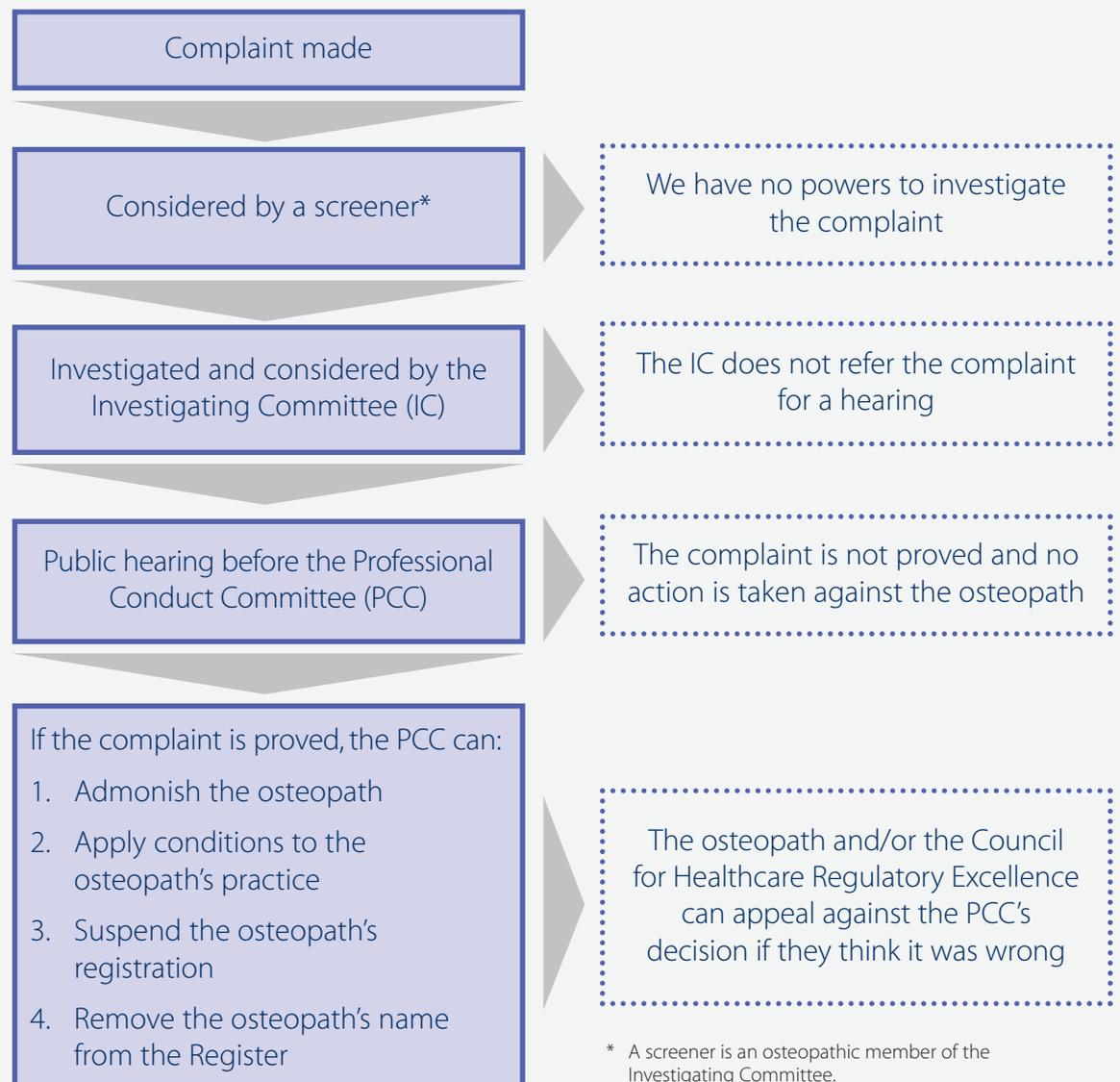
This process is governed by the *Osteopaths Act 1993* (sections 20 to 25) and the following

statutory instruments: Investigation of Complaints (Procedure) Rules 1999; Professional Conduct Committee (Procedure) Rules 2000; and Health Committee (Procedure) Rules 2000.

Guidance and advice to those with concerns about an osteopath's conduct or practice are offered via the GOsC public website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk) – or directly over the telephone or in writing.

### Our fitness to practise process

The Act and Rules determine the process that is followed when we investigate a complaint about an osteopath.



## The source of complaints

Most complaints are made by patients and often result from a breakdown in communication with their osteopaths. The GOsC has a legal duty to refer all cases that fall within its remit to the Investigating Committee.

## Complaints

Of the 30 complaints considered by the Investigating Committee during the period covered by this report:

- > 25 resulted from complaints by patients.
- > five were raised by the Registrar (four of these were following notification of either a caution or conviction for a criminal offence).

## Investigating Committee decisions

No case to answer – 17 cases



Case to answer – 13 cases



Where the Investigating Committee finds a case to answer, the case is referred to the Professional Conduct Committee

## Professional Conduct Committee

The Professional Conduct Committee reached final decisions in 14 cases

### Professional Conduct Committee decisions

Decision	No. of cases*
Not proved	2
Proved and admonished	6
Proved and conditions imposed on the osteopath's practice	1
Proved and suspended	3
Proved and removed from the Register	2
Total:	14

\* A single registrant may have been involved in more than one case.

## Interim suspension

To protect the public, both the Investigating Committee and Professional Conduct Committee have powers to suspend an osteopath's registration while a complaint is being investigated, if they consider this necessary. Between 1 April 2010 and 31 March 2011, the Investigating Committee considered whether to impose an Interim Suspension Order in two cases and agreed to do so on one occasion.

