

Meeting of Council - Public

Thu 06 February 2025, 12:45 - 16:00

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

The 126th meeting of the General Osteopathic Council to be held in public on Thursday 6th February 2025 commencing at 12:45 and concluding at 16:00 before a closed session for Council.

Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have relation to items on the agenda.

Agenda

12:45 - 12:55

10 min

1.

Welcome and apologies

Information

Joanna Clift

 Public Agenda - February 2025 - FINAL.pdf (2 pages)

12:55 - 12:55

0 min

2.

Questions from observers

Discussion

Joanna Clift

12:55 - 12:55

0 min

3.

Minutes of the 125th public meeting of Council

Decision

Joanna Clift

For approval

 Public Item 3 - Unconfirmed minutes of November 2024 Public Council - FINAL.pdf (16 pages)

12:55 - 12:55

0 min

4.

Matters arising

Information

Matthew Redford

For noting

 Public Item 4 - Matters arising - FINAL.pdf (3 pages)

12:55 - 13:05

10 min

5.

Chair's Report

Information

Joanna Clift

For noting

 Public Item 5 - Chair's report January 2025 - FINAL.pdf (2 pages)

13:05 - 13:15

10 min


6.

Chief Executive and Registrar Report

Scott Marcia
23/01/2025 16:33:58

Decision Matthew Redford

For decision

 Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (9 pages)

13:15 - 13:30

15 min

7. Assurance reporting

Information Matthew Redford

For noting

 Public Item 7 - Assurance reporting - FINAL.pdf (2 pages)

7.1.

Annex A Business Plan monitoring report to 31 December 2024

Information Matthew Redford

For noting

 Public Item 7 - Annex A - Business Plan monitoring report - 31 December 2024 - FINAL.pdf (19 pages)

7.2.

Annex B Financial report to 31 December 2024

Information Matthew Redford

For noting

 Public Item 7 - Annex B - Finance Report, December 2024 - FINAL.pdf (12 pages)

13:30 - 13:45

15 min

8. Fitness to Practise report and dataset

Information Sheleen McCormack

For noting

 Public Item 8 - FtP Quarterly Report Q3 2024-25 - FINAL.pdf (5 pages)

8.1.

Annex A FtP dataset

Information Sheleen McCormack

For noting

 Public Item 8 - Annex A - FTP dataset Q3 2024-25 - FINAL.pdf (9 pages)

13:45 - 14:05

20 min

9. Investment and Reserves annual review

Decision Darren Pullinger

For decision

 Public Item 9 - Investment and reserves annual review - FINAL.pdf (7 pages)

14:05 - 14:20

15 min

Break

Scott Marcia
23/01/2025 16:33:55

14:20 - 14:50


30 min

10. Business Plan and Budget 2025-26

Decision

Matthew Redford

For decision

 Public Item 10 - Business Plan and Budget 2025-26 - FINAL.pdf (4 pages)

10.1. Annex A Business Plan 2025-26

Decision

Matthew Redford

For decision

 Public Item 10 - Annex A - Draft Business Plan 2025-26 - FINAL.pdf (13 pages)

10.1.1. Annex B Budget 2025-26

Decision

Matthew Redford

For decision

 Public Item 10 - Annex B - Budget 2025-26 - FINAL.pdf (8 pages)

10.1.2. Annex C Equality Impact Assessment

Information

Matthew Redford

To consider

 Public Item 10 - Annex C - EIA Business Plan and Budget 2025-26 - FINAL.pdf (5 pages)

14:50 - 15:05

15 min

11. Amending Section 32 (1) (protection of title) of the Osteopaths Act 1993

Decision

Matthew Redford

For decision

 Public Item 11 - Amending s32(1) of the Osteopaths Act 1993 - FINAL.pdf (3 pages)

15:05 - 15:25

20 min


12. Annual NCOR Concerns and Complaints Report

Decision

Fiona Browne

For decision

 Public Item 12 - NCOR Concerns and Complaints Report 2013-2023 - FINAL.pdf (5 pages)

 Public Item 12 - Annex - NCOR Concerns and Complaints Report 2023 - FINAL.pdf (51 pages)

15:25 - 15:40

15 min

13. Annual review of social media policy

Decision

Liz Niman

For decision

 Public Item 13 - Social media policy update 2025 - FINAL.pdf (3 pages)

15:40 - 15:45

5 min

14. Any other business

Discussion

Joanna Clift

For discussion

15:45 - 15:45

0 min

15. Questions from observers

Discussion

Joanna Clift

For discussion

15:45 - 15:45

0 min

16. Date of next meeting 15 May 2025

Information

Joanna Clift

For information

15:45 - 16:00

15 min

17. Council reflection time: closed session

Discussion

Scott Marcia
23/01/2025 16:33:58



The 126th meeting of the General Osteopathic Council to be held in public on Thursday 6 February 2025 commencing at 12:45 and concluding at 16:00 before a closed session for Council.

	Item description	Purpose	Executive lead	Timing
	Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.			
1.	Welcome and apologies		-	12:45 - 12:55
2.	Questions from observers		-	
3.	Minutes of the 125 th public meeting of Council	For approval	-	
4.	Matters arising	For noting	Chief Executive and Registrar	
5.	Chair's Report	For noting	Chair of Council	12:55 - 13:05
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	13:05 - 13:15
7.	Assurance reporting: A. Business Plan monitoring report to 31 December 2024 B. Financial report to 31 December 2024	For noting	Chief Executive and Registrar Head of Resources and Assurance	13:15 - 13:30
8.	Fitness to Practise report and dataset Annex A: FtP Dataset	For noting	Director of Fitness to Practise	13:30 - 13:45
9.	Investment and Reserves annual review	For decision	Head of Resources and Assurance	13:45 - 14:05
Comfort break				15 mins

	Item description	Purpose	Executive lead	Timing
10.	Business Plan and Budget 2025-26 A: Business Plan 2025-26 B: Budget 2025-26 C: Equality Impact Assessment	For decision	Chief Executive and Registrar, Head of Resources and Assurance	14:20 - 14:50
11.	Amending Section 32(1) (protection of title) of the Osteopaths Act 1993	For decision	Chief Executive and Registrar	14:50 - 15:05
12.	Annual NCOR Concerns and Complaints Report	For decision	Director of Education, Development and Standards	15:05 - 15:25
13.	Annual review of social media policy	For decision	Head of Communications, Senior Digital Communications Officer	15:25 - 15:40
14.	Any other business			15:40 - 15:45
15.	Questions from observers			
Date of next meeting: 15 May 2025				
Council reflection time: closed session			Meeting ends 16:00	

Scott Marcia
23/01/2025 16:33:58



Meeting of Council

Minutes of the 125th Meeting of Council held in public on Wednesday 20th November 2024 at Osteopathy House 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference.

Unconfirmed

Chair: Jo Clift

Present: Dr Daniel Bailey
Harry Barton (Chair, Audit Committee)
Elizabeth Elander (Chair, People Committee)
Sandie Ennis
Simeon London (left at 1330)
Professor Patricia McClure (Chair, Policy and Education Committee)
Laura Turner (Council Associate)
Caroline Guy
Gill Edelman
Dr Christopher Stockport

In attendance: Fiona Browne, Director of Education, Standards and Development
Banye Kanon, Senior Quality Assurance Officer (Item 12)
David Bryan, Head of Fitness to Practise (Item 8-9)
Lorna Coe, Governance Manager
Sheleen McCormack, Director of Fitness to Practise (Online)
Liz Niman, Head of Communication, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar
Jess Davies, Senior Engagement and Insight Officer (Item 5)
Marcia Scott, Council and Executive Support Officer (Online)
Ben Chambers, Registration Manager (online)
Brian Wroe, Chair Investigation Committee (online)
Andrew Harvey, Chair Professional Conduct Committee (online)

Observer/s Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR) (Online)
Sarah North, Institute of Osteopathy (online)
Collette Byrne, Scrutiny Officer, Professional Standards Authority (PSA) (Online)
Manjeet Kuar, Institute of Osteopathy (online)
Kathryn Parkin, PhD Student (in person)

Scott Marcia
23/01/2025 16:33:58

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:
 - a. Brian Wroe, Chair IC.
 - b. Andrew Harvey, Chair, PCC
 - c. Lorna Coe, GOsC Governance Manager, joining the GOsC in early October.
2. Stakeholder observers:
 - a. Dr Jerry Draper-Rodi, Director, NCOR
 - b. Manjeet Kaur, Institute of Osteopathy
 - c. Collette Byrne, Scrutiny Officer, Professional Standards Authority
 - d. Sarah North, Institute of Osteopathy
 - e. Kathryn Parkin, PhD Student
3. Apologies were received from:
 - a. Gabrielle Anderson (Council Associate)

Item 2: Questions from Observers

4. There were no questions from observers.

Item 3: Minutes

5. The minutes of the 124th public meeting, 18th July 2024, were agreed as a correct record subject to the following amendment:
 - a. Caroline Guy was not listed as present - to be added.

Item 4: Matters arising.

6. The Chief Executive introduced the report which asked that Council note the workstreams completed.
7. In discussion the following points were made and responded to:
 - a. At the last meeting there was discussion about the selection process for legal assessors. The Chief Executive advised that this work was ongoing and that it would be towards the end of the business year before there will be an update. Council was given assurance that there were no associated risks with the delay.

Noted: Council noted the matters arising from the meeting of Council 18 July 2024.

Item 5: Chair's Report

8. The Chair presented her report. The following points were highlighted:

- a. Chris Stockport has been appointed as the Welsh Lay member.
 - b. Shortlisting has taken place for four new external members of Policy and Education Committee (PEC) (2 x lay and 2 x registrant).
 - c. Interviews will take place for the two new registrant members to replace Liz Elander and Simeon London whose terms will end in March 2025.
 - d. The process for replacing Laura Turner when she finishes her second term as a Council Associate member in March 2025 is also underway.
 - e. The Chair attended the official launch of the Health Services University in Bournemouth, hosted by the Princess Royal.
 - f. Further to Council's decision to be more proactive internationally the Chair attended the Osteopathy Europe Conference in Luxembourg. One new area of work within the OE which GOsC needs to be aware of is the revision of the CEN standard which is the agreed descriptors for the practice of osteopathy within at an EU level.
 - g. It was noted that the reputation of UK Osteopathy remains highly regarded in Europe.
 - h. The Chair with other health regulators Chairs, attended a meeting to hear from the Chair of the Nursing and Midwifery Council (NMC) about his perspective concerning the crisis around culture and whistleblowing at the NMC and his observations/lessons learned about what its Council could have done differently. The meeting was held under the Chatham House Rules.
9. In discussion the following points were made and responded to:
- a. It was asked if the point about shared decision making was in relation to patients and whether this was being done across the health regulators. The Chair confirmed the Health and Care Professions Council (HCPC) has started working with a number of other Health Regulators to look at shared decision making and consent in relation to patients.

Noted: Council noted the Chair's report.

Item 6: Chief Executive and Registrars Report

10. The Chief Executive introduced the item which presented a review of activities and performance since the last Council meeting and not reported elsewhere on the agenda.

11. The key messages and following points were highlighted:

- a. The Professional Standards Authority (PSA) will be launching a consultation on revising the Standards of Good Regulation with a view to implementing new Standards from April 2026.
- b. GOsC has attended and participated in regional roadshows organised by the Institute of Osteopathy.
- c. GOsC attended the Scottish Regulatory Conference in Glasgow and were involved in a number of sessions alongside colleagues from the GMC, GCC, PSA and HCPC.
- d. The Chair and Chief Executive attended productive international events in Luxembourg and Australia respectively and look forward to continuing our engagement with international partners.
- e. Work has been progressing with activities being implemented and progressed in line with plans for our response to the DJS report findings on registrant perceptions.
- f. Council was requested to agree the appointment of lay and osteopath members to the Professional Conduct Committee from 1 April 2025 to 31 March 2029.

Lay members:

Balbinder Kaur Johal
 Rachel Forster
 Andrew Howard
 Jacqueline Elizabeth Telfer
 Pauline Sturman

Osteopath members:

Tamsyn Webb
 Robert Thomas
 Catherine Hamilton-Plant

- g. Council was requested to agree the reappointment of three lay PCC members from 1 April 2025 to 31 March 2029.

Andrew Harvey
 Melissa D'Mello
 Helena Suffield-Thompson

12. The Chief Executive added to the above items:

- a. Rise Associate Report into the Independence of Culture Review at the NMC. The GOsC executive thought it important to review the report for lessons learned and consider what the report outcomes might look like in the context of the GOsC. The responses to the 36 recommendations had been shared

with People Committee which prompted useful discussion, particularly in relation to the staff survey launch.

- b. The Chief Executive highlighted the work that has taken place at the PSA Research Conference and was pleased to report that the Director of Education, Standards and Development had showcased GOsC work on boundaries.

13. In discussion the following points were made and responded to:

- a. It was noted that in terms of overseas engagement, some initial steps have been taken and connections have been made with European colleagues who can help shape GOsC approach to building registration links with other countries. For example, Philip Sterlingot, President of the Osteopathic International Alliance (OIA) has shared how GOsC could address some potential registration matters with France. On a wider note, Susan Biggar, National Engagement Adviser at the Australian Health Practitioner Regulatory Authority (AHPRA) had shared useful findings on kindness in regulation.
- b. Clarification was sought as to whether the reference to AI offering osteopathy, paragraph 13, was advice or 'DIY' osteopathy. It was agreed this was an issue that needed careful consideration and Paul Stern, Senior Policy Officer, is working on this.

