



General
Osteopathic
Council

Health Professional Regulation: The General Osteopathic Council

Introduction

1. This briefing provides further information about the quality of osteopathic regulation and how osteopathy is regulated in the four countries of the UK. We are keen to work with the devolved administrations to ensure that patients seeing osteopaths are protected.

Summary

About health professional regulation:

2. Osteopathy is a statutorily regulated health profession in the four UK countries (like physiotherapists at the HCPC and doctors at the GMC). The key objective of all statutory regulators is protection of the public.
3. It is illegal to practise as an osteopath in the four UK countries unless you are on [the GOsC Register](#).

Regulatory performance

4. The [General Osteopathic Council is a high performing regulator and leading thinker in regulation as evidenced by the Professional Standards Authority](#) published annual reviews and external publications in the wider health field around relational regulation, shared decision making and values-based practice.

Functions

5. We have statutory functions to set standards of education and training, set standards of competence and conduct, hold the Register and ensure that osteopaths on the Register meet our standards and fitness to practise powers to remove or restrict practice where necessary.
- Education
6. Osteopathic education involves four years normally at master's degree level and involves 1000 hours of clinical training in patient clinics and a variety of case presentations.
 7. Our [Graduate Outcomes and Standards for Education and Training \(2022\)](#) map to those expected of other allied health professions, for example, the [Health and Care Professions Council \(HCPC\)](#) Standards of Proficiency for physiotherapists.
 8. Like other regulated health professionals, osteopaths work within an ethical framework including working within the limits of their competence, confidentiality, ethics, professionalism and a competence framework, including

keeping knowledge and skills up to date. They are trained to take a history, perform an examination, make a working diagnosis, discuss treatment options and prognosis, and formulate a treatment or management plan in partnership with the patient including treatment or referral as necessary and appropriate.

9. A [quality assurance framework](#) is in place involving independent inspection, annual reports supplemented with external data and information, sharing of good practice and ongoing dialogue to ensure standards and patient safety.
10. Qualifications are recognised by the General Osteopathic Council and approved by the Privy Council in accordance with the Osteopaths Act 1993.

- Standards

11. All osteopaths are required to practise in accordance with the [Osteopathic Practice Standards](#) which inform standards for education, registration, and continuing professional development and fitness to practise proceedings.
12. The Osteopathic Practice Standards map to the standards expected of all regulated health professionals, for example, making the care of the patient their first concern, working in partnership with the patient, being personally accountable for professional practice and prepared to justify actions, keeping up to date, working within the limits of competence, practising within an ethical framework including confidentiality, boundaries, integrity etc.
13. Like all allied health professions, osteopaths are autonomous at the point of regulation.

- CPD/Revalidation

14. Like all regulated health professionals, [osteopaths are required to demonstrate that they continue to practise in accordance with our standards on a regular basis in order to maintain registration](#). This is confirmed by a Peer Discussion Review with another registered health professional.

- Fitness to practise

15. Like all health regulators, we are [required to investigate complaints and concerns made about osteopaths by law](#) and we have powers to restrict or remove registration if osteopaths are found guilty of unprofessional conduct. We also have powers to apply for interim suspension orders in serious cases.

[GOsC Strategy](#) and approach moving forward

16. Our key focusses are working with patients, with the profession, and with others, collaborating for high standards in osteopathy and safe patient care, strengthening trust, championing inclusivity and embracing innovation.

About health professional regulation

Osteopathy is a statutorily regulated health profession in the four UK countries. The key objective of all statutory regulators is protection of the public.

It is illegal to practise as an osteopath in the four UK countries unless you are on the GOSC Register.