## Audit of cases closed at the investigating stage

For the second year, CHRE audited the GOsC's initial decision, i.e. those closed at the Investigating Committee stage. The audit concluded that 'the GOsC's systems consistently help to deliver high-quality decisions, which are communicated to parties in a professional way. Overall, our audit found a well managed system of casework with no evidence of significant risks to patients or to the maintenance of public confidence.'

## Time taken for fitness to practise cases to be considered

The GOsC has set targets for the three main stages of an investigation. We have also put in place a service level agreement with our external legal teams, to ensure they assist us in meeting these targets. The table below shows performance against targets during the period under review. We will continue to aim to meet these targets in the year to come and, where possible, without compromising fairness to all parties concerned, we aim to exceed them.

## Appeals

A registrant may appeal to a relevant court against a decision of the Professional Conduct Committee. For example, registrants in England or Wales make their appeal to the High Court of Justice for England and Wales.

CHRE, under Section 29 of the National Health Service Reform and Health Care Professions Act 2002, also has the power to challenge any decisions by the Professional Conduct Committee that it considers were too lenient.

No appeals were made during 2010-11.

## Time taken for cases to be considered

Stage	Target time from receipt of complaint	Average time for cases considered during 2010-11
Screened (21 cases)	3 weeks	8 days
Considered by the Investigating Committee (30 cases)	4 months	3.9 months
Heard by the Professional Conduct Committee (14 cases)	13 months	16.2 months*

\* This was affected by the time it took to conclude two serious criminal cases, both of which resulted in the removal of the osteopath.

## 6 Engaging with patients, the public and professionals

We are committed to working in partnership with osteopaths, patients and the public, along with other healthcare professionals, policymakers and all those affected by our activities. We welcome the widest possible input to inform our decision making.

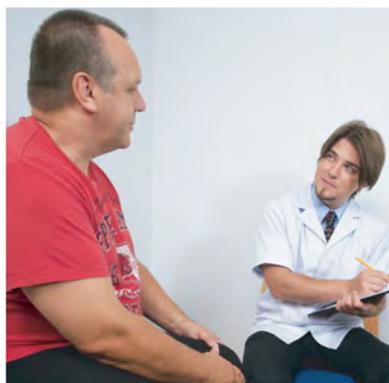
This year we reviewed how we communicate and engage with registrants, patients and the public. This resulted in adopting a new Communications and Engagement Strategy as well as a new Patient and Public Involvement Strategy, which will enable us to refocus our work in this area.

Working with independent consultants, we undertook a major consultation on the revised *Osteopathic Practice Standards* and developed a range of communication materials aimed at encouraging registrants to take part in the forthcoming Pilot of our Revalidation scheme.

Effective regulation relies on clear understanding between the regulator and the registrant. We communicate with registrants through our bi-monthly magazine – *The Osteopath* – and our newly re-launched dedicated registrant website the **o zone**. Our work with registrants is supported by regular, face-to-face meetings with representatives of the OELs, the Regional Societies' Network, the British Osteopathic Association, the National Council for Osteopathic Research and the profession.

This year we enhanced our e-communications with a monthly e-bulletin sent to nearly 4,000 registrants and others. We have also introduced another e-bulletin, which focuses on fitness to practise. This aims to bring to life regulatory issues in an informative and educational way; it is produced three times a year.

We continue to promote professionalism to undergraduate students, providing presentations to students as they embark on their clinical training and towards the end of their courses as they are about to graduate. These pre-registration presentations outline the purpose of statutory regulation, the role of the GOsC and the requirements for entry on the Register. We have also arranged for all final-year students to have access to the **o zone**.



## 7 Equality and diversity

The GOsC is committed to equality and diversity. In our work with the profession, patients and the public our objectives are:

- > to ensure our regulatory framework is fair and free from discrimination;
- > to promote professional values that protect a diverse public;
- > to promote equality of opportunity and access to the osteopathic profession;
- > to ensure a system of governance for the GOsC that supports equality and diversity;
- > to ensure high standards in the employment of our staff.

In 2011 we started a review of our existing Equality Scheme and Action Plan in the light of new requirements in the Equality Act 2010. This work will be completed in 2011-12.

We are also developing a Welsh Language Scheme to meet the requirements of the Welsh Language Act 1993. We have adopted the principle that in the conduct of public business in Wales, we will treat the English and Welsh languages equally. The Scheme will set out how we will give effect to that principle when providing services to the public in Wales.

## 8 Enhancing our services

### O zone upgrade and online services

- > We upgraded our registrant website to provide a better service to osteopaths and introduced two e-bulletins for registrants.
- > The new website allows osteopaths to renew registration online, self-administer personal details, complete CPD returns, book events and buy items from an online shop. The site also provides access to the *International Journal of Osteopathic Medicine* and other professional journals.

### Efficiency and value for money

- > We reviewed registration, CPD processes and rules to identify ways in which they could be streamlined, as well as any requirements for legislative changes.
- > In 2010-11 we completed procurement reviews of office services (printing, stationery and catering) and transcription services. We also developed a new investment management strategy to improve returns on the GOsC's financial reserves.

## Information security and business continuity

- > We developed a new information security policy in accordance with ISO/IEC 27001 to safeguard our IT and information resources.
- > We developed a new business continuity plan to help minimise risks in the event of disruption to daily operations. This included identifying an off-site facility for key staff members to relocate in, should the need arise.

## Council and committees

- > Council agreed to form a new sub-committee to inform our policy work around fitness to practise. We also convened short-life working groups on student fitness to practise, osteopathic practice standards, and communication and engagement.
- > We completed the first round of appraisals for all members of the new governance structure, introduced in January 2009. Council members also attended a development day in September 2010 to explore ways of working together effectively.