Noted: Council noted the content of the report.

Agreed: Council agreed to the appointment and reappointment of the PCC appointments outlined

Item 7: Assurance Report

14. The Chief Executive (Annex A) and the Head of Resources and Assurance (Annex B) introduced the item which provided a set of assurance reports to Council on the performance of the organisation. These were previously an annex to Chief Executive Report but are now separate items.

15. In discussion the following points were made and responded to in relation to the **Business Plan and Monitoring (Annex A)**:

- a. The new website is a new activity that was not specifically referenced when the business plan was drawn up but reference was made to an invitation to tender and the delivery will feature in the 2025-26 Business Plan.
- b. Council discussed the fact so many items were green and considered if there was genuinely nothing to worry about or whether it was not focussed enough about relevant challenges. It might be that we are not monitoring the right indicators. This had also been discussed at in Private Session in terms of the monitoring of Key Performance Indicators.

- c. The number of registration queries seemed significantly lower than would have expected and Council queried why that was and if it was something to worry about. The figure of 4600 would have been based on previous interactions however it was agreed that the Executive would look into why it was lower and update Council.

16. Financial Report 2024-25 (six months to September 2024) (Annex B)

17. In discussion the following points were made and responded to:

- a. The Governance table of expenditure showed Council and committee costs including reappointments budgeted at circa £25K and actual spend just over £57k. Council questioned how that occurred as all those appointments were planned. It was explained that there was a small extra cost for the Council Member (Wales) recruitment but apart from this it was more down to timing with there being more expenditure in the first half of year. It was accepted that this area would still be over budget at the year-end.
- b. Council discussed whether the expenditure was spread out across the year or whether it was allocated when it actually occurs. It was explained that where possible costs are evened out over the year however with larger invoices that are received on an annual basis this will show in the month it is paid.
- c. Council members suggested that percentage variances would be helpful to spot anything of significance. The Head of Resources and Assurance agreed that this would be considered for future reports.

Noted: Council note the assurance reports as set out in Annex A and Annex B.

Item 8: Fitness to Practise Committees Annual Reports:

- 18. The Chairs of Investigation Committee (IC) and Professional Conduct Committee and Health Committee (PCC/HC) introduced the item which provided an annual report of each committee from the period 1 October 2023 to 30 September 2024.
- 19. Brian Wroe Chair of IC explained the role of this committee which is presented with evidence where complaints and cases have been brought to their attention and it decides: if there is sufficient evidence for it to go to PCC, whether there is no case to answer or whether more information/an adjournment is required.
 - a. The IC consists of 15 members – lay and registrant and is a high-quality team with another recruitment campaign ongoing at present.
 - b. The Annual reports are useful to identify trends as compared to previous years. It was noted that there are no worrying trends at the moment.

Scott Marcia
23/01/2025 16:33:58

- c. Key points – 11 meetings compared to nine previous year and 13 meetings previous to that.
- d. The IC has made decisions on 30 complaints against registrants. Two cases were closed but advice given to registrants. The IC is empowered to offer advice and there is no reluctance in doing so.
- e. In total the number of transgressions of sexual boundaries cases was five, the same as previous year 2022-23. 'Inadequate clinical treatment' has risen by three and there are still cases concerning a lack of insurance despite regular communication to registrants.
- f. Interim suspension orders (where Committee considers if a registrant should be suspended pending outcome) have reduced to three compared to seven in the previous year.
- g. Recruitment process was successful and the Chair thanked those Members of Council who assisted with the recruitment process – Patricia McClure and Caroline Guy. The webinar held before recruitment led to 121 applicants (110 lay and 11 registrants). The webinar has been seen as good practice.
- h. The IC is agile in terms of learning. This year a training event was held following an employment tribunal which directly related to Social Work England but had implications for the GOsC.
- i. The Chair wished to express his sincere thanks for support the Committee receives from the Fitness to Practise team in terms of administration and support particularly responding to feedback.

20. In discussion the following points were made and responded to:

- a. It was commented upon that GOsC is a positive outlier in terms of receiving and using feedback to improve their FtP committee work – Council concurred that this was a useful report.

21. Andrew Harvey Chair of PCC/HC introduced his report, the key points were:

- a. Chair explained it is a statutory requirement for the GOsC to have a HC and that there are only subtle differences in the process of the HC and the PCC. Due to the low numbers of HC cases the HC and PCC both use the same committee members.
- b. These Committees represent the end of the fitness to practise process and the hope is that a case will not go further, i.e. into the Courts of Appeal.
- c. There are 11 lay members and seven osteopath members – the PCC is currently one member short albeit the recommendations taken earlier by Council would resolve that situation.

- d. The Chair stated the support from the Executive Team is strongest here compared to regulatory bodies he works with. The appointment process and efforts put in to understand the issues and the support from executive makes a difference.
- e. The HC considers allegations where registrants' health plays a particular part in background to the allegations. The entirety of HC will be held in private.
- f. The Chair informed Council that there are some apparent trends, but it was considered that these were not concerning. There has been less activity than previously which could be for a good reason i.e. that there is less cause for individuals to refer osteopaths. However, it could be that potential complainants are choosing not to refer and it was put to Council that it may wish to consider if there are any obstacles to those who might want to report concerns.
- g. Members were advised that there are broadly three types of cases which the PCC consider:
 - Insurance – many of these were short term gaps in cover were not malicious and resolved using Rule 8, which is an agreement between PCC and registrant. This was a good example of the proportionate use of rules.
 - Osteopathic practice – improper in practice terms.
 - Matters of intimacy from very serious sexual misbehaviour/offending to disagreement re where hands placed for treatment which is harder to prove.
- h. Recruitment/onboarding – The approach adopted has been successful; webinars have given clarity to the role in explaining what it is and what it is not. The Communications and Human Resources teams have been of immense help. The use of case studies has helped ensure panel can differentiate the strong candidates from those who are good at applications.
- i. Diversity has been a focus to ensure diversity of thinking and voice on these panels.

22. In discussion the following points were raised and responded to:

- a. It was noted it was good to see three former members of IC successfully moving onto the PCC. It was to the Committee's advantage to harness members collective experience. Council was advised that although the Committee was not without operational challenges there was a big enough pool to manage any conflicts of interest.

- b. The Chair of Council asked about the onboarding of new committee members without regulatory experience. Council was informed that new Committee

members are offered opportunities to observe two hearings rather than one in addition to the buddy system with an experienced person.

- c. Council was advised that the Chairs of the IC and PCC meet regularly to share best practice.
- d. It was noted that the data and reports provided good qualitative evidence that Council fulfils its statutory role in terms of FtP. It was suggested the FtP report could include a mandatory section to demonstrate how the Committees contribute to the GOsC's strategic priorities (e.g. use of webinars). It was also suggested consideration might be given to changing the timing of the reports to better fit the reporting cycle.
- e. It was discussed that perhaps GOsC has not been sufficiently good at celebrating the successes e.g. the innovation in terms of recruitment, and this could perhaps help dispel misconceptions and help build trust.
- f. Council raised the question about the tenure for the Chairs of IC and PCC and the time they had remaining as members of their respective Committees. It was confirmed that the Chair of PCC has 4 years remaining and Chair of IC 2.5 years remaining. Council was advised that there is a separate recruitment process for FtP Chair positions requiring a specific skills/experience and that those who sit on the committee can apply.
- g. Council asked if there was any evidence GOsC is particularly good at supporting vulnerable witnesses, reassuring patients that GOsC is a safe place to report concerns. The Chair of the PCC confirmed that all parties are offered the opportunity to join meetings remotely if they choose to and the members of the Regulation team who handle the investigations and gather evidence do so with care and consideration. Additionally, the Chair of PCC advised that he has made great use of the Equal Treatment Bench Book which is a guide that the Judiciary use on how to achieve best evidence from a witness with vulnerabilities.
- h. Council was also reminded that there is an independent support service for witnesses and for registrants.
- i. The Chair of Council asked both the IC and PCC Chairs, thinking about Council's role in terms of horizon scanning, what their observations were regarding future challenges. Both noted that for other/all regulators the challenge is the volume of complaints with patients and the public being more willing to raise concerns. Transgression of professional sexual boundaries could increase due to reporting perceived historical transgressions and also the risk associated with the use of social media.

23. The Director of FtP addressed the above points:

- a. FtP Team demonstrates good practice with vulnerable witnesses and have protocols in place to support vulnerable witnesses during hearings.
- b. In terms of evidence and feedback, witness feedback forms are available online which the Team consider will encourage more responses rather than if provided with a physical form.
- c. The team have considered options such as taking oral feedback from vulnerable witnesses, ensuring that independent support is available to witnesses (including registrants) during the course of their evidence. This includes during remote hearings where the FTP Team cannot help them as they would do if meeting held in person.
- d. The Director of FTP and the Chair of PCC have been discussing how to enable panellists to upskill and retain that skill set given smaller number of hearings the GOsC has and how to build permanent resources for Committee members. The team are currently looking at developing an online library with induction training and resources.
- e. The Regulation team investigate cases, allocating them in bulk for the IC to consider first and obtains, where relevant, expert reports to assist the IC in determining whether there is a case to answer.
- f. Increased use of the Consensual Disposal Rule (the means by which regulatory panels can avoid the need for a contested hearing by reaching agreement to conclude a case in private which would most likely be the same outcome if hearing had been held) is a welcome development and demonstrates the rule, which was enhanced a few years ago, is providing a template for the proper and proportionate disposal of cases.

Noted: Council welcomed and noted the reports.

Item 9: Fitness to Practise Report and dataset

24. The Director of Fitness to Practice and Head of Fitness to Practice introduced the item. The key messages of the Fitness to Practise Report and dataset were:

- a. In this reporting period, there was a decrease in the number of concerns received (16) in comparison to the last quarter (23).
- b. As of 30 September 2024, four of the seventeen cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A.
- c. In this quarter, the PCC concluded six cases, three of which were at a hearing and the other three were considered at a meeting in accordance with Rule 8

Scott Marica
23/01/2025 16:33:58

(consensual disposal). This is providing a good template for proper and proportionate disposal of cases.

- d. Regulation Team held second training session on 10 September 2024 for Committee members (both IC and PCC) and Legal Assessors on the European Convention on Human Rights (ECHR) and the Equality Act (including the public sector equality duty) in decision.
- e. External FtP audit is being commissioned and this will feed into the comprehensive review of the threshold criteria.

25. Additional Points Raised in relation to Annex A:

- a. There were fifteen cases which was higher than usual due to having received a higher number of concerns in Q1.
- b. IC – some have been difficult to progress for various reasons e.g. complex, difficulty obtaining materials, challenges engaging with vulnerable witnesses. Some cases very complex with high number of witnesses.
- c. Breach of title – increase in concerns received with a number of complaints that relate to the same 2/3 individuals which has skewed figures but it was also a busy quarter.

26. In discussion the following points were made and responded to:

- a. The FtP Team have seen a rise in the number of matters waiting for IC decision so have scheduled in additional IC meetings to deal with those cases in order to avoid any backlog.
- b. Council members discussed Section 32 (which says a person, whether expressly or by compulsion, describing themselves as osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist or any other kind of osteopath is guilty of an offence unless they are registered as osteopath) and whether there was any data showing trends of what is taking place in abuse of title.
- c. The Head of FTP responded that there were no statistics on deregistering but that there had been an increase in those individuals saying they use 'osteopathic techniques' which are more difficult to take action against.
- d. The Chief Executive suggested that Council may consider having a conversation during 2025 about whether to seek some form of change to Section 32 of the Osteopaths Act in order to capture osteopathic techniques as a term that cannot be used unless by a registered osteopath. Even if DHSC do not support the suggested change, a consultation alone would make our position clear which might be considered sufficient benefit in its own right.

Scott Marcia
23/01/2025 16:33:58

Noted: Council noted the Fitness to Practise report.

Meeting broke for lunch 1330-1415

Item 10: Budget Strategy 2025-26

27. The Head of Resources and Assurance introduced the item which looked at the overall financial envelope for the financial year 2025-26 and set some parameters around forecast expenditure levels and registration fee income projections to inform the business plan and budget cycle.

28. The key messages and following points were highlighted:

- a. The paper set out the budget envelope for 2025-26. Council was not asked to agree the budget at this meeting. The budget will be presented alongside the Business Plan in February 2025.
- b. There are 6 set core principles (Delivery of the core statutory functions, Ensure the patient voice is heard, Look upstream, Digital first, Continuous improvement and Cost efficiency and cost effectiveness) on which the budget forecasts were developed, and which help guide GOsC through an ever-changing uncertain environment.
- c. Registration fees have been maintained for the previous ten years.
- d. Budgeted expenditure for FY2025-26 is expected to be around £3.14m before spending from designated reserves, £270k higher than the previous financial year's budget.
- e. The budgeted total income for FY2025-26 is around £3.10m, based on current student data and historic trend figures. This is £233k higher than the previous financial year's budget. The budgeted income is slightly below what is needed to cover budgeted expenditure, with a small deficit. This is largely due to the change in Employer National Insurance contributions following the Budget.

29. In discussion the following points were made and responded to:

- a. It was confirmed that the costs associated with 'Worker status' (in relation to FtP panel members in regulatory settings) and in reference to the Sommerville case, were calculated on a 2-year basis (in line with other regulators) and equate to circa £20-£25k. There have been no specific claims and GOsC has taken legal advice throughout this process.
- b. Council was asked to agree to holding registration fees at current level for coming year although it was noted that Council would not be able to change these in any case without consultation.