1. There are nine health professional statutory regulators in the UK (including the General Medical Council, Health and Care Professions Council and the General Osteopathic Council) as illustrated at the appendix.
2. Osteopaths are health professionals regulated under the Osteopaths Act 1993 which applies to England, Wales, Northern Ireland and Scotland.
3. Each regulator is set up by an Act of Parliament and it is illegal to practise in these health professions unless you are on the register of the relevant statutory regulator. [Further information about statutory regulation in the UK can be found on the website of the Professional Standards Authority.](#)
4. The General Osteopathic Council Register is at: osteopathy.org.uk/register-search
5. All health professional regulators have the same statutory objectives as follows:
 'The over-arching objective of the General Council in exercising its functions is the **protection of the public.**' And includes the following objectives
 - (a) to **protect, promote and maintain the health, safety and well-being of the public;**
 - (b) to **promote and maintain public confidence in the profession...**; and
 - (c) to **promote and maintain proper professional standards and conduct for members of that profession."**

Regulatory performance

The General Osteopathic Council is a high performing regulator and leading thinker in regulation as evidenced by the Professional Standards Authority published annual reviews and external publications in the wider health field around relational regulation, shared decision making and values based practice.

6. Regulatory performance is overseen by the Professional Standards Authority via its annual reports required to be laid before parliament, the Northern Ireland Assembly, the Scottish Parliament and Senedd Cymru (Welsh Parliament).
7. The Osteopaths Act 1993 also requires GOsC to lay a report before parliament each year. [Read our most recent annual report.](#)
8. The Professional Standards Authority for Health and Social Care oversees the performance of the nine health professional regulators and [publishes annual performance reviews about each individual regulator](#). The General Osteopathic Council is the only regulator to meet every standard for the past fifteen years, demonstrating that it is a high performing regulator.
9. In addition, we are regarded as leading voices in the field of relational regulation, shared decision making and values based practice and application in regulation with various external publications.¹
10. We are regarded as an innovative regulator in the context of health professional regulation. For example, our approach to relational regulation spearheaded by Professor Gerry McGivern and policy approaches based on behaviour change theories. The impact of our approach so far is evidenced in reduced concerns and complaints since 2013. However, we are not complacent.
11. We are only the only regulator to have published in the wider health field in the area of values-based practise. We contend that effective implementation of our standards only manifests in the context of a clinician/patient consultation and

¹ For examples of this, please see: Browne F., Bettles S., Clift S., Walker T. (2021) Connecting Patients, Practitioners and Regulators in Supporting Positive Experiences and Processes of Shared Decision-Making: A Case Study in Co-production. In: Stoyanov D., Fulford B., Stanghellini G., Van Staden W., Wong M.T. (eds) International Perspectives in Values-Based Mental Health Practice. Springer, Cham. https://doi.org/10.1007/978-3-030-47852-0_45; Browne F, Bettles S, Clift S, Walker T. Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making: A progress report. J Eval Clin Pract. 2019;25:1030–1040. <https://doi.org/10.1111/jep.13279>; McGivern G, Fischer M, Palaima T, Spendlove Z, Thomson O, Waring, J, Exploring and explaining the dynamics of osteopathic regulation, 2015 available at: https://www.researchgate.net/publication/272174101_Exploring_and_explaining_the_dynamics_of_osteopathic_regulation_professionalism_and_compliance_with_standards_in_practice/related

consequently we have undertaken a programme of work to support shared decision making to support better patient care. We have produced resources for patients and clinicians to better support the implementation of our standards and shared decision making.

12. We are working in partnership with the Collaborating Centre for Values Based Practice and Professor Bill Fulford at St Catherine College, Oxford. Our publications are at: https://doi.org/10.1007/978-3-030-47852-0_45 and <https://doi.org/10.1111/jep.13279>.

Functions

We have statutory functions to set standards of education and training, set standards of competence and conduct, hold the register and ensure that osteopaths on the register meet our standards and fitness to practise powers to remove or restrict practise where necessary.

13. Like all health professional regulators, we
 - a. 'Set standards of competence and conduct that health and care professionals must meet in order to be registered and practise (Standards and CPD)
 - b. Check the quality of education and training courses to make sure they give students the skills and knowledge to practise safely and competently (Education)
 - c. Maintain a register that everyone can search (Registration)
 - d. Investigate complaints about people on their register and decide if they should be allowed to continue to practise or should be struck off the register - either because of problems with their conduct or their competence.' (Fitness to Practise)

Education:

Osteopathic education involves four years normally at master's degree level or level 6 and involves 1000 hours of clinical training in patient clinics and a variety of case presentations.