## Our annual performance review

- > In common with the other healthcare regulatory bodies, the GOsC is subject to external monitoring by CHRE. CHRE conducts an annual Performance Review that is subsequently reported to Parliament. We publish the Performance Review on our website, and its findings inform our business planning and setting of performance targets.

## Corporate Plan and Business Plan

- > The GOsC is working to a three-year Corporate Plan for 2010-13. It sets out the GOsC's strategic objectives and work programme. The Corporate Plan is published on the GOsC's website.

## 9 Key projects for 2011–2012

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### Revalidation scheme for osteopaths

- > We will undertake a year-long pilot of the revalidation scheme for osteopaths to evaluate its effect on patient safety and quality of care.

### Osteopathic Practice Standards

- > We will publish new *Osteopathic Practice Standards* and support osteopaths in practice with their implementation.

### CPD review

- > We will consult the profession on options for developing the CPD scheme in conjunction with the piloting of the revalidation scheme.

### Student fitness to practise

- > We will publish guidance for OEs on student fitness to practise and the management of health and disability issues.

### Osteopathic education

- > We will publish a new handbook and annual reporting process for the quality assurance of OEs.
- > We will start work on a review of the pre-registration curriculum.

### Research

- > We will publish the findings of a series of research projects on adverse events associated with osteopathic treatment. These data will feed into the development of guidance for the profession and information to patients and the public.
- > We will commission research into the preparedness to practise of recently qualified osteopaths.
- > We will continue to support the development of NCOR and seek to diversify its funding sources.

### International standards

- > We will work with our European partners to continue to develop a European-wide set of standards for osteopathy based on the CEN process.

### Breach of title

- > We will continue to pursue, using the courts where necessary, individuals who illegally use the title of osteopath.

### Governance

- > We will recruit a new Chair of Council and new members of Council
- > We will undertake a mid-point review of our Corporate Plan for 2010-13, which was agreed in February 2010.

## Future direction of regulation

- > We will respond to the challenge set out in *Enabling Excellence* to reduce the costs of regulation, while exploring how we can continue to develop the profession of osteopathy.
- > We will continue to work alongside the British Osteopathic Association and the Council for Osteopathic Educational Institutions to respond to the government proposals on Developing the Healthcare Workforce and other relevant aspects of the *Liberating the NHS* agenda.

## Communications and engagement

- > We will enhance our communication and engagement with the profession, to ensure there is a greater understanding of professionalism and professional issues in osteopathic practice.
- > We will continue to develop our work with patients and the public, to ensure that osteopathic practice reflects public expectations of high-quality care.

## 10 Financial report for the year 2010-11

### Overview

The financial statements for the year ended 31 March 2011 report a surplus of £32,756 before designated spending on specific one-off projects. Designated spending totalled £138,870, including expenditure on the Adverse Events and Standardised Data Collection projects.

In the year, there was further investment in IT to move back-office processes online so that osteopaths can now renew their registration via the registrant website, the **o** zone. This IT investment (£110,827), combined with the designated spending, means that cash reduced in the period by £85,596 to £1,082,352. General reserves total £2,074,375 of which £154,112 remains ring fenced for future activity. Further information on the reserves can be found in the Reserves section of this report, on page 28.

### Income and expenditure

	Financial year	
	2010-11 £	2009-10 £
Total income	3,063,333	2,863,327
Total expenditure, including corporation tax charge	3,034,747	2,853,204
Total designated spending	138,870	327,536
(Deficit) after designated spending	(110,284)	(317,413)
% of income spent before designated spending	99.07%	99.65%

### Income

Registration fees provide the GOsC with its main income source. Registration fees totalled £2,909,848, representing 95% of income received in the year. The level of the registration fee has not changed since May 2000.

Historically, the GOsC has received a considerable return on cash held in interest-bearing bonds. The Bank of England's decision to maintain interest rates at a record low of 0.50% meant the GOsC earned interest of just £19,829 from its cash deposits. We have considered how we can generate the best return on our cash holdings to

avoid erosion by inflation. The Council has decided that this can be best achieved by making a medium-term (c. 5 years) investment in the stock market through a balanced portfolio. The investment strategy has been developed with Newton Investment Management, a global thematic investment company.

In the year, £96,400 was used from a grant awarded to the GOsC by the Department of Health for developing Revalidation. The grant will enable the GOsC to assess the risks and benefits of developing a scheme of Revalidation for osteopaths and to pilot a Revalidation self-assessment scheme – work that will continue over the next few years.

Prudent financial management has ensured that economic pressures arising from low interest rates and high inflation have not adversely affected the delivery of GOsC activities.

### Expenditure

The financial statements report that £3,030,577 was spent on discharging our statutory duties.

### Employment costs

In the reporting year, total employment costs reached £1,299,469, representing 42.88% of total expenditure, compared with £1,183,528 (41.56%) in the previous reporting period. The increase was predominantly due to an increase in salaries for staff members and the associated social security costs. In addition, the prior year figures did not include the full-year costs for some posts because the GOsC ran temporarily with some staff vacancies.

### Professional Standards

Expenditure in this area – £290,850 – was higher than in the previous year (£235,773), an increase of 23.36%. The increase in the year arose through additional expenditure on Revalidation (£96,400 from the DH grant) and use of an independent consultant to conduct a consultation on the new *Osteopathic Practice Standards* (£40,484). Expenditure accrediting Recognised Qualifications (RQs) fell in the year to £77,491. Over the last five years, accreditation of RQs, conducted on our behalf by the Quality Assurance Agency, has averaged £119,860 per year. This represents 4.31% of the GOsC's total expenditure for the same period, amounting to £32.34 per registrant.