Scott Marcia
23/01/2025 16:33:58

- c. Council were only being asked to consider the budget envelope which has provided an indication of what the full budget might look like when presented to Council in February 2025.

Council considered and agreed the following recommendations:

- a. Considered the overall financial envelope for financial year 2025-26.**
- b. Agreed to hold the registration fees at their current level for 2025-26.**

Item 11: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

30. The Director of Education, Standards and Development introduced the item which was a proposed consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.

31. The key messages and following points were highlighted:

- a. The CPD evaluation reported to Council in July 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
- b. Consequently, the team modified the PDR template to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
- c. The Professional Standards Team have also modified the CPD Guidance, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
- d. The Professional Standards Team sought initial feedback from osteopaths and key stakeholders on our approach during September 2024, which was generally very positive.
- e. The Policy and Education committee were recommending that Council proceed to a wider consultation on the suggested changes.

32. In discussion the following points were made and responded to:

- a. The CPD guidance made clear the importance of keeping up to date with CPD on any adjunctive therapies an osteopath may be undertaking. This has been driven by Insurers as these claims are increasing costs for them.

Scott Marcia
23/01/2025 16:33:58

- b. The evaluation survey that informed the changes was submitted to Council in July 2024 and the updated CPD guidance templates and the Equality Impact Assessment have been recommended by PEC for Council approval to publish for consultation.
- c. A small correction in Annex D - p8 No 6 – the Yes and No boxes are to be removed.
- d. Council noted that respondents' feedback to the survey highlighted that registrants wanted a system that was less burdensome, more simple, more accessible and wanted to consider asking them if they see an improvement in the amended document. It was agreed that this would be built in so had some good evidence.

Noted: Council noted the suggested changes to the Peer Discussion Review template and CPD Guidance

Agreed: Council agreed to proceed to a consultation on the updated CPD Guidance and PDR Template.

Item 12: Guidance about Professional Behaviours and Student Fitness to Practise

33. Senior Quality Assurance Liaison Officer introduced the item which recommended guidance about professional behaviours and student fitness to practise in osteopathic education for publication.

34. The key messages and following points were highlighted:

- a. The paper reported on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers'.
- b. The paper summarised the issues considered and responses to these in Annex A, updated the draft guidance with the changes shown in red (Annex B). A summary of those changes is also attached at Annex C.
- c. The Equality Impact Assessment has also been updated (Annex D).
- d. Council was asked to agree this updated Guidance for publication.
- e. Next steps are a) implementation and b) ensure students are aware of the guidance. For example, via provided links on student hubs, videos etc.

35. In discussion the following points were made and responded to:

- a. It was discussed whether a student FtP issue would remain on the Register and whether it could be used as part of the any future FtP decision. It was

confirmed that it is retained as part of the registration process on the CRM record as this is a statutory decision that needs justification but it will not be on the Register and therefore would not affect any future FtP decision. When questioned if this has any GDPR implications it was confirmed that it is a statutory requirement to retain justification for registration decisions therefore GOSC is both able and required to retain this data.

- b. It was agreed that guidance is now much clearer about the professional behaviours expected of students.
- c. Graduate outcomes and standards for education and training are considered as part of the quality assurance and these have been written based on the osteopathic standards. This ensures that students are following the same standards that protect the public and this new guidance provides consistency across all OEIs.

Agreed: Council agreed to publish the updated Guidance about Professional Behaviours and Student Fitness to Practise

Noted: Council noted the updated Equality Impact Assessment

Item 13: Registration report

36. The Registration Manager introduced the item which provided an update on registration activity covering the six-month period from 01 April 2024 to 30 September 2024.

37. The key messages and following points were highlighted:

- a. At the end of September 2024 there were 5,632 osteopaths on the Register.
- b. The number of non-practising registrants stood at 184 at the end of September 2024.
- c. Ten return to practise assessments were completed in the reporting period. Ten registration assessments connected to internationally qualified applicants were completed.
- d. Paragraph 7 number of graduates has now changed.
- e. It was advised that following staff training it became evident that where data was used for less than 10 individuals, they could be identified therefore it was decided to remove this data from report and explains why there may be some gaps compared to last report.

38. In discussion the following points were made and responded to:

- a. Earlier in the meeting Council had a conversation about risk and the best way to focus Council time on risk indicators – the table shows that seventy-seven

students that did not come onto the register and this seemed like a risk indicator that Council would want to bring to the forefront of such a report. The Registration Manager responded that this report only runs to September and since then the number has dropped to fifty-five as they registered. It was agreed that the next report would split out the number who expect to graduate from OEIs and those that actually do.

- b. Council discussed if there was a way to find out why people do not register following qualification.
- c. Council also asked for the next report to include an insight into how the age composition of the register had changed over time. This would help Council assess risk regarding on registration numbers.

Agreed: Council noted the registration report.

Item 14: Unconfirmed Minutes of public Policy and Education Committee meeting: October 2024.

- 39. The Chair of the Policy and Education Committee had nothing to add other than noting the amount of work undertaken by the team, the number of papers that are out to consultation or are before Council for approval.

Noted: Council noted the minutes of Public Policy and Education Committee meeting October 2024.

Item 15: Any other business

- 40. It was noted that in communications with OEIs it had come to light many institutions are undergoing curriculum changes and are using the GOPRE (Guidance for Osteopathic Pre-registration Education) and SET (Standards for Education and Training). It was good to see that GOsC guidelines are influencing this work in the OEIs.

Item 19: Questions from observers

- 41. There were no questions.

Date of the next meeting: Thursday 6th February 2025 at (10.00)

Meeting closed at 1500.

Scott Marcia
23/01/2025 16:33:58



Council
6th February 2025
Matters arising

Classification	Public
Purpose	For noting
Issue	This paper addresses any actions arising from the public minutes of Council of November 2024.
Recommendation(s)	To note the content of the report.
Financial and resourcing implications	None.
Equality and diversity implications	None.
Communications implications	None.
Annex(es)	None.
Author	Matthew Redford, Lorna Coe

Scott Marcia
23/01/2025 16:33:58

Background

1. This paper addresses any matters arising from the 125th public minutes of Council not covered elsewhere on the agenda. The matters arising are set out below:

Minutes of the 125th public meeting of Council:

Item	Minute	Action	Outcome
Item 3 Minutes	Para 5a refers	Caroline Guy was not listed as present - to be added.	Completed: the minutes have been updated.
Item 8: Fitness to Practice Committees Annual Reports	Para 22g refers	<p>The Chief Executive and the Governance Manager to consider best approach for demonstrating how the organisation embraces innovation.</p> <p>The FtP report could include a mandatory section to demonstrate how the Committees contribute to the GOsC's strategic priorities (e.g. use of webinars).</p>	Ongoing: the 2025-26 Business Plan contains activity for the evaluation of the GOsC Strategy.
Item 11: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance	Para 32c refers	A small correction in Annex D p8 Question No 6 – the Yes and No boxes are to be removed.	Completed: the amendment has been made.
Item 11: Continuing Professional	Para 32 refers	Council agreed to proceed to a consultation on the	Completed: the consultation has been launched with a deadline

Item	Minute	Action	Outcome
Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance		updated CPD Guidance and PDR Template and requested a specific question on whether registrants find it more straight forward and accessible.	for responses being 3 March 2025.
Item 13: Registration report	Para 38a-c refers	It was suggested that the next report to include age composition of register over time, the detail of the number of students who graduate v predicted number, and to find a way to capture reasons for not registering to assist Council in consideration of risk appetite for registration levels.	Ongoing: this will be considered for the May 2025 Registration Report.

Recommendation: To note the content of the report.

Scott Marcia
23/01/2025 16:33:58



Chair's report to Council January 2025 - for noting

Recruitment

- **Welsh Lay Council member:** Unfortunately our newly appointed Welsh Lay member will be leaving Council as he no longer works or lives in Wales.
- When recruiting Chris we had other candidates who were appointable. The recruitment panel reconvened and made a recommendation which was supported by PSA and Privy Council. We are delighted to confirm that Privy Council have appointed Professor Debra Towse, effective from 1 April 2025.
- We interviewed for the four new **external Policy and Education Committee appointments** in January (two lay and two osteopathic members) and will update you verbally at the Council meeting in February.
- Unfortunately we were unsuccessful in appointing **two new registrant members** to Council when we interviewed in November, and will be re-running the recruitment early in 2025. This means we will be carrying two registrant Council vacancies for a few months, as Simeon London and Liz Elander will be finishing their second terms at the end of March 2024.
- We are making progress with appointing two individuals to the pilot 'Patient Partner' programme – more information to follow.

Stakeholders

- Institute of Osteopathy
 - I attended the London roadshow in November and the subsequent awards event
 - The Chief Executive and Registrar and I held a bilateral with the iO CEO (Maurice Cheng) and the new President (Dan Collis) and will be holding similar meetings three times a year.
- General Medical Council

I attended the Marx Memorial Lecture and the GMC's education conference with the Chief Executive and Registrar. We were subsequently asked by the

Scott Marcia
23/01/2025 16:33:58



GMC Chief Executive to share our learnings with GMC on patient partner involvement (from a governance perspective)

- Osteopathy Europe
 - I will be attending the next OE conference in March

Governance

- We are in the process of appointing a company to run the Board Effectiveness Review, with work to start in April and conclude in July 2025.

Scott Marcia
23/01/2025 16:33:58



Council
6 February 2025
Chief Executive and Registrar's Report

Classification	Public
Purpose	For decision.
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	<ol style="list-style-type: none">1. To note the content of the report.2. To note the decisions taken electronically by Council, outside of the normal meeting cycle, in relation to fitness to practise panel member, worker status.3. To agree that Andrew Harvey continue as Chair of the Health Committee from 1 April 2025 to 31 March 2029.
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equity, diversity, inclusion and belonging.
Communications implications	None.
Annexes	None.
Author	Matthew Redford

Scott Marcia
23/01/2025 16:33:58

Key messages from this paper:

- The report sets out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines include:
 - I was invited to Chair a session at the Professional Standards Authority and Patient and Client Council event in Northern Ireland on *'Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff the public'*.
 - We arranged to meet with osteopaths in Northern Ireland and have invited colleagues from the Institute of Osteopathy and National Council for Osteopathic Research to attend with us.
 - We continue to respond to the DJS registrants perception survey and are reflecting on our tone of voice across all our communications.
 - We have had a number of engagement meetings with colleagues across the healthcare sector to inform our work and thinking. These include at the General Medical Council Marx Memorial Lecture and Education Conference, and in relation to our patient partnership work including with Henrietta Hughes, the first ever Patient Safety Commissioner for England.
 - We continue to have a large amount of non-executive recruitment. We will need to re-run the campaign to find two new osteopath members of Council as the 2024 campaign was unsuccessful.

Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the previous Council meeting, which are not reported elsewhere on the agenda.

Professional Standards Authority for Health and Social Care (PSA)

Standards of Good Regulation

2. Our performance review assessment for the year 2024-25 is currently underway and represents a monitoring year rather than an in-depth review. We will report to Council once we have more information about the outcome of the review.

PSA and the Patient and Client Council (PCC) joint event: Professionals and the public, in partnership for patient safety

3. On 24 January 2025, the PSA and PCC held a joint event on how to improve patient safety by embracing the public as assets and developing workplace culture. The event builds on ongoing conversations across the system, including

those hosted by PCC at the Northern Ireland Confederation for Health and Social Care (NICON).

4. The PSA and PCC considered that the event will have significant relevance for a number of key focus areas across Health and Social Care (HSC) in Northern Ireland, including the Department of Health's openness work, the duty of candour and emerging issues from public inquiries. The event was aimed at leaders across the HSC, regulators, the voluntary and community sectors, representative bodies and members of the public, with capacity for 100 people.
5. The format of the event was two panel discussions followed by a Q&A session with participants. I was invited by the PSA to chair one of the two panel discussions, entitled '*Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff the public*'. I will provide a verbal update on this event at the February 2025 Council meeting.

Institute of Osteopathy (iO)

6. Since the previous meeting of Council we have attended and participated in the Institute of Osteopathy (iO) roadshow in London (23 November) and, alongside the iO we will be attending the East of England Osteopathic Conference on 1 March 2025.
7. In November the Chair of Council and I held a bilateral meeting with Maurice Cheng, Chief Executive and Daniel Collis, newly elected President. These ongoing dialogue meetings are an important feature in maintaining a healthy and constructive relationship.
8. On the same day, the Senior Management Teams of the GOsC and iO met online to commence ongoing dialogue meetings at this level across our respective organisations. We are planning for future meetings during 2025.
9. We were delighted to invite the iO, and NCOR, to our meeting with Northern Ireland osteopaths held in Belfast in January 2025. A verbal update on this meeting will be provided at the February 2025 Council meeting.

Response to DJS perceptions research

10. Work is continuing to progress with activities being implemented and progressed in line with plans for our response to the DJS report findings on registrant perceptions.
11. We published [our new mythbuster](#) in November which helps registrants understand more about the role of their regulator. A key finding of the DJS research was that there is a lot of misunderstanding about what the GOsC does and doesn't do. Therefore it was important to address common misunderstandings about the GOsC to help increase clarity about our role among

the profession. We have started promoting the mythbuster on social media and in the ebulletin and will continue to do so.