Outcomes and standards map to those expected of other allied health professions, for example, the HCPC Standards of Proficiency for physiotherapists.

Like other regulated health professionals, osteopaths work within an ethical framework including working within the limits of their competence, confidentiality, ethics, professionalism and a competence framework, including keeping knowledge and skills up to date. In partnership with the patient they are trained to take a history, perform an examination make a working diagnosis, discuss treatment options and prognosis and formulate a treatment or management plan in partnership with the patient including treat or refer as necessary and appropriate.

A quality assurance framework is in place involving independent inspection, annual reports supplemented with external data and information, sharing of good practice and ongoing dialogue to ensure standards and patient safety.

Qualifications are recognised by the General Osteopathic Council and approved by the Privy Council.

14. The [Osteopaths Act 1993](#) requires us to recognise qualifications entitling holders to apply for registration with us. We do this by setting standards and quality assuring education.²
15. We inspect seven osteopathic educational providers based in England and Wales.

About osteopathy:

16. Like most health professionals, osteopaths are trained to work in partnership with patients, take a case history, perform an examination and assessment, make a working diagnosis, discuss treatment options and prognosis and formulate a treatment or management plan in partnership with the patient including treat or refer as necessary and appropriate. Osteopaths are trained to work within the limits of their competence, referring when necessary to other health professionals, must keep their knowledge, skills and performance up to date and are subject to professional expectations and requirements including ethics, confidentiality etc. These expectations match those expected of all statutorily regulated health professionals.
17. Most osteopathic training is undertaken at degree level. Osteopathic students now follow a four or five-year degree course, combining academic and clinical, 'hands-on', work. Qualifications generally take the form of a bachelor's degree or master's degree in osteopathy, for example, BSc(Hons), BOst, BOstMed or MOst.
18. A qualification in osteopathy includes anatomy, physiology, pathology, pharmacology, nutrition, and biomechanics, as well as at least 1,000 hours of clinical training experience with patients. Osteopaths are required to see a variety of case presentations as part of their undergraduate training including patients who do not proceed according to expected prognosis. Further detail can be found in the [Graduate Outcomes and Standards for Education and Training \(2022\)](#)³

² Relevant documents include [Graduate Outcomes and Standards for Education and Training](#) which sets out the outcomes for graduates and standards for education and training and the [Osteopathic Practice Standards](#).

³ Presentations include: neuromusculoskeletal case presentation b. non-neuromusculoskeletal case presentation c. case presentation presenting communication challenges d. patients displaying a range of characteristics which might include gender, ethnicity, disability, culture, religion or belief, age, social status or language e. a patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up f. a patient requiring referral to another healthcare professional g. a patient who is under the care of another

19. Osteopaths are 'allied health professionals' in England. See <https://www.england.nhs.uk/ahp/about/>.
20. Osteopaths work predominantly in independent practice but also hold roles in the NHS and other sectors. The professional body for osteopaths, [the Institute of Osteopathy](#), publishes a range of reports about how osteopathy is working to support the health professional workforce and is the body to contact about promotion of osteopathy.
21. Like other health regulators, we have statutory powers to quality assure undergraduate education to ensure standards using independent expert Education Visitors. [Further information about our quality assurance](#) and [published reports](#) can be found on our website.
22. Our Graduate Outcomes map to the standards expected of other health professionals, for example the HCPC standards for proficiency for physiotherapists.

Standards

All osteopaths are required to practise in accordance with the [Osteopathic Practice Standards](#) which inform standards for education, registration and continuing professional development and fitness to practise proceedings.

The Osteopathic Practice Standards map to the standards expected of all regulated health professionals, for example, making the care of the patient their first concern, working in partnership with the patient, being personally accountable for professional practice and prepared to justify actions, keeping up to date, working within the limits of competence, practising within an ethical framework including confidentiality, boundaries, integrity etc.