## Communications

A reduction in expenditure of 8.28% to £264,830 (£288,751 – prior year) is reported in the financial statements. Key activities in the year include:

- > GOsC publications (£77,673).
- > GOsC engagement activities (£38,572).
- > Redevelopment of the registrant website, including service contracts (£54,675).
- > UK and international lobbying activities (£32,068).

## Registration and Management Information Systems (MIS)

This year saw a significant investment in IT, shown on the balance sheet as a fixed asset addition. The investment in IT has enabled us to increase our online services for registrants, including renewal of registration. This is part of a move by the GOsC to ensure our business operations are efficient and effective and meet the changing needs of registrants.

Expenditure in the year – £62,411 – was lower than the previous year (£76,374), a reduction of 18.28%.

## Regulation (including fitness to practise)

Expenditure increased significantly in the year by 22.75% to £637,638 (prior year £519,447) because more cases were heard by the Professional Conduct Committee.

The increase in cases this year was the result of a spike in complaints received in the previous year, which were now brought to a hearing. However, the increased regulation activity did not adversely effect other work, including developing the new *Osteopathic Practice Standards*. The expenditure represents all the costs associated with convening fitness to practise panels, including panel member fees and expenses, and legal costs (£533,507).

## Research

Research-related activities account for expenditure of £175,339 in 2010-11, a reduction against a prior year total of £213,241. Within the current year, the GOsC committed funds of £86,861 to support the operational costs of the National Council for Osteopathic Research (NCOR) and

providing all registrants with the quarterly *International Journal of Osteopathic Medicine* (IJOM). From January 2011, IJOM became an online resource for osteopaths and provision has been expanded to include a range of additional research publications. This enhanced access to research resources for osteopaths also has the added benefit of being delivered at a lower cost, representing a saving for future financial periods.

## Secretariat

Total expenditure (including financing and taxation) reached £300,040 against the previous year's total of £330,661 – a reduction of 10.21%. Contained within financing is the cost of the loan taken out to part-finance the redevelopment of Osteopathy House in 2009.

### Breakdown of expenditure



<b>2010-11</b>		<b>2009-10</b>
<b>£493,308 (16.26%)</b>	Professional Standards	£405,738 (14.22%)
<b>£520,164 (17.14%)</b>	Communications	£521,913 (18.30%)
<b>£837,491 (27.60%)</b>	Regulation	£706,260 (24.75%)
<b>£202,526 (6.67%)</b>	Registration & MIS	£209,648 (7.35%)
<b>£175,339 (5.78%)</b>	Research	£213,241 (7.47%)
<b>£805,919 (26.55%)</b>	Secretariat	£796,402 (27.91%)

NB: employment costs have been reallocated within the department headings, excluding Research.

## What does the registration fee fund?

The annual registration fee of £750 is broken down below to show the amount spent by each GOsC function.

### Proportion of £750 registration fee spent on key activities during 2010-11



<b>£126.36</b>		Professional Standards	16.85%
<b>£121.02</b>		Communications	16.14%
<b>£206.48</b>		Regulation	27.53%
<b>£49.97</b>		Registration & MIS	6.66%
<b>£43.26</b>		Research	5.77%
<b>£202.91</b>		Secretariat	27.05%

## Reserves policy

Council has maintained its policy of keeping its free reserves (i.e. those funds not designated for specific purposes) at a level not lower than three months' average annual expenditure. Council believes these reserves are adequate, given the organisation's risk profile.

## Reserves position

The balance sheet shows total funds of £2,074,375.

General reserves (free reserves not designated for specific purposes) total £1,920,263 – equivalent to five months' average annual expenditure.

Funds totalling £154,112 have been designated for the specific purpose of:

- > Research into adverse events related to osteopathic practice (£54,112).
- > Future governance structure changes (£100,000).

These designated funds reflect the GOsC's commitment to investing in developing osteopathic practice and in the infrastructure required to deliver effective regulation.

## Statement of Council members' responsibilities

Council is responsible for preparing the 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 they are 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.
- > Make judgments 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.

The Council members are 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*. Council is also responsible for safeguarding the assets of the GOsC and will take reasonable steps to ensure the prevention and detection of fraud and other irregularities.

In so far as each of the Council members is aware:

- > there is no relevant audit information of which the GOsC's auditors are unaware; and
- > the Council members have taken all steps that they ought to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

**Approved by Council on 14 July 2011 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



## Independent auditor's report to the members of the General Osteopathic Council

We have audited the financial statements of the General Osteopathic Council (GOsC) for the year ended 31 March 2011, which comprise the income and expenditure account, balance sheet, cash flow statement, principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice).

This report is made solely to the Council's members, as a body, 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 the Council 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 GOsC, and the members of the Council as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of Council members and auditors

As explained more fully in the Statement of Council members' responsibilities set out on pages 28 and 29, the Council members are responsible for the preparation of financial statements and being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

### Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the Council's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Council members; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Chairman's statement, Chief Executive and Registrar's introduction and the Report of the Council to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.

### Opinion on financial statements

In our opinion the financial statements:

- > give a true and fair view, in accordance with UK Generally Accepted Accounting Practice, of the state of the GOsC's affairs as at March 2011 and of its income and expenditure for the year then ended;
- > have been properly prepared in accordance with the requirements of the *Osteopaths Act 1993*.