12. We have also introduced a new regular ebulletin feature where we promote recent engagement activity so we can create greater awareness of the engagement that we already do. Another finding of the research was that many registrants were unaware of the engagement we already do and were suggesting that we should introduce activity that in fact already takes place.
13. We published our latest fitness to practise annual report at the end of 2024, this explains how we handle fitness to practise concerns we receive and the timescales for managing those concerns. In response to the DJS findings, this year's report was presented differently with concise explanations as to how we manage fitness to practise concerns. The report also includes a fictional case study to illustrate the main stages of an investigation, as well as a detailed visual indicating the timeline for a typical case proceeding from a concern raised by a patient to a hearing, including how long this usually takes.
14. Showing our human face and explaining what we spend the fee on were important findings from the DJS research. In November, we published a blog from Darren Pullinger, our Head of Resources and Assurance, which introduced Darren as a new face within our organisation where he reflected on his first year at the GOsC. The blog also gave us an opportunity to highlight how the registration fee is spent and the fact that it has remained constant for the past ten years which is a real term decrease.
15. Our new WhatsApp channel for osteopaths was made live at the end of last year but since then we have been testing it, creating guidance for staff including some standard responses (including in Welsh) and ensuring the user interface is in place. We plan to notify staff and then do a soft launch in January/February with a view to increasing awareness about it as the system beds in.
16. We have decided to continue with the drop-in sessions which we piloted from October 2024. These 'Chat with GOsC' sessions run every week on Zoom for an hour on a Tuesday lunchtime and osteopaths are invited to drop in anytime during that hour and in any week to ask a question or share an idea. Although attendance continues to be relatively low, we have already had positive conversations and given out useful help. One attendee actually reported that she 'now realises that we are human'.
17. The sessions have also allowed staff to become more aware of osteopaths' concerns and questions, to share cross-organisational learning and have provided opportunities for staff to build relationships with colleagues internally. We know that awareness of the sessions takes time and will grow. Also we are aware that as trust slowly starts to increase this may lead to higher attendance. But these sessions have a benefit far beyond those who attend. Through running and promoting these we are showing our human face and

Scott Marcial
23/01/2025 14:53:58

demonstrating that we are available and approachable to osteopaths, which is invaluable.

18. As part of our work on improving the tone of voice we use in our communications, we have held a meeting with Nockolds Solicitors and HR specialists. Nockolds run the inter-regulatory corporate complaints forum and are retained by the General Optical Council as the chosen provider of the Optical Consumer Complaints Service (OCCS). They have experience of work around tone of voice through their work with the OCCS. The purpose of the meeting was to explore using Nockolds to facilitate work within the GOsC on this topic. We have requested that Nockolds prepare a proposal for activity including a small staff workshop to help meet the specific needs of our organisation.
19. I reported in November 2024, that at the Osteopathic International Alliance Conference in Sydney, a keynote talk was delivered by Susan Biggar, National Engagement Advisor at AHPRA on kindness within regulation. There were a number of themes which resonated with work we are undertaking and in January we will meet with Susan online in order to share insights and learning.

General Medical Council (GMC): Marx Memorial Lecture and Education Conference

20. The Chair of Council and I attended the inaugural Marx Memorial Lecture on the evening of 25 November, with the GMC Education Conference taking place the following day. Both were interesting events with the theme of kindness, patient safety and matters associated with the regulation of Physician Associates and Anaesthesia Associates arising.
21. One of the keynote speakers was Dame Professor Robina Shah who is a psychologist, an expert in patient care and who has partnered with UK medical schools to create patient centred education. We are in the process of trying to meet with Dame Professor Shah to understand more about her experiences in helping to integrate the patient voice into osteopathic education.

Insurers/NCOR meeting

22. We held our annual professional indemnity insurers and NCOR meeting in December 2024. This was a well-attended meeting and generated a wide-ranging discussion on a number of matters including artificial intelligence, patient safety and the 2023 NCOR Concerns and Complaints Report.
23. At the end of the meeting there was agreement from the insurers to work on a joint statement with the GOsC and iO which outlines our shared commitment to patient safety.

Scott Marcia
23/01/2025 16:33:58

Patient activity

24. We are currently seeking agreement from People Committee regards the person specification and competencies required for the Patient Partner role. The recruitment process will begin in mid-March and our aim is to have two Patient Partners in post by September 2025.
25. We have also established a meeting with Henrietta Hughes, the first ever Patient Safety Commissioner for England, so that we can share our work in trialling our Patient Partner role.

Fitness to Practise panel members: worker status

26. I reported to Council earlier in the year that People Committee were considering the implications arising from the NMC v Somerville case and what this meant for our fitness to practise panel members. The People Committee made decisions at its meeting in June 2024 which were subject to understanding what was happening within the other healthcare regulatory bodies and obtaining some final legal advice. We have legal advice supporting the decisions and we are taking an approach which is consistent across the regulatory sector.
27. In December 2024, Council agreed recommendations from the People Committee in relation to the new worker status for fitness to practise panel members. The decisions are recorded in this paper for the record:
 - Fitness to practise panel members have worker status and members are entitled to holiday pay and pension contributions.
 - Holiday pay from 1 April 2025 should be paid at a rate of 12.07%.
 - Backdated holiday pay should only cover the two year period from 1 April 2023 to 31 March 2025 and be paid at a rate of 12.07%.
 - A new pension scheme be established with contributions set at the legal minimum level.
 - For those members who do not opt out of the pension scheme, backdated employer pension contributions (x2 years) be paid.
 - Pension contributions are payable on qualifying earnings from 1 April 2025 for those members who have not opted out of receiving contributions.
 - Fitness to practise panel members will need to have their contracts updated.

Scott Marcia
23/01/2025 16:33:58

European matters

France, recognition of qualifications

28. We reported to Council in November 2024 that we have been liaising with Phillipe Sterlingot, new President of the Osteopathic International Alliance, to try to better understand the process of UK graduates registering to practise in France, post Brexit, and with the UK having third country qualification status.
29. We have received the English translation of the French requirements, and will be mapping these to our own graduate outcomes to identify alignment and any gaps. Once we have analysed the documentation, we can pursue this further with our contacts in France.

Osteopathy Europe

30. Paul Stern, Senior Research and Policy Officer, attended an online Osteopathy Europe meeting in December 2024, which was well attended with representatives from Spain, France, Italy, Malta, Denmark, Norway, Finland, Germany, Austria, Belgium, Sweden, Brazil and Canada.
31. Headlines from the meeting include:
 - Osteopathy Europe have launched a new website and will be taking over the secretariat which currently sits with the Institute of Osteopathy.
 - The OE Education Committee are working on the education section of the CEN document and will run a workshop in March 2025 at the Spring conference in Majorca.
 - The Nordic osteopathic journal has been launched and is free - <https://www.nordicosteopathicalliance.org/nordic-ostepathic-journal-noj/>
 - There may be interest from OE in hearing about our work as a regulator. The President of OE, Hanna Tómasdóttir and I are in contact on this.
 - The next member network meeting is online in late February 2025.

Internal Audit and Board Effectiveness reviews

32. Last year we launched tenders to appoint two organisations to undertake Internal Audit activity and to undertake a board effectiveness review. I can confirm that we have received good quality tender responses to both and we are in the process of making appointment decisions which we will report to Council in due course.

Scott Marcia
23/01/2025 16:33:58

Appointment and reappointment activity

Council members, osteopathic, 2 osteopath positions

33. Unfortunately we must report that we were unsuccessful in appointing any osteopathic candidates following the interviews held in November 2024. We will be re-running the campaign again very shortly and we will update Council on progress.

Policy and Education Committee (PEC), 2 lay and 2 osteopath vacancies

34. Interviews for two lay and two osteopath positions on the PEC were held on 21 and 22 January 2025. We will provide a verbal update on these interviews at the February 2025 Council meeting.

Council Associate, 1 osteopathic vacancy

35. Interviews for the Council Associate position were held on 20 January 2025. We will provide a verbal update at the February 2025 Council meeting.

Investigating Committee, 2 lay and 3 osteopath vacancies

36. Interviews for the Investigating Committee positions are being held in January and February 2025. We will provide an update to Council post the February 2025 meeting.

Chair of the Health Committee

37. Andrew Harvey is currently Chair of the Professional Conduct Committee and Chair of the Health Committee. His appointment as Chair of the Health Committee concludes on 31 March 2025 and we seek Council agreement to extend this to 31 March 2029 when Andrew's term of office concludes.

Correction to the Chief Executive and Registrar's Report: November 2024

38. There are two inaccuracies from the November 2024 report which I need to correct. The first is that Helena Suffield-Thompson was reappointed to the Investigating Committee and not the Professional Conduct Committee as my report stated. The second was that Pauline Sturman is to be appointed to the Professional Conduct Committee from April 2026 and not April 2025 as reported.

Staff updates

39. Marcia Scott, Council and Executive Support Officer, retires at the end of February 2025. As members will know we have decided to split the role undertaken by Marcia and create two part-time positions, one being a Governance Manager and one being an Executive Assistant.

40. I am pleased to report that we have appointed Nerissa Allen to the Executive Assistant post. Nerissa joined the GOsC in January 2025 and has been undertaking a handover with Marcia.

External meetings – bringing insight into our business

41. Since the previous meeting we have participated in several external events with stakeholders and partner organisations which ensure that we are able to bring insight to our work. These meetings, which have not been referenced elsewhere in the report, include:

- Chief Executives of the Regulatory Bodies forum
- Osteopathic Development Group
- Inter-regulatory forums including education, research, EDI, governance and performance, Alliance UK Regulation in Europe
- Regular meetings with Mott MacDonald regarding quality assurance of education
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Michael Evans, IT Consultant and BPI On Demand (Salesforce)
- Martin Chaney, IT Consultant (website development)
- Andrew Harvey, Chair of the Professional Conduct Committee
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Tom Whiting, Chief Executive and Registrar, General Dental Council
- Ongoing engagement with patients including contributions to consultations and focus groups
- Jenny Brown, HR and People Consultant
- University College of Osteopathy Graduation Ceremony
- Association of Chief Executives: Digital offering
- Suzanne Rastrick, Chief Allied Health Professions Officer
- Regulated Professions Advisory Service
- Disclosure and Barring Service: Keepers of Registers and Supervisory Authorities

Recommendations:

1. To note the content of the report.
2. To note the decisions taken electronically by Council, outside of the normal meeting cycle, in relation to fitness to practise panel member, worker status.
3. To agree that Andrew Harvey continue as Chair of the Health Committee from 1 April 2025 to 31 March 2029.

Scott Marcia
23/01/2025 16:33:58



Council
6 February 2025
Assurance reporting

Classification	Public
Purpose	For noting.
Issue	A set of assurance reports are provided to Council on the performance of the organisation.
Recommendations	To note the assurance reports set out at Annex A and B.
Financial and resourcing implications	<p>The Business Plan monitoring report is attached at Annex A.</p> <p>The financial report for Quarter 3 of financial year 2024-25 is attached at Annex B.</p>
Equality and diversity implications	These are dealt with within the Annexes.
Communications implications	None.
Annexes	<p>A. Business Plan Monitoring Report to 31 December 2024</p> <p>B. Financial report to 31 December 2024.</p>
Author	Matthew Redford

Scott Marcia
23/01/2025 16:33:58

Key messages from this paper:

- Council receives a set of assurance reports at each meeting.
- These have previously been annexed to the Chief Executive and Registrar's Report; however, we have created a new agenda item specifically for assurance reporting to consider these items.
- The Chief Executive and Registrar will present a paper to the March 2025 Audit Committee on the development of a performance dashboard which could replace reports we present to Council throughout the business year.

Business Plan monitoring

1. The Business Plan monitoring report to 31 December 2024 is attached at Annex A.

Financial report

2. The financial report for the half-year to 31 December 2024, is at Annex B.

Recommendations:

To note the assurance reports set out at Annex A and B.

Scott Marcia
23/01/2025 16:33:58

GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2024 - March 2025

**Monitoring Report as at 31
December 2024**

Scott Marcia
23/01/2025 16:33:58

GOsC BUSINESS PLAN 2024-25

Our vision is to be an inclusive, innovative regulator trusted by all. And we recognise that to achieve our vision we need to make progress each year against the three strategic priorities agreed by Council which are:

- Strengthening trust
- Championing inclusivity
- Embracing innovation

This document, the Business Plan Monitoring Report 2024-25, sets out the detailed activities in support of each of the goals and our progress against each.