23. The [Osteopathic Practice Standards](#) contain the standards of proficiency and code of practice for osteopaths. They map to core expectations of regulated health professionals and emphasise key tenets of being a health professional for example: making care of patient the first concern, being personally accountable for professional practice, being prepared to justify decisions and actions, explaining how they have exercised their professional judgement. Keeping knowledge and skills up to date through training and CPD, working within limits of competence, referring and asking for help when necessary, maintaining fitness to practise, practising within an ethical framework.

healthcare professional for an illness that cannot be cured by osteopathy, but where osteopathic treatment may help to alleviate symptoms h. a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated) i. a patient presenting requiring help which is outside the limits of competence of the graduate and who would benefit from osteopathic care that requires further postgraduate training j. cases where patients do not respond according to the expected prognosis k. cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.

24. There are four themes: Communication and patient partnership; Knowledge, skills and performance; Safety and quality in practice and Professionalism. The content and themes map to those expected of other regulated health professionals.

Figure 1 below shows the content of the themes.

Theme	Areas include:
A. Communication and patient partnership	Listening, respecting patients' concerns and preferences, dignity and modesty , effective communication, providing information, consent, patient partnership
B. Knowledge, skills and performance	Having sufficient knowledge and skills, working within training and competence, keeping up to date, analysing and reflecting on information to enhance patient care
C. Safety and quality in practice	Case history taking and record keeping, patient evaluation management, safeguarding, wider role in enhancing patients' health and wellbeing
D. Professionalism	Ethics, integrity, honesty, duty of candour, responding to complaints, confidentiality, working with others, complying with regulatory requirements

CPD/Revalidation

Like all regulated health professionals, osteopaths are required to demonstrate that they continue to practise in accordance with our standards on a regular basis in order to maintain registration. This is confirmed by a Peer Discussion Review with another health professional.

25. The CPD scheme requires a Peer Discussion Review at the end of the three-year cycle with another registered health professional in order to confirm that the requirements of the scheme have been met – that they have recorded and reflected on CPD across the breadth of their practice and the four themes of the OPS; specific CPD in communication and consent (an area with the highest proportion of concerns as evidenced by aggregated insurer and fitness to practise data); an objective activity (for example, patient feedback or patient reported outcome measures (PROMs), case-based discussion, peer observation or clinical audit).
26. [Further information about our CPD scheme](#)

Fitness to practise

Like all health regulators, we are required to investigate complaints and concerns made about osteopaths by law, and we have powers to restrict or remove registration if osteopaths are guilty of unprofessional conduct. We also have powers to apply for interim suspension orders in serious cases. [Further information about our fitness to practise processes](#)

27. We report regularly about our fitness to practise processes ([See for example](#)). We use information and data from our fitness to practise processes to inform our communications and engagement.
28. We also have innovative research projects where data about patient concerns from the professional association and insurers is aggregated by an independent research body in order to help us understand what patients are worried about. This allows us to take immediate action to address these areas. For example, communications and consent is part of our CPD scheme and we have strengthened our Osteopathic Practice Standards in the areas of communication and consent and boundaries in response to this data. [You can read these reports](#).

GOsC Strategy and approach moving forward:

29. You can read our [Strategy towards 2030](#) here. Our key focusses are working with patients, with the profession, and with others, collaborating for high standards in osteopathy and safe patient care. Our core objectives are about strengthening trust, championing inclusivity and embracing innovation.
30. Our communications and engagement strategy is focussed on listening, engaging with and understanding all our key stakeholders across the whole of the UK as well as communicating our key priorities.

Health Professional Regulators in the United Kingdom:

- General Chiropractic Council (chiropractors in UK): gcc-uk.org
- General Dental Council – (dentists, clinical dental technicians, dental hygienists, dental nurses, dental technicians, dental therapists, orthodontic therapists in UK): gdc-uk.org
- General Medical Council (doctors in UK): gmc-uk.org
- General Optical Council (optometrists or dispensing opticians in UK): optical.org
- General Osteopathic Council (osteopaths in UK): osteopathy.org.uk
- General Pharmaceutical Council (pharmacists, pharmacy technician, pharmacies in GB): pharmacyregulation.org
- Health and Care Professions Council (arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, speech and language therapists in UK): hcpc-uk.org
- Nursing and Midwifery Council (nurses, midwives, nursing associates in UK): nmc.org.uk
- Pharmaceutical Society of Northern Ireland (pharmacists in Northern Ireland): psni.org.uk

General Osteopathic Council
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