Grant Thornton UK LLP

**Grant Thornton UK LLP**  
Registered Auditor  
LONDON

14 July 2011

## Accounts

### Income and expenditure account

Year to 31 March 2011

	Notes*	2011 £	Restated 2010 £
<b>Income</b>			
Registration fees		2,909,848	2,784,438
Bank interest		19,829	20,360
Other income	1	133,656	58,529
<b>Total</b>		<b>3,063,333</b>	<b>2,863,327</b>
<b>Expenditure</b>			
Staff and related costs	2 and 3	1,299,469	1,183,528
Professional Standards	4	290,850	235,773
Communications	4	264,830	288,751
Registration and MIS	4	62,411	76,374
Regulation (including fitness to practise)	4	637,638	519,447
Research	4	175,339	213,241
Secretariat	4	280,134	308,283
Financing (bank charges and loan interest)	4	19,906	22,378
<b>Sub total</b>		<b>3,030,577</b>	<b>2,847,775</b>
<b>Surplus before designated spending and taxation</b>		<b>32,756</b>	<b>15,552</b>
<b>Designated spending</b>		<b>138,870</b>	<b>327,536</b>
<b>Corporation tax charge</b>	6	<b>4,170</b>	<b>5,429</b>
<b>Deficit for the year</b>	11	<b>(110,284)</b>	<b>(317,413)</b>

\* Notes to the accounts available on pages 35-40.

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

There is no difference between the deficit before taxation and the retained deficit 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 deficits for the periods reported.

The 2010 figures have been restated due to the reallocation of expenditure items between departments.

## Balance sheet

Year to 31 March 2011

	Notes*	2011 £	2011 £	2010 £	2010 £
<b>Fixed assets</b>	7		<b>2,159,334</b>		2,146,309
<b>Current assets</b>					
Debtors	8	<b>369,786</b>		403,909	
Cash at bank and in hand		<b>1,082,352</b>		1,167,948	
		<b>1,452,138</b>		1,571,857	
<b>Creditors: amounts falling due within one year</b>	9	<b>(1,238,691)</b>		(1,275,593)	
<b>Creditors: amounts falling due over one year</b>	9	<b>(298,406)</b>		(257,914)	
		<b>(1,537,097)</b>		(1,533,507)	
<b>Net current (liabilities)/assets</b>			<b>(84,959)</b>		38,350
<b>Total assets less total liabilities</b>			<b>2,074,375</b>		2,184,659
<b>Reserves</b>					
General reserve	11		<b>1,920,263</b>		1,664,042
Designated funds	11				
> Adverse Events			<b>54,112</b>		124,807
> Standardised Data Collection			—		45,810
> Governance arrangements			<b>100,000</b>		150,000
> Revalidation			—		200,000
<b>Total reserves</b>	11		<b>2,074,375</b>		2,184,659

\* Notes to the accounts available on pages 35-40.

Approved by Council on and signed on their behalf by:



Professor Adrian Eddleston

Chairman

14 July 2011



Mr John Chuter OBE

Treasurer

## Cash flow statement

Year to 31 March 2011

	Notes	2011 £	2010 £
Cash outflow from operating activities	A	(51,657)	(655,466)
Returns on investments and servicing of finance	B	12,092	10,176
Taxation		(4,170)	(5,429)
Capital expenditure	B	(119,337)	(386,286)
Financing	C	77,476	343,101
Decrease in cash		(85,596)	(693,904)

### Notes to the cash flow statement for the year to 31 March 2011

#### A Reconciliation of deficit before tax to net cash outflow from operating activities

	2011 £	2010 £
Deficit before tax	(98,377)	(301,799)
Interest receivable	(19,829)	(20,360)
Depreciation charge	106,312	94,710
Increase/(decrease) in debtors	34,123	(107,531)
Decrease in creditors	(73,886)	(320,486)
<b>Net cash outflow from operating activities</b>	<b>(51,657)</b>	<b>(655,466)</b>

#### B Gross cash flows

	2011 £	2010 £
<b>Returns on investment and servicing of finance</b>		
Interest receivable	19,829	20,360
Interest paid on bank loan	(7,737)	(10,184)
<b>Total</b>	<b>12,092</b>	<b>10,176</b>
<b>Capital expenditure</b>		
Payments to acquire tangible fixed assets	(119,337)	(386,286)
<b>Total</b>	<b>(119,337)</b>	<b>(386,286)</b>

#### C Financing

	2011 £	2010 £
Bank Loan	77,476	343,101
<b>Total</b>	<b>77,476</b>	<b>343,101</b>

#### D Analysis of changes in net funds

	1 April 2010 £	Cash flows £	31 March 2011 £
Cash at bank and in hand	1,167,948	(85,596)	<b>1,082,352</b>
Bank loan	(343,101)	77,476	<b>(265,625)</b>
<b>Total</b>	<b>824,847</b>	<b>(8,120)</b>	<b>816,727</b>

*E Reconciliation of net cash flow to movement in net funds*

	31 March 2011 £
Net funds at 1 April 2010	824,847
Decrease in cash in the period	(85,596)
Bank loan	77,476
Net funds at 31 March 2011	<b>816,727</b>

**Principal accounting policies**

Year to 31 March 2011

*Basis of accounting*

The accounts are prepared under the historic 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
- > Customer Relational Management System – 5 years (disclosed in 'computer hardware')

*Income*

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

Grants for specific purposes are included in income to the extent that expenditure is incurred during the financial year (together with any related contributions towards overhead costs). Deferred credits, which are attributable to subsequent financial years, are included in creditors under the classification of accruals and deferred income. Grant income received in the financial year is disclosed under other income in the notes to the accounts (see note 1).

*Expenditure*

Expenditure is accounted for on a payable basis.

Support costs have been apportioned between the functions on the basis of the number of employees (see note 2), except where they can be attributed directly to a function.