Legend

Status

- On track
- Delayed
- Cancelled/postponed

Scott Marcia
23/01/2025 16:33:58

Strengthening trust:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Using the registrant and stakeholder perceptions survey to explore barriers to trust.	Present findings of the perceptions survey to Council with identified actions.	From May 2024	Chief Executive, Communications, Professional Standards, Fitness to Practise, Registration	■	Headlines from the survey reported to Council in Private session at the May meeting, with further update in July 2024. DJS presented the final report at the September 2024 Council Strategy day and our response was discussed and agreed. Action plans for prelaunch and launch completed and short term plans in train.	
Further develop and implement plans for a collaborative Strategic Patient Partnership Programme at Council level.	Agree specification to measure success of pilot Begin recruitment of patient representatives to inform decisions but without decision making rights.	July 2024 From November 2024	Professional Standards Professional Standards	■ ■	Paper for consideration on the July 2024 Council agenda. Person specification and approach to recruitment to be agreed by People Committee during November.	
Enhance the experience of students, osteopaths	Developing our approach to student engagement	March 2025	Communications	■	A number of student focus groups have taken place and have informed the development of our student ebulletins which were sent out in February, April, June and October 2024. Analysis	

Strengthening trust:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
and patients who engage with our services for example in registering, renewing registration and undertaking CPD and accessing or delivering high quality osteopathic care.	through collecting and reviewing of insight and finalising a student engagement plan for 25/26				and insight is underway and will be further informed by student responses to the Registrant and Perceptions Survey. The analysis, insight and our response is planned for consideration by the Policy and Education Committee early in 2025.	
	Facilitating of three student focus groups to collect insight	April 2024	Communications	■	See above	
	Publish three student ebulletins	May, Oct, December 2024	Communications	■	See above	
	Undertake comprehensive tone of voice review of registration renewal reminder letters (1 st stage by summer 2024).	March 2025	Communications, Registration	■	Renewal letters all updated. Next stage is to check the updates are having required impact. Discussions have commenced with Nockolds Solicitors to facilitate a tone of voice workshop.	
	Meaningful patient	All year to March 2025	Professional Standards	■	Patient focus groups have been undertaken to gather views and aid the development of the following pieces of work:	

Scott Marcia
23/01/2025 16:33:58

Strengthening trust:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
<p>Scott Marcia 23/01/2025 16:33:58</p>	involvement in policy development and all consultations				<ul style="list-style-type: none"> Our revised guidance on professional behaviours and student fitness to practise; Our EDIB framework; Our strategic patient partnership programme; Our revised health and disability guidance. <p>Patients have also provided views on our Witness feedback form and at the Council day. Patients also fed back via surveys as part of our evaluation work detailed below.</p>	
	Publish evaluation and impact of patient involvement to date.	March 2025	Professional Standards, Communications	■	PEC considered the findings of our evaluation and proposed next steps. They agreed for us to publish the evaluation report and for us to start implementation of our proposed next steps, following the findings in the report.	
	Encourage use of patient resources to support high quality care as part of implementing our EDIB guidance and through the CPD scheme.	March 2025	Professional Standards, Communications	■	Our Evaluation of our Values Resources was published in July and the communications plan is underway.	
Publish an invitation to	Invitation to tender published.	October 2024	Communications	■	A report was provided to Audit Committee in October and an update to Council in November	March 2025

Strengthening trust:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
tender to scope out our new public website.					2024. A paper setting out the approach to procurement is on the February 2025 Council private agenda.	
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards	Publish NCOR Concerns Report collaborating with NCOR, iO and insurers.	February 2025	Professional Standards	■	Data submission and template completion underway. Report on the February 2025 Council agenda.	
	Consult on and publish Guidance on Professional Behaviours and Student Fitness to Practise.	March 2025	Professional Standards	■	The Professional Behaviours and Student Fitness to Practise guidance has been recommended to Council for publication. Stakeholder workshop held in March 2023. Analysis ongoing. Workshop with educators, students and Julie Stone planned for October / November 2024.	
	Progress boundaries project including strengthening guidance publication of resources and guidance and ongoing sector work raising	March 2025	Professional Standards	■	Periodic promotion of resources and opportunities to learn about boundaries in student ebulletin and registrant ebulletin, and planned podcast and additional case studies.	

Scott Marcia
23/01/2025 16:33:58

Strengthening trust:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	awareness of impact of boundary breachers and common messaging.					
	Publishing CPD evaluation and updating CPD Guidance and resources.	July 2024 and November 2024	Professional Standards	■	Updated CPD Guidance and PDR form on the November Council agenda. Public consultation on the proposed updates went live 9 December 2024 and closes 3 March 2025.	
	Ongoing quality assurance activity.	All year to March 2025	Professional Standards	■	<p>Council agreed RQ in May 2025.</p> <p>PEC approved a number of RQ specifications in June 2024 for visits planned later in the year.</p> <p>The QA team are undertaking ongoing dialogue with OEIs.</p> <p>GOsC / OEI (RELM) meeting held in May 2024 focussing on the visit process, qualities and behaviours to inform Visitor Training which took place in July.</p>	

Scott Mardia
23/01/2025 16:33:58

Championing inclusivity:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Collect, analyse, publish equality, diversity and inclusion data to demonstrate changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	Publish information, throughout the year, including but not limited to: <ul style="list-style-type: none"> - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or 	From April 2024	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources	■	Equality Impact Assessments are produced for all policies and processes, with staff having been trained on their completion earlier in 2024. The annual Equality and Diversity report is made to Council in July 2024, and is presented alongside a new Equity, Diversity, Inclusion and Belonging Framework.	

Scott Marcia
23/01/2025 16:33:58

Championing inclusivity:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	mitigations put in place.					
Promote inclusivity in osteopathic education and practice for students, patients and osteopaths.	Publish draft health and disability guidance for consultation.	July 2024	Professional Standards, Communications	■	This is covered within the July 2024 Council papers.	
	Publish final version of health and disability guidance.	March 2025	Professional Standards, Communications	■		
	Promote Equality, diversity, inclusion and belonging guidance and resources and encourage inclusion as part of the CPD scheme.	All year to March 2025	Professional Standards, Communications	■	CPD consultation launched December 2024 and concludes March 2025.	
	Signpost, develop and promote	All year to March 2025	Professional Standards, Communications	■		

Scott Marcia
23/01/2025 16:33:58

Championing inclusivity:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	resources to support registrants wellbeing. Promote use of patient values resources.	All year to March 2025	Professional Standards, Communications	■		
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Publish a new Equity, Diversity, Inclusion and Belonging Framework 2024-30.	August 2024	Chief Executive, Communications	■	Contained within the July 2024 Council papers.	
Conduct a comprehensive review, and make amendments, of all Fitness to Practise guidance both at the initial stages and	Revise, consult and publish relevant Fitness to Practise guidance.	From July 2024	Regulation	■	This work is scheduled for February 2025.	

Championing inclusivity:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
hearings stage of the Fitness to Practise process to ensure the guidance adequately address allegations that involve racist and discriminatory behaviours.						

Scott Marcia
23/01/2025 16:33:58

Embracing innovation:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Conduct a comprehensive review of the GOsC Threshold Criteria for Unacceptable Professional Conduct taking into account developments within wider regulation and regulatory reform and feedback from Internal and External Stakeholders.	Revise, consult and publish the GOsC Threshold Criteria for Unacceptable Professional Conduct.	From July 2024	Regulation	■	<p>As part of this review, we have commissioned an external audit of all cases and concerns closed by Screeners and the Investigating Committee involving the threshold criteria over the period 1 April 2023 – 30 August 2024 to feed into this review.</p> <p>The External Audit was approved by the Audit Committee at its meeting on 24 October 2024 and is scheduled to take place in January 2025. We plan to report back to Audit Committee in March 2025 and at the Investigating Committee training day scheduled for 11 March 2025.</p>	
Implement a new CRM system within GOsC and ensure a smooth transition for	New CRM system implemented and assurance reports provided to Audit Committee and Council.	December 2024	Chief Executive, Communications, Registration, IT	■	We are in the implementation phase of the project. There has been a delay as a result of needing to ensure our current website provider supports the project.	March 2025

Embracing innovation:

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

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
internal and external users.						
Support workforce and retention with the profession to support osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards	<p>Support research to better understand factors impacting on recruitment and retention in osteopathy.</p> <p>Complete research into experiences of transition into practice.</p> <p>Discuss findings with sector and collaborate on recommendations.</p> <p>Agree role and approach to recognition of professional qualifications.</p>	<p>July 2024</p> <p>July 2024</p> <p>November 2024</p> <p>July 2024</p>	<p>Professional Standards, Regulation, Registration</p> <p>Professional Standards</p> <p>Professional Standards</p> <p>Professional Standards, Registration, Chief Executive</p>	<p>■</p> <p>■</p> <p>■</p> <p>■</p>	<p>Research agreed and discussions about next steps to be undertaken following clarification of data consents.</p> <p>Research completed and considered by Policy and Education Committee in June. Next steps include sector work and development of specific GOsC guidance to support transition.</p> <p>We met with the iO and COEI in July who agreed our approach to engage European regulators and professional bodies and more broadly, reconnect internationally.</p>	

Scott Marcia
23/01/2025 16:33:58

Embracing innovation:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Scott Marcia 23/01/2025 16:33:58	Progress discussions to raise awareness of osteopathic qualifications and regulation and to explore barriers to recognition.	March 2025	Professional Standards, Chief Executive	■	We have already met with an Italian contact and reconnected with international counterparts at the Osteopathy Europe and Osteopathic International Alliance conferences in October 2024.	
	Refining and publishing data on enrolment, progression in education and joining and leaving the register to provide an authoritative source of data for the wider health sector about the osteopathic workforce.	November 2024	Professional Standards	■	We are working with a Data Protection legal expert to progress this work and participating in the Osteopathic Development Working Group with stakeholders.	
	Explore readiness of current quality assurance model to assess different models of delivery	March 2025	Professional Standards	■	Ongoing	

Embracing innovation:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	of osteopathic education.					
Scope and develop a financial, asset and environmental strategy which underpins GOsC business continuity and sustainability.	Financial, asset and environmental strategy agreed by Council following in-year engagement.	From July 2024	Chief Executive, Resources	■	<p>Audit Committee considered the principles on which the plan should be developed alongside the type of evidence to underpin the plan.</p> <p>Discussions have taken place with Council in November 2024 and again in February 2025.</p>	
Review the impact of artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic	<p>Scoping report.</p> <p>Immediate implications, recommendations and actions</p> <p>Longer term recommendations and actions</p>	<p>July 2024</p> <p>November 2024</p> <p>March 2025</p>	<p>Professional Standards</p> <p>Professional Standards</p> <p>Professional Standards</p>	<p>■</p> <p>■</p> <p>■</p>	<p>Policy and Education Committee considered a paper on AI at its June 2024 with a further update in October 2024.</p> <p>Work is ongoing and we are still in the process of gathering information and engaging with stakeholders including OEIs and regulators.</p>	

Embracing innovation:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
standards and regulation.						
Enhance how we develop and use our people (executive and non-executive) so we maximise the talent at our disposal.	Develop a People Strategy which is grounded in its use of data and insight.	November 2024	Chief Executive, Human Resources, Professional Standards	■	Initial discussion held at People Committee in June 2024 with future papers to be presented to the Committee for agreement.	March - June 2025

Scott Marcia
23/01/2025 16:33:58

GOsC metrics to help ensure we are delivering efficient and effective regulation.

In 2024-25 we expect to:

Metric	Status	Narrative, if relevant
Process c.5,500 registration forms (UK and International applicants and annual renewal of registration forms) and c.5,000 reminder notices.	■	5,222 renewal of registration forms processed to end December 2024. 4,375 fee reminders (28-day). 715 (14-day fee and renewal form).
Support c.220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).	■	278 new applications fully processed at end December 2024. 8 international applications fully processed at end December 2024.
Receive c.200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c.75 fitness to practise cases being opened, of which c.30 will be referred for investigation leading to c.12 being referred for a final determination hearing.	■	As of 31/12/2024: 155 queries/concerns received 52 opened as an FTP case, of which 20 referred for Investigation 7 substantive hearings so far (with another 2 part heard)
Undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.	■	Ongoing.
Holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.	■	We have continued to meet with COEI as a group (3 Regulator/Educator Liaison Meetings), and with education providers on a 1:1 basis. We continue to offer engagement with all new students (in person or online) to introduce them to regulation and professionalism, and to any other student year group as requested by the provider/s. We have held an educator focused boundaries event (November 24).
Respond to c.2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c.60 policy and ethical queries related to our standards; c.4,600 registration queries and c.650 student queries.	■	1,141 queries received at end December 2024. 42 ethical queries related to the application of the OPS at end December 2024. 964 registration queries received at end December 2024. 342 student queries received at end December 2024.
Send out 12 monthly ebulletins to registrants achieving an open rate of c60%.	■	April - 71% May – 66%

Metric	Status	Narrative, if relevant
		<p>June – 63%</p> <p>July – 71%</p> <p>August – 64%</p> <p>September – 63%</p> <p>October – 65%</p> <p>November – 64%</p> <p>December – 53%</p>
Send out 4 quarterly English language student ebulletins to 446 students (penultimate and final year) achieving an open rate of c40%.	■	<p>June – 51% (254 recipients)</p> <p>October – 49% (164 recipients)</p> <p>December – 50% (193 recipients)</p>
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.	■	<p>June – 38%.</p> <p>October – 27%</p> <p>December – 21%</p>
Receive and fulfil 150 requests for personalised Registration Marks	■	85 requests received at end December 2024
Attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.	■	29 events attended by end December, with a total of 430 osteopaths and other stakeholders attending
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.	■	<p>4 patient engagement events held as at end October 2024.</p> <p>39 individual touch-points with patients including where patients provide follow-up ideas to our work.</p>
Receive and process c.300 applications for non-executive vacancies relating to Council, Policy and Education Committee, Investigating Committee and Professional Conduct Committee.	■	<p>At end June 2024, we received 163 applications for vacancies on Council and Professional Conduct Committee.</p> <p>At end December 2024, we received 179 applications for PEC, IC and CA recruitment campaigns.</p>
Host 2 recruitment webinars attracting c.200 attendees including c.80 osteopaths and engage with c.150 interested applicants for our independent fitness to practise panel positions.	■	<p>PCC webinar held, April 2024 – 93 attendees.</p> <p>IC webinar held, July 2024 - 63 attendees</p> <p>Council Associates webinar held, September 2024 – 10 attendees (38 registered interest).</p>
Continue to regularly receive feedback after our webinars and events that attendees have shifted their perceptions in a positive	■	From those who responded, 95% rated the PCC webinar as very useful with 100% rating the webinar as delivering what was expected.

Metric	Status	Narrative, if relevant
way e.g. are less fearful and have a deeper understanding about the topic		From those who responded, 92% said the IC webinar delivered what was expected and 83% rated the webinar as very useful.
Ensure Council and committee scrutiny and oversight of our work through servicing 15 meetings.	■	Council and Committee meetings have been held throughout the business year.
Provide training, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.	■	Future training, development and strategy events planned. Fitness to Practise training days scheduled in January and March 2025.
Provide training and development opportunities for our 27 member staff team.	■	Ongoing throughout the year.

Scott Marcia
23/01/2025 16:33:58

Financial Report 2024-25 (nine months to December 2024)

Key messages from the report:

- Registration fees are on track to meet budget expectations.
- Expenditure is around £2.33m and is £166k over budget for the nine month period.
- The Balance Sheet is in a strong position, meaning we can face future challenges from a position of financial health.
- Cash at bank is currently around £105k lower than at year end; however, we are expecting the cash position to return to a level similar to the March 2024 position by the end of the year.

Background information

1. Our current financial year commenced on 1 April 2024 and will conclude on 31 March 2025. In this report it will be referred to as FY2024-25.
2. The budget for FY2024-25 was approved by Council in May 2024, and the budget for the 2025-26 financial year is presented later in this Council session.
3. Council receives a financial report at each meeting which presents the cumulative financial results for a given period. Where possible, the reports try to cover quarterly periods within the financial year.
4. In circumstances where the Council papers are being dispatched close to the end of a quarter, it may not always be possible for the financial report to cover the full period. To give Council more robust financial information, we may from time to time shorten the reporting period and issue reports outside of the Council meeting cycle.
5. The financial quarters are as follows:

	Start	End
Quarter 1	1 April	30 June
Quarter 2	1 July	30 September
Quarter 3	1 October	31 December
Quarter 4	1 January	31 March

6. This financial report covers the period ending 31 December 2024, which is nine months through the financial year.
7. Forecast figures reflect the spend in the year to date, along with the remaining budget allocation. This gives an idea of what the position will be at the end of the year.

8. The structure of this report is:

- Summary of financial position - income/expenditure narrative
- Income and Expenditure Account (top-level department summary)
- Balance Sheet, including explanatory notes
- Cash flow: overview and projection
- Annex A: Expenditure Account (detailed departmental summaries)

Summary of financial position

9. At the end of the nine month period to 31 December 2024, the income and expenditure account shows a surplus position (before designated spending from reserves) of £197k. Spending from reserves budgets in the nine month period is £289k.
10. We have budgeted a surplus position of around £4k, before designated spending, by year end.

Income

11. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.
12. At 31 December 2024, total income totalled around £2.52m, which is approximately £192k above budget for the same period. Registration fees accounted for 97% of the total income received. Bank interest, investment gains, and other income accounted for around 3% of income in the same period.
13. We have revised the end of year forecast for registration fee income since the last quarterly finance report to show a more accurate figure which better reflects the progress in the year. The initial budget figure for 2024-25 was underestimated.

Expenditure

14. After the nine month period we have recorded actual expenditure of around £2.33m. This is approximately £166k over budget for the same period, but we are expecting this to level off somewhat as the year progresses.

Scott Marcia
23/01/2025 16:33:58

Annex B to 7

Income and Expenditure Account (top-level summary)

15. The Income and Expenditure Account is set out below:

	Year to Date 1 April 2024 – 31 December 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration fees	2,444,965	2,310,000	134,965	6	2,840,000	2,974,965
Registration assessments	7,282	-	7,282	100	-	7,282
Other income	72,026	22,500	49,526	220	30,000	79,526
Total	2,524,273	2,332,500	191,773	8	2,870,000	3,061,773
Expenditure						
Employment costs	1,274,941	1,314,648	39,707	3	1,752,864	1,713,157
Education and professional standards	182,710	121,875	(60,835)	(50)	162,500	223,335
Communications, research and development	62,671	69,750	7,079	10	93,000	85,921
Registration administration	11,008	6,000	(5,008)	(83)	8,000	13,008
IT infrastructure	99,966	67,750	(32,216)	(48)	87,000	119,216
Fitness to practise, including legal	312,079	270,000	(42,079)	(16)	360,000	402,079
Governance	183,482	129,270	(54,212)	(42)	165,000	219,212
Central resources	199,945	181,125	(18,820)	(10)	237,500	256,320
Total	2,326,802	2,160,418	(166,384)	(8)	2,865,864	3,032,248
Surplus before designated spending	197,471	172,082	25,389		4,136	29,525
Designated spending	289,213	-	(289,213)		-	289,213
Surplus after designated spending	(91,742)	172,082	(263,824)		4,136	(259,688)

NB: a positive variance indicates better than budgeted performance, and vice versa.
This applies to all tables which show a variance in this paper.

Annex B to 7

16. The detailed departmental expenditure accounts can be found further down the document.

Balance Sheet

17. The Balance Sheet for the period ended 31 December 2024 shows total reserves of £2.79m (including designated funds). Cash held in hand and at bank totals £622k with a further £1.33m in the managed investment portfolio. The balance sheet below reflects the December 2024 valuation of the investment portfolio

18. The Balance Sheet as at 31 December 2024 is set out below:

	31 December 2024			31 March 2024	
	£	£		£	£
Non-current assets					
Assets (fixed/intangible)		1,511,294			1,547,271
Investment (portfolio)		1,330,707			1,269,682
Current assets					
Debtors	430,328			407,610	
Cash in bank and in hand	622,258			726,897	
	1,052,586			1,134,507	
Liabilities					
Creditors within one year	(1,103,898)			(1,069,030)	
	(1,103,898)			(1,069,030)	
Net Current (Liabilities)/Assets		(51,312)			65,477
Provisions		-			-
Total assets less total liabilities		2,790,689			2,882,430
Reserves					
General reserve		2,383,689			2,386,217
Designated funds		407,000			496,213
Total Reserves		2,790,689			2,882,430

Balance Sheet explanatory notes

Debtors

19. Debtors have increased to £430k from the year end position of £408k. This is predominately due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

Creditors

20. Creditors have increased to £1.10m from the year end position of £1.06m. The main contributor since year end is in relation to invoices payable; we have a higher creditor balance than we did in March 2024.

Designated reserves update

21. Spending on designated reserves in the year is shown below:

Reserve	Reserve at March 2024	New allocation in year	Spend in year	Reserve at Dec 2024
IT investment	152,093	-	154,835	(2,742)
Values project	10,000	-	-	10,000
Registrant perceptions	34,120	-	30,348	3,772
General legal reserve	150,000	-	17,357	132,643
NCOR infrastructure costs	150,000	-	19,966	130,034
Website development	-	200,000	63,995	136,005
IO Convention 2023	-	-	2,712	(2,712)
Total	496,213	200,000	289,213	407,000

NB: We will make an assessment at year-end as to what proportion of the IT investment costs can be capitalised.

Cash flow and investments

22. Council closely monitors its cashflow and reserves. The following section provides an overview of the cash flow position and current cash flow projection.
23. The cash at bank balance has decreased to £622k from the year end position of £727k. The main reason for this is due to the non-linear nature of registration renewals; now we have passed the peak of renewals (those registrants who pay a lump sum rather than by direct debit), cash spend on invoices starts to overtake registration fee income. We still expect the cash position to level off as we progress towards March 2025.

Investment portfolio

24. At 31 December 2024, the investment portfolio stood at £1.33m. Withdrawals from the portfolio would need approximately 10 day's notice, although our expectation is that we will not need to draw down on the investment this year.

Charity Commission reporting

25. As well as being a statutory regulator, GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.
26. We do not foresee any need to make a report to the Charity Commission during financial year 2024-25. The annual report submission to the Charity Commission was completed in November 2024.

Scott Marcia
23/01/2025 16:33:58

Departmental Expenditure Accounts

27. The individual departmental accounts are listed below with further narrative to support each business area.

Education and professional standards

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Quality assurance	169,397	108,375	(61,022)	(56)	144,500	205,522
Research projects	9,519	11,891	2,372	20	15,855	13,483
Osteopathic Practice						
Standards	2,782	1,609	(1,173)	(73)	2,145	3,318
Publications & subscriptions	1,012	-	(1,012)	(100)	-	1,012
Total	182,710	121,875	(60,835)	(50)	162,500	223,335

28. The third quarter position shows a total expenditure of £183k, against a year-to-date budget allocation of £122k. The overspend is predominately due to Quality Assurance (QA) work (£61k over budget at 31 December 2024), and will finish the year over budget. Some of the work allocated for the following year (FY2025-26) has already been started, which is why the costs are showing higher in the current year. This should mean that costs will be lower next year.
29. Our target reserves level of £350k-£700k helps us to cover additional unexpected costs like the QA overspend above, and any cost savings made in future years (or in other departments) helps to boost the reserves balance.
30. There is an underspend of just over £2k on Research projects, however there is an additional £30k in the separate reserves allocation for Registrants Perceptions Surveys.

Scott Marcia
23/01/2025 16:33:58

Annex B to 7

Communications, research, and development

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Digital	15,590	24,375	8,785	36	32,500	23,715
Publications	10,056	18,750	8,694	46	25,000	16,306
Engagement and events	8,190	5,250	(2,940)	(56)	7,000	9,940
<i>Research</i>						
IJOM	28,835	21,375	(7,460)	(35)	28,500	35,960
Total	62,671	69,750	7,079	10	93,000	85,921

31. The third quarter position shows a total expenditure of £63k, against a year-to-date budget allocation of £70k. There are two underspends, in Digital and Publications; and two overspends, in Engagement and Events and IJOM (the International Journal of Osteopathic Medicine).

32. The Chief Executive and Registrar had sought alternative funding towards the cost of IJOM but this has not been successful. The budget for this has been increased in FY2025-26 and more accurately reflects the cost to the organisation.

Registration administration

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration assessment income	7,282	-	7,282	100	-	7,282
Total	7,282	-	7,282	100	-	7,282
Expenditure						
Registration assessments	11,008	6,000	(5,008)	(83)	8,000	13,008
Total	11,008	6,000	(5,008)	(83)	8,000	13,008
Net expenditure	3,726	6,000	2,274	38	8,000	5,726

33. The third quarter position shows a total net expenditure of £4k, against a year-to-date budget allocation of £6k. The cost of registration assessments is largely offset by the fee-paying applicants applying for registration assessments, with the full year forecast being £6k.

Annex B to 7

IT infrastructure

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY forecast
			£	%		
Expenditure						
CRM & infrastructure	53,550	42,750	(10,800)	(25)	57,000	67,800
IT Security	23,037	10,000	(13,037)	(130)	10,000	23,037
Software - Licensing	14,294	11,250	(3,044)	(27)	15,000	18,044
Other IT costs	5,005	-	(5,005)	(100)	-	5,005
IT Consultancy cover	4,080	3,750	(330)	(9)	5,000	5,330
Total	99,966	67,750	(32,216)	(48)	87,000	119,216

34. The third quarter position shows a total expenditure of £100k, against a year-to-date budget allocation of £68k. The overspend is predominately due to spending on CRM & Infrastructure costs and IT Security. The IT Security costs include penetration testing on the GOsC website and external infrastructure, which contributed £3k of the overspend in IT security, and has taken the entire budget for the year.
35. Other IT costs include expense such as computer sundries and small equipment costs for staff working in the office and remotely. Budget has been included for this in FY2025-26.

Scott Marcia
23/01/2025 16:33:58

Annex B to 7

Fitness to practise, including legal

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee, incl. Health Committee	194,419	150,000	(44,419)	(30)	200,000	244,419
• Investigating Committee	117,180	119,250	2,070	2	159,000	156,930
Section 32 cases	480	750	270	36	1,000	730
Total	312,079	270,000	(42,079)	(16)	360,000	402,079

36. The third quarter position shows a total expenditure of £312k, against a year-to-date budget allocation of £270k. There is an overspend of £42k in costs across the various committees in the first three quarters of the year.

37. Statutory committee costs represent over 99% of the department expenditure and reflect the work of the Investigating, Professional Conduct and Health Committees. Council members are aware that this area of business represents the most significant area of risk to the expenditure forecasts in terms of volatility.

38. As of 15 January 2025, the following hearings and meetings for the next six months are scheduled:

February 2025	March 2025
X2 1-day IC meetings	x1 1-day IC annual training day x3 1-day IC meetings x1 2-day PCC hearing
April 2025	May 2025
x1 1-day IC meeting	x1 5-day PCC hearing x1 1-day IC meeting
June 2025	July 2025
None yet scheduled	x2 1-day IC meetings

39. An induction and training day for new PCC panellists, and the PCC annual training day, were both held in January 2025. The IC annual training day is due to be held in March 2025.