Council considers that the National Council for Osteopathic Research (NCOR) be accounted for as a Joint Arrangement which is Not an Entity for the purpose of these accounts.

*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

Year to 31 March 2011

### 1 Income

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

Other income received in the year was as follows:

	2011 £	2010 £
<b>Other income</b>		
Department of Health – grant funding	96,400	15,000
ACP/Conditions of Practice	3,040	4,571
Conference	–	5,029
Magazine and leaflets	29,648	21,679
Recoverable costs (Section 32)	556	738
Miscellaneous	4,012	11,512
<b>Total</b>	<b>133,656</b>	<b>58,529</b>

### 2 Employees and staff costs

Staff costs during the year were as follows:

	2011 £	2010 £
Wages and salaries	988,996	909,473
Social security costs	105,932	99,224
Other pension costs (see note 3)	121,460	122,732
	<b>1,216,388</b>	<b>1,131,429</b>
Temporary staff	20,337	8,910
Recruitment	36,827	27,847
Training and development	17,273	9,510
Other	8,644	5,832
<b>Total</b>	<b>1,299,469</b>	<b>1,183,528</b>

The average number of employees, on a full-time equivalent basis and by department, of the GOsC during the year ended 31 March 2011 was:

	2011	2010
Professional Standards	4	4
Communications	5	5
Registration & MIS	3	3
Regulation (including fitness to practise)	4	4
Secretariat	7.4	7.2
<b>Total</b>	<b>23.4</b>	<b>23.2</b>

### Executive remuneration

The employment costs of the Chief Executive and Registrar during the year were:

	Total £	Evlynn Gilvarry proportion £	Tim Walker proportion £
Salary	120,351	72,018	48,333
Employer National Insurance contributions paid in the year	13,931	8,150	5,781
Employer pension contributions paid in year	8,356	6,423	1,933

Evlynn Gilvarry was employed as Chief Executive and Registrar between 1 April 2010 and 19 October 2010.

Tim Walker, the Chief Executive and Registrar, was employed by the GOsC from 1 November 2010, and his salary as at 31 March 2011 was £116,000.

### 3 Pension costs

The contributions paid in the year in respect of the GOsC's pension scheme were £121,460 (2010: £122,732).

### 4 Expenditure

Expenditure for each function in the year was as follows:

	Notes	2011 £	Restated 2010 £
<b>Professional Standards</b>			
Quality assurance		77,491	146,445
Committees and workshops		16,840	16,376
Standards and Code		40,484	15,014
Registration assessments		10,285	6,072
Revalidation (DH funds)		96,400	–
Scope of practice		450	–
Student fitness to practise		5,142	–
Transition into practice		23	–
Publications and subscriptions		67	–
Continuing professional development		62	–
Support costs	5	43,606	51,866
<b>Total</b>		<b>290,850</b>	<b>235,773</b>
<b>Communications</b>			
GOsC publications		77,673	70,002
Committees and workshops		1,918	119
Engagement activities		38,572	81,017
Website activities		54,675	32,276
Media activity		1,462	1,744
Public and international affairs		32,068	38,760
Publications and subscriptions		3,954	–
Support costs	5	54,508	64,833
<b>Total</b>		<b>264,830</b>	<b>288,751</b>
<b>Registration and MIS</b>			
Documentation and postage for registration		11,678	12,243
Management Information Systems		5,960	12,265
Committees and workshops		1,166	–
Support costs	5	43,607	51,866
<b>Total</b>		<b>62,411</b>	<b>76,374</b>
<b>Regulation (including fitness to practise)</b>			
Statutory and other committees		533,507	420,651
Fitness to practise documentation		–	5,067
Legal costs		60,524	41,863
Support costs	5	43,607	51,866
<b>Total</b>		<b>637,638</b>	<b>519,447</b>

*Expenditure cont:*

	Notes	2011 £	Restated 2010 £
<b>Research</b>			
National Council for Osteopathic Research		86,861	79,660
<i>International Journal of Osteopathic Medicine</i>		83,497	65,000
Complainant/registrant research activity		4,981	68,581
<b>Total</b>		<b>175,339</b>	<b>213,241</b>
<b>Secretariat</b>			
Council costs		150,345	140,883
Statutory and other committees		9,796	15,244
Equality and diversity		786	4,330
Independent audit programme		11,283	9,200
Auditors' remuneration		16,140	32,290
Publications and subscriptions		4,571	15,569
Support costs	5	87,213	90,767
<b>Total</b>		<b>280,134</b>	<b>308,283</b>
<b>Financing</b>			
Loan interest		7,737	10,184
Bank charges		12,169	12,194
<b>Total</b>		<b>19,906</b>	<b>22,378</b>
<b>TOTAL</b>		<b>1,731,108</b>	<b>1,664,247</b>

The 2010 figures have been restated due to the reallocation of expenditure items between departments.

*5 Support costs*

	2011 £	Restated 2010 £
Depreciation	106,312	94,710
Rates	38,854	40,198
Building maintenance	29,231	51,964
Utilities	17,762	11,136
Postage, printing and stationery	45,824	68,203
Telephone and fax	14,762	18,470
Insurance	16,219	24,582
Other	3,577	1,935
<b>Total</b>	<b>272,541</b>	<b>311,198</b>
These costs have been apportioned as follows:		
Professional Standards	43,606	51,866
Communications	54,508	64,833
Registration and MIS	43,607	51,866
Regulation (including fitness to practise)	43,607	51,866
Secretariat	87,213	90,767
<b>Total</b>	<b>272,541</b>	<b>311,198</b>

The 2010 figures have been restated due to the reallocation of expenditure items between departments.

## 6 Taxation

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

	2011 £	2010 £
Current tax:		
Corporation tax at 20%	4,170	5,429
<b>Tax on surplus for year</b>	<b>4,170</b>	<b>5,429</b>

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

## 7 Fixed assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold buildings £	<b>Total £</b>
<b>Cost</b>					
At 1 April 2010	18,321	165,164	154,202	2,237,407	<b>2,575,094</b>
Additions	–	1,745	110,827	6,765	<b>119,337</b>
At 31 March 2011	18,321	166,909	265,029	2,244,172	<b>2,694,431</b>
<b>Depreciation</b>					
At 1 April 2010	18,321	93,436	33,861	283,167	<b>428,785</b>
Charge for the year	–	23,996	37,433	44,883	<b>106,312</b>
At 31 March 2011	18,321	117,432	71,294	328,050	<b>535,097</b>
<b>Net book value</b>					
At 31 March 2011	–	49,477	193,735	1,916,122	<b>2,159,334</b>
At 31 March 2010	–	71,728	120,341	1,954,240	<b>2,146,309</b>

## 8 Debtors

	2011 £	2010 £
Fee debtors	215,448	252,885
Prepayments and accrued income	147,445	127,649
Other debtors	6,893	23,375
<b>Total</b>	<b>369,786</b>	<b>403,909</b>

*9 Creditors: amounts falling due within one year*

	2011 £	2010 £
Deferred income	<b>664,556</b>	557,825
Trade creditors	<b>245,984</b>	226,512
Accruals	<b>24,647</b>	134,579
Department of Health – grant funding	<b>180,350</b>	220,000
Building loan – Osteopathy House	<b>77,469</b>	85,187
Other creditors	–	4,038
Income tax and social security	<b>40,700</b>	42,345
Corporation tax creditor	<b>4,985</b>	5,107
<b>Total</b>	<b>1,238,691</b>	1,275,593

*Creditors: amounts falling due over one year*

	2011 £	2010 £
Department of Health – grant funding	<b>110,250</b>	–
Building loan – Osteopathy House	<b>188,156</b>	257,914
<b>Total</b>	<b>298,406</b>	257,914

A loan of £400,000 was taken out in 2010 through Lloyds TSB at a rate of 1.5% over base rate. Security for the loan is a first charge over the freehold property.

*10 Payments to non-executive members***Council members**

In the reporting year the total value of honorariums paid to Council members was £117,500, including responsibility allowances. In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £26,073.

**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 Professional Conduct Committee when attending GOsC meetings and hearings. Members of these committees claimed daily attendance fees of £113,685, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £49,295.

**External members of other committees**

In the reporting year, a daily attendance fee was paid to external members of the Education Committee, Audit Committee and Remuneration Committee when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £7,214, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £2,498.

## 11 Reserves

	At 1 April 2010	Deficit for the year	Gross transfers between funds	At 31 March 2011
	£	£	£	£
General reserve	1,664,042	(110,284)	366,505	<b>1,920,263</b>
Designated funds:				
> Adverse Events	124,807	–	(70,695)	<b>54,112</b>
> Standardised Data Collection	45,810	–	(45,810)	–
> Governance arrangements	150,000	–	(50,000)	<b>100,000</b>
> Revalidation	200,000	–	(200,000)	–
<b>Total</b>	<b>2,184,659</b>	<b>(110,284)</b>	–	<b>2,074,375</b>

The designated projects funds reflect the GOsC's commitment to reinvesting funds back into the profession. For example, the Adverse Events and Standardised Data Collection projects are linked to the need for an evidence-based practice.

## 12 Capital commitments

Capital commitments that are contracted but not provided for at 31 March 2011 amount to £nil (2010: £nil).

# 11 Who we are

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## The General Osteopathic Council

For the year under report (1 April 2010 to 31 March 2011)

### Patron

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HRH The Prince of Wales KG KT GCB

### Chair (lay)

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Professor Adrian Eddleston DM FRCP

### Treasurer (lay)

---

Mr John Chuter OBE

### Lay members

---

Geraldine Campbell  
 Professor Ian Hughes  
 Kim Lavelly  
 Professor Julie Stone  
 Jenny White MBE

### Osteopath members

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Paula Cook  
 Jonathan Hearsey  
 Nick Hounsfield  
 Brian McKenna  
 Kenneth McLean  
 Robin Shepherd  
 Fiona Walsh

## Statutory committees:

### Education Committee

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Paula Cook *osteopath*  
 Professor Adrian Eddleston *lay*  
 Nick Hounsfield *osteopath* (until July 2010)  
 Professor Ian Hughes *lay* (Chair)  
 Julie Stone *lay*  
 Fiona Walsh *osteopath* (from July 2010)

### External members

Jane Fox *lay*  
 Bernardette Griffin *lay*  
 Robert McCoy *osteopath*  
 Liam Stapleton *lay*

### **Health Committee**

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Derek Auchie *lay* (until October 2010)  
 Vicki Harris *lay*  
 Jean Johns *lay*  
 Anthony Kanutin *osteopath*  
 Andrew Kerr *osteopath*  
 Corinna Kershaw *lay*  
 David Plank *lay*  
 Jacqueline Salter *osteopath*  
 Rodney Varley *lay*  
 Margaret Wolff *lay* (Chair)  
 Nicholas Woodhead *osteopath*  
 Judith Worthington *lay*

### **Investigating Committee**

Claire Cheetham *osteopath*  
 Fionnuala Cook *lay*  
 Miles Crook *osteopath* (from April 2010)  
 Charles Dunning *osteopath*  
 Gillian Hawken *lay*  
 Anne Johnstone *lay*  
 Yvonne McNiven *osteopath* (from April 2010)  
 Abigail Miller *osteopath*  
 John Mundy *lay* (Chair)  
 James Olorenshaw *osteopath*  
 Sarah Payne *lay*  
 Michael Yates *lay*

### **Professional Conduct Committee**

Derek Auchie *lay* (until October 2010)  
 Vicki Harris *lay*  
 Jean Johns *lay*  
 Anthony Kanutin *osteopath*  
 Andrew Kerr *osteopath*  
 Corinna Kershaw *lay*  
 David Plank *lay* (Chair)  
 Jacqueline Salter *osteopath*  
 Rodney Varley *lay*  
 Margaret Wolff *lay*  
 Nicholas Woodhead *osteopath*  
 Judith Worthington *lay*

## **Non-Statutory committees:**

### **Audit Committee**

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Nigel Clarke *lay* (Chair until June 2010)  
 Jane Hern *lay* (Chair from June 2010)  
 Kenneth McLean *osteopath*  
 David Prince *lay* (from October 2010)  
 Jenny White *lay*

### **Finance & General Purposes Committee**

Geraldine Campbell *lay*  
 John Chuter *lay* (Chair)  
 Jonathan Hearsey *osteopath*  
 Nick Hounsfield *osteopath* (from July 2010)  
 Kim Lavelly *lay*  
 Robin Shepherd *osteopath*  
 Julie Stone *lay*  
 Fiona Walsh *osteopath* (until July 2010)

### **Fitness to Practise Policy Committee (new committee from April 2010)**

Professor Ian Hughes *lay*  
 Jonathan Hearsey *osteopath*  
 Professor Julie Stone *lay* (Chair)  
 Fiona Walsh *osteopath*  
 Jenny White *lay*

### **Remuneration Committee**

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Paula Cook *osteopath*  
 Professor Adrian Eddleston *lay* (Chair)  
 Kim Lavelly *lay*  
 Brian McKenna *osteopath*  
 David Prince *lay* (June to October 2010)

## Council members' remuneration, expenses and attendance

### Payments to non-executive members

Name	Position held	Location in UK	Honorarium	Responsibility Allowance	Expenses
			£	£	£
Professor Adrian Eddleston	Chair	Cumbria	22,440	Nil	6,697.45
Geraldine Campbell <sup>1</sup>	Member	Northern Ireland	6,630	Nil	119.95
John Chuter <sup>2</sup>	Member	Yorkshire	6,630	5,000	3,092.70
Paula Cook	Member	Surrey	6,630	Nil	254.20
Jonathan Hearsey	Member	Sussex	6,630	Nil	694.75
Nicholas Hounsfield	Member	Bristol	6,630	Nil	2,243.20
Professor Ian Hughes <sup>3</sup>	Member	Yorkshire	6,630	2,000	5,067.90
Kim Lavelly	Member	London	6,630	Nil	160.75
Brian McKenna	Member	Wales	6,630	Nil	1,775.40
Kenneth McLean	Member	Scotland	6,630	Nil	2,570.39
Robin Shepherd	Member	Sussex	6,630	Nil	702.75
Professor Julie Stone <sup>4</sup>	Member	Cornwall	6,630	2,000	2,693.70
Fiona Walsh	Member	London	6,500	Nil	0.00
Jenny White	Member	London	6,630	Nil	0.00
<b>Total</b>			<b>108,500</b>	<b>9,000</b>	<b>26,073.14</b>

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

Details about the total cost of expenses paid to members of the Investigating Committee, Professional Conduct Committee and external members of other GOsC committees should refer to note 10, Payments to non-executive members under the Notes to the accounts on page 39.

1 *Geraldine Campbell was on maternity leave for part of the reporting year*

2 *Treasurer and Chair of Finance & General Purposes Committee*

3 *Chair of Education Committee*

4 *Chair of Fitness to Practise Policy Committee*

## Council members' attendance at Council and committee meetings

	Council	Education Remuneration	Audit	Finance and General Purposes	Fitness to Practise Policy
Professor Adrian Eddleston	4/4	4/4	2/2	–	–
Geraldine Campbell	2/4	–	–	1/2	–
John Chuter	3/4	–	–	3/3	–
Paula Cook	3/4	3/4	2/2	–	–
Jonathan Hearsey	4/4	–	–	3/3	1/1
Nicholas Hounsfeld	2/4	1/1	–	2/2	–
Professor Ian Hughes	4/4	4/4	–	–	1/1
Kim Lavelly	4/4	–	2/2	3/3	–
Brian McKenna	3/4	–	2/2	–	–
Kenneth McLean	4/4	1/1	–	2/2	–
Robin Shepherd	4/4	–	–	3/3	–
Professor Julie Stone	4/4	3/4	–	1/3	1/1
Fiona Walsh	4/4	3/3	–	1/1	1/1
Jenny White	4/4	–	–	2/2	1/1

Individual members also attend working groups, tender panels, appraisals and ad-hoc meetings through the year.

## Management

### Chief Executive and Registrar:

Tim Walker (from November 2010)

Evlynn Gilvarry (to October 2010)

### Senior Management Team

- > **Fiona Browne**, Head of Professional Standards
- > **Alan Currie**, Head of Registration and Management Information Systems
- > **Matthew Redford**, Head of Finance and Administration
- > **Velia Soames**, Head of Regulation
- > **Brigid Tucker**, Head of Policy and Communications

## Principal office

Osteopathy House  
176 Tower Bridge Road  
London  
SE1 3LU

Telephone: 020 7357 6655

Website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

## Auditors

Grant Thornton UK LLP  
Grant Thornton House  
Melton Street  
Euston Square  
London  
NW1 2EP

## Bankers

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



## General Osteopathic Council

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