Annex B to 7

Governance

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Honorariums & responsibility allowances	83,422	84,087	665	1	112,116	111,451
Council and committee costs, incl. reappointments	78,580	32,933	(45,647)	(139)	36,884	82,531
PSA levy	10,770	11,250	480	4	15,000	14,520
Tax liability (expenses)	10,001	1,000	(9,001)	(900)	1,000	10,001
Equality & Diversity	709	-	(709)	(100)	-	709
Total	183,482	129,270	(54,212)	(42)	165,000	219,212

40. The third quarter position shows a total expenditure of £183k, against a year-to-date budget allocation of £129k. This is primarily due to overspends on Council costs, Council and Committee appointments, and other Committee costs where the budget for 2024-25 was underestimated, even with the increase in work undertaken to appoint Council and Committee members, which is generating the increase in costs. This may start to level off soon, but it will still be over budget by the end of the year.

41. The tax paid on Council member expenses is also over budget; the budget for FY2025-26 has been revised accordingly.

42. Honorarium and responsibility allowances of £83k represent 45% of the total expenditure for the nine month period.

Scott Marcia
23/01/2025 16:33:58

Annex B to 7

Central resources and financing

	Year to Date 1 April 2024 – 31 Dec 2024					
	Actual	Budget	Variance		FY Budget	FY forecast
Expenditure			£	%		
Premises	63,872	50,625	(13,247)	(26)	63,500	76,747
Depreciation	42,345	45,000	2,655	6	60,000	57,345
Office administration	33,380	37,500	4,120	11	50,000	45,880
Financing	29,549	28,500	(1,049)	(4)	38,000	39,049
Financial audit fee	20,125	18,000	(2,125)	(12)	24,000	26,125
International conferences	6,601	-	(6,601)	(100)	-	6,601
Publications and subscriptions	4,073	1,500	(2,573)	(172)	2,000	4,573
Total	199,945	181,125	(18,820)	(10)	237,500	256,320

43. The third quarter position shows a total expenditure of £200k, against a year-to-date budget allocation of £181k. The £13k overspend on Premises is due to an increase in Council Tax for the office building, along with other increases in energy and other utilities, and some unplanned remedial works.
44. There was some new spend in the year in relation to overseas conferences attended by the Chief Executive and Registrar and Chair of Council. Budget has been included for the FY2025-26 to include this.
45. The two principal areas of expenditure within the Central resources department (not including depreciation or financing) are the cost of premises including rates and service contracts (£64k), and office administration including insurance, postage, and photocopying (£29k). These two areas represent 48% of the total expenditure after the nine month period.

Scott Marcia
23/01/2025 16:33:58



Council
6 February 2025
Fitness to Practise report

Classification	Public
Purpose	For noting
Issue	Quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.
Recommendation	To note the report.
Financial and resourcing implications	Financial aspects of Fitness to Practise activity are considered in Annex B of the Chief Executive and Registrar Report.
Equality and diversity implications	Ongoing monitoring of equality and diversity trends will form part of the Regulation department's future quality assurance framework.
Communications implications	None
Annex	A - Fitness to Practise Data Set
Authors	Sheleen McCormack and David Bryan

Scott Marcia
23/01/2025 16:33:58

Key messages from the paper:

- In this reporting period, there was a decrease in the number of concerns received (13) in comparison to the last quarter (16).
- As of 31 December 2024, we have listed 3 of the 18 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A.
- In this quarter three cases were concluded, consisting of one PCC substantive hearing and two rule 8 meetings (consensual disposal). A further two cases went part heard.
- We have scheduled training for all committee members and legal assessors within this quarter.
- The GOsC has published the annual Fitness to Practise report which has been refreshed.

Fitness to practise case trends

1. In this reporting period, the Regulation Department received 13 concerns, with 4 formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 17 concerns and 10 formal complaints were opened.
2. Of the 13 concerns; four related to a transgression of boundaries, one related to poor communication, five related to conduct not linked to treatment, two related to inadequate treatment and one a lack of insurance.
3. The four formal complaints related to; poor communication (1), conduct not linked to treatment (2) and inadequate treatment (1).
4. As previously reported to Council, we have continued to encounter delays in the progress of some cases because of on-going challenges predominantly related to third-party investigations. During the reporting period 41% of our total caseload is currently with third parties, a slight increase from the previous quarter.
5. We continue to experience ongoing difficulties in engaging with complainants which has also had an impact on our ability to progress these cases expeditiously. This is an issue we share with other Regulators in discussions with them at recent meeting.
6. During the reporting period there were no applications to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO), neither were there any ISO applications to the Professional Conduct Committee (PCC).

7. The PCC met to consider three cases at a substantive hearing, where two went part heard, with a further two cases concluding by way of the Rule 8 procedure. The Rule 8 procedure applies where: a PCC Panel Chair has decided that it is appropriate; the registrant is prepared to admit the facts set out in the concern or allegation, and where the Registrant admits that such facts amount to the relevant allegation (for example unacceptable professional conduct).

Fitness to practise case load and case progression

8. As at 31 December 2024, the Regulation Departments fitness to practise caseload was 71 cases (57 formal complaints and 14 concerns). In comparison, the Regulation Department's fitness to practise caseload as of 30 December 2023, was 66 fitness to practise cases (53 formal complaints and 13 concerns).
9. Performance against the performance targets for this reporting period, is as follows:

Case stage	Key Performance Indicator	Performance Target	Median figures achieved this quarter
Screening	Median time from receipt of concern to the screener's decision	9 weeks	4 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	48 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	67 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A

10. In this reporting period the Screener KPI was exceeded by five weeks.
11. The IC KPI was not met in this quarter. The reasoning for this is contained within the dataset attached to this report. Nevertheless, there was an increase in the cases (9) considered by the IC during this reporting period. This trend, of higher cases being considered, will continue in Q4 of this year.
12. The median output of the PCC cases was 67 weeks.

13. Three out of the 18 cases at the PCC stage have been listed for a substantive hearing. A detailed breakdown of these cases is set out in the dataset in the Annex to this paper.

Third party investigations - data comparison

14. We are unable to progress cases that are being investigated by the police and/or are before the courts and it was considered that it would be beneficial to assess performance and case progression in those cases where there are no third-party investigations. We have provided a table below where 'third party' investigations have been excluded from the median figures provided.

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	7 weeks	5 weeks	2 (17%)
IC stage	47 weeks	35 weeks	17 (49%)
PCC stage	91 weeks	90 weeks	7 (39%)
Total	47 weeks	35 weeks	26 (41%)

Training for all committee members and legal assessors

15. We have scheduled training for new PCC members that have been successfully recruited. The training day, scheduled for 13 January 2025, will contain training on Equality and Diversity, Unacceptable Professional Conduct (UPC) and Professional Incompetence, the remote hearing guidance and protocol and remote hearings experience and insights from the current PCC chair.
16. The Professional Conduct Committee Training Day has been scheduled for 14 January 2025. The agenda includes an interactive session guided by Louise Wallace at Witness to Harm. The session will provide insight and understanding about the project findings, how members of the public experience the fitness to practise process and how best to support individuals who go through the process. There will also be a presentation from Victim Support on the GOsC Independent Support Service and an interactive case law update from Capsticks Solicitors.
17. The Investigating Committee Training Day has been scheduled for 11 March 2025. The draft agenda includes a session on feedback and learning from the external audit of all cases and concerns closed by Screeners and the Investigating Committee involving the threshold criteria over the period 1 April 2023 – 30 August 2024 and revisiting what is meant by 'a case to answer'.

Scott Marcia
23/01/2025 16:33:58

Annual Fitness to Practise Report

18. Together with the Communications team we published the Annual Fitness to Practise report in December 2024, which can be found on our website:
<https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/ftp-annual-report-2023-24/>
19. In response to the recent findings of our Registrant and Stakeholder Perceptions research, we took the opportunity within the annual report to explain how we manage the concerns we receive through the prism of a fictional case study to illustrate the main stages together with the timeframe of how a typical case proceeds to a hearing. The report also highlights the Independent Support Service, run by Victim Support which provides confidential support to patients, witnesses and osteopaths throughout the entire fitness to practise process.
20. The report also includes details of the decisions made by the Professional Conduct Committee where a sanction has been imposed.

Recommendation:

To note the report.

Annex A to 8

Fitness to practise dashboard 01 October 2024 31 December 2024 (Q3)

Case progression – at a glance

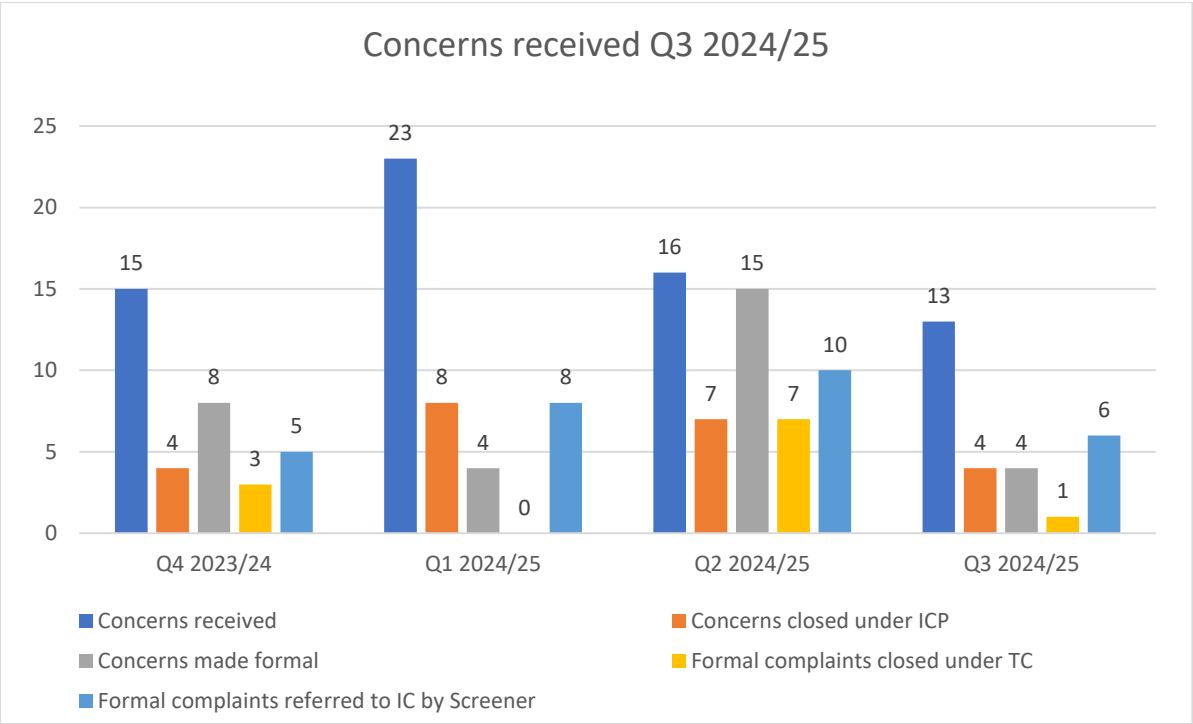
- We have received 13 new concerns during the reporting period, a slight decrease from the previous quarter (16 concerns).
- The Investigating Committee (IC) met remotely on three occasions and considered nine cases.
- During this reporting period the Professional Conduct Committee (PCC) concluded three cases, with another two cases going part heard.

Referrals Received	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Formal complaints referred to IC by Screener	5	8	10	6
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	33	29	36	34
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	22	18	17	18
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	3	4	4	3
PCC/HC Cases part heard (as at end of quarter)	0	0	0	2
Formal complaints open (as at end of quarter)	56	51	66	56
Cases that need review hearings (as at end of quarter)	3	3	4	4

Age of Caseload from Date Received	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
52 weeks – 103 weeks	15	22	14	20
104 weeks – 155 weeks	7	5	4	10
156 weeks and above	6	1	1	1

New Referrals

- We have received 13 new concerns during the reporting period.
- Four cases were closed under the Initial Closure Procedure (ICP).
- One case was closed under the threshold criteria.
- There were 11 cases considered by screeners, six of these were referred to the IC.



Referrals Received	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Concerns received	15	23	16	13
Concerns closed under ICP	4	8	7	4
Concerns made formal	8	4	15	4
Formal complaints closed under TC	3	0	7	1
Formal complaints referred to IC by Screener	5	8	10	6

Note – the number of concerns received during the reporting period will not directly correlate to the number of concerns that are made formal, or decisions by the screeners, during the reporting period.

Source of formal complaints	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Self-referral by the registrant	1	0	2	0
Registrar's allegation	0	0	1	0
Non-NHS employer	0	0	1	0
Patient or service user	6	2	7	3
NHS	0	0	0	0
Another registrant	0	1	2	0
Anonymous informant	0	0	0	0
Another regulatory body	0	0	0	0
Any other informant	1	1	2	1
Total	8	4	0	0

Annex A to 8

Allegations in formal complaints	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Conduct	7	4	15	4
Conviction	0	0	0	0
Competency	0	0	0	0
Adjunctive therapies	1	0	0	0
Health	0	0	0	0
Total	8	4	15	4

Key Performance Indicators

- The Screener KPI was met, at four weeks.
- The Investigating Committee KPI was not met.
- The Professional Conduct Committee KPI was not met.

Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Screening	Median time from receipt of concern to the screener’s decision	9 weeks	8 weeks	8 weeks	9 weeks	4 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	32 weeks	40 weeks	31 weeks	48 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	N/A	145 weeks	58 weeks	67 weeks

Performance in detail

Time from receipt of complaint to the screener’s decision (9 weeks)	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Median	8 weeks	8 weeks	9 weeks	4 weeks
Longest case	78 weeks	21 weeks	68 weeks	27 weeks
Shortest case	8 weeks	1 week	1 week	0 weeks
Time from receipt of complaint to final IC decision (26 weeks)	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Median	32 weeks	40 weeks	31 weeks	48 weeks
Longest case	83 weeks	65 weeks	40 weeks	217 weeks
Shortest case	15 weeks	9 weeks	28 weeks	13 weeks

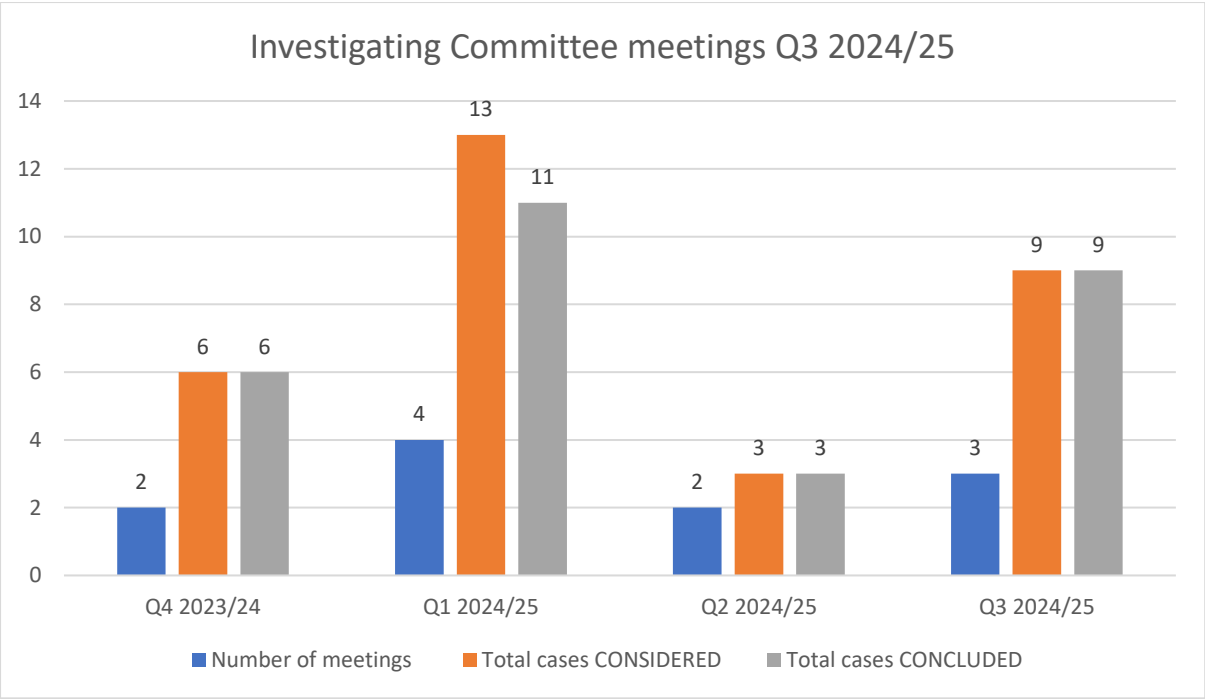
Annex A to 8

Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Median	N/A	108 weeks	26 weeks	29 weeks
Longest case	N/A	219 weeks	76 weeks	32 weeks
Shortest case	N/A	27 weeks	13 weeks	16 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Median	N/A	145 weeks	58 weeks	67 weeks
Longest case	N/A	227 weeks	120 weeks	94 weeks
Shortest case	N/A	57 weeks	39 weeks	52 weeks
Median time to interim order committee decision:	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
From receipt of referral	9 weeks	57 weeks	NA	NA
From decision that there is information indicating the need for an interim order	6 weeks	6 weeks	NA	NA

Investigating Committee

- The IC met remotely on three occasions during the reporting period and considered nine cases.
- The KPI at this stage of the process was not met during this quarter. Of the nine cases considered by the IC two were third party cases, having each been with the police for over two years. In four of the cases we had difficulties in progressing them for various reasons including; engagement with a complainant, seeking an expert opinion in kinesiology, a case that was previously adjourned by the IC together with a complex case consisting of multiple complainants.
- 16 of the 34 cases (47%) at the IC stage are currently recorded as third party.
- The IC did not consider any Interim Suspension Order (ISO) applications during the reporting period.

Scott Marcia
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Investigating Committee Decisions	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
No Case to Answer	1	6	0	4
No Case to Answer with advice	1	0	0	0
Referred to PCC	4	5	3	5
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	0	2	0	0
Stayed	0	0	0	0
Rule 19 agreed	0	0	0	0

Professional Conduct Committee

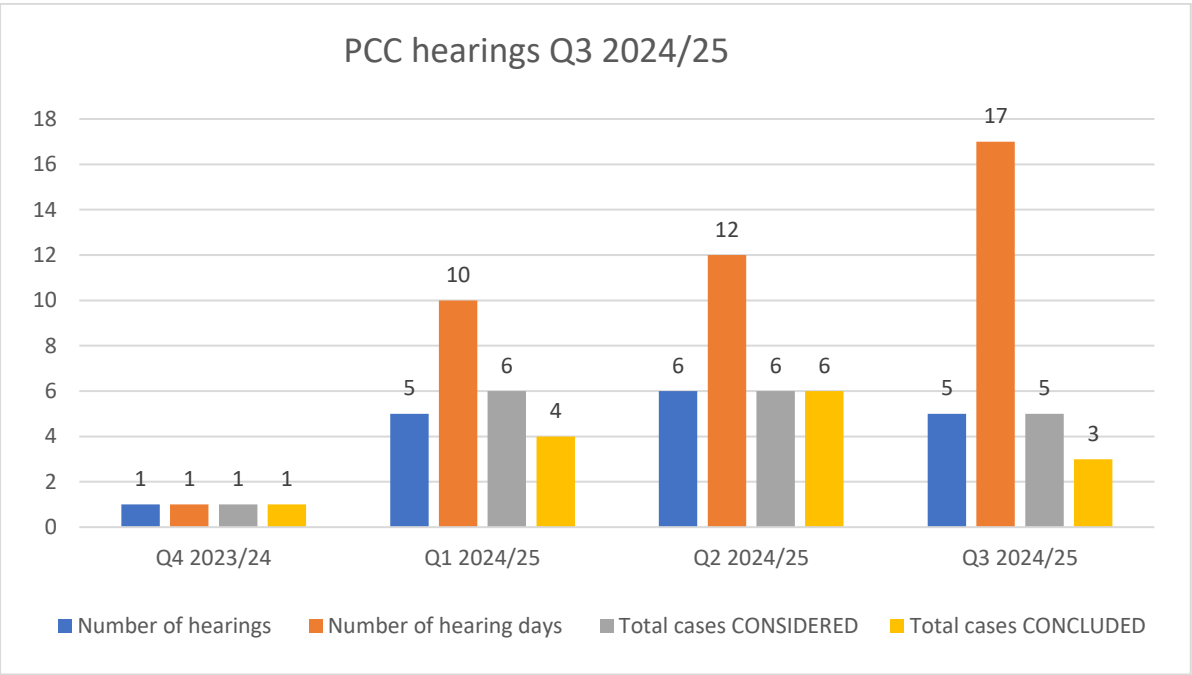
- During the reporting period three cases were concluded, consisting of one PCC substantive hearing and two rule 8 meetings. A further two cases went part heard.
- 39% of cases at the PCC stage are, or were, third party cases which is an increase from 35% at the end of the previous quarter.
- There are currently 18 cases at the PCC. The breakdown of which are as follows:
 - Three cases that went part heard during the reporting period (equating to two hearings) have been rescheduled.

Scott Marcia
23/01/2025 16:33:58

Annex A to 8

- Four cases have been served and we await the listings questionnaire from the registrant before we can schedule the hearing.
- In one case we await the potential referral to the PCC of a further case against the registrant, before we can serve the final case.
- In two cases we are looking to schedule the hearing.
- In seven cases we are preparing to serve the case, some of which have only recently been referred to the PCC.
- One case is currently under investigation by the police and we are unable to progress until the conclusion of the police investigation.

Professional Conduct Committee Hearings	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Number of hearings	1	5	6	5
Number of hearing days	1	10	12	17
Total cases CONSIDERED	1	6	6	5
Total cases CONCLUDED	1	4	6	3



Scott Marcia
23/01/2025 16:33:58

Annex A to 8

PCC Decisions	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Allegation not 'well founded'	0	1	0	1
Admonished	0	0	2	0
Conditions of Practice	0	0	0	0
Suspension	0	0	1	0
Removal	0	2	0	0
Rule 19	0	0	0	0
Adjourned	0	0	0	2
Conditions/Suspension to expire at end of order	1	0	0	0
Rule 8 Admonishment	0	1	3	2
Stayed	0	3	0	0
Referred to the HC	0	0	0	0
Referred to PCC hearing (rule 8)	0	1	0	0

Health Committee

- The Health Committee (HC) considered no hearings during the reporting period. Although we had a previous case which we were preparing for consideration by the Health Committee, during the reporting period the Registrar granted voluntary removal and so that case has since been closed.

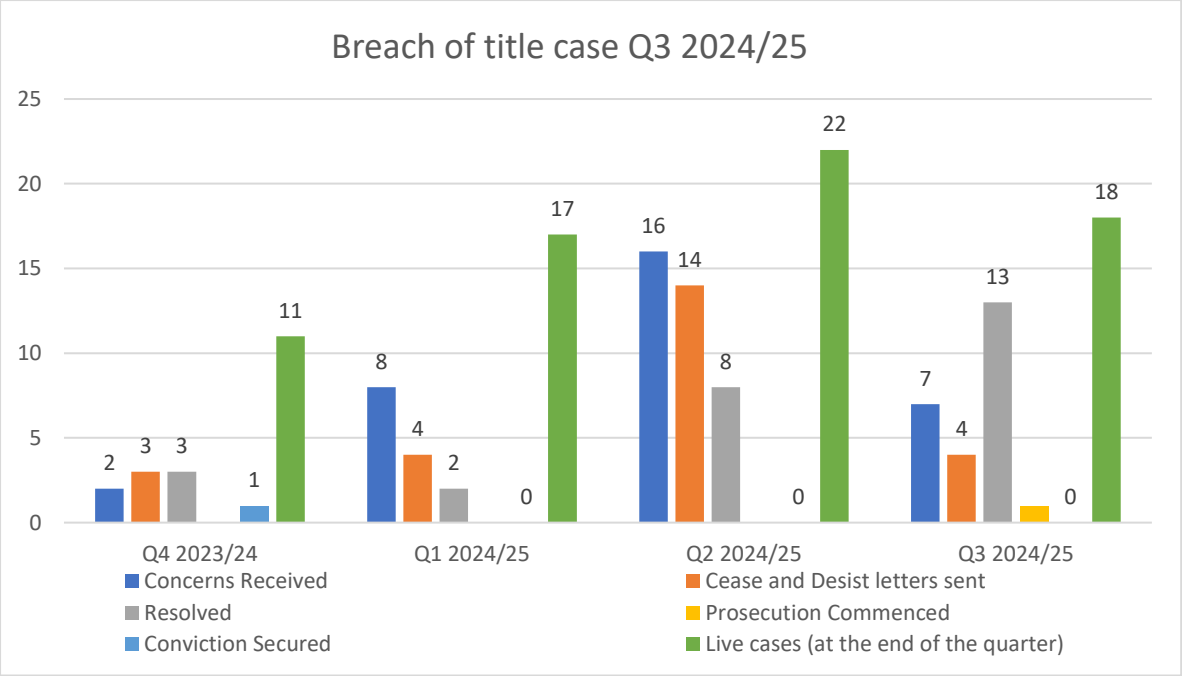
Interim Suspension Orders

IC Interim Suspension Order Decisions	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Applications made	2	1	0	0
Interim Suspension Order imposed	1	0	0	0
Undertaking	1	1	0	0
Adjourned	0	0	0	0
Median time to IC decision from receipt of referral	9 weeks	57 weeks	N/A	N/A
Median time to IC decision from decision that there is information indicating the need for interim order	6 weeks	6 weeks	N/A	N/A

PCC/HC Interim Suspension Order Decisions	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Applications made	1	0	0	0
Interim Suspension Order imposed	1	0	0	0
Undertaking	0	0	0	0

Protection of Title

- There are currently 18 active Section 32 investigations as at 31 December 2024, which is a decrease from 22 recorded in the previous quarter.



Protection of Title	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Concerns Received	2	8	16	7
Cease and Desist letters sent	3	4	14	4
Resolved	3	2	8	13
Prosecution Commenced	0	0	0	1
Conviction Secured	1	0	0	0
Live cases (at the end of the quarter)	11	17	22	18

Appeals

- No Registration appeals were received, or considered, during the reporting period by the Registration Appeal Committee.

Total number of registrant appeals in the quarter which are:	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Ongoing	0	0	0	0
Opened	0	0	0	0
Concluded	0	0	0	0

Annex A to 8

Outcomes of registrant appeals against final fitness to practise decisions:	Q4 2023/24	Q4 2023/24	Q2 2023/24	Q3 2023/24
Upheld and outcome substituted	0	0	0	0
Upheld and case remitted to regulator for re-hearing	0	0	0	0
Settled by consent	0	0	0	0

Voluntary Removal

- We received one voluntary removal application in the reporting period, which was granted by the Registrar.

Number of voluntary erasure/removal applications: Subsequent to the FTP case being considered by an IC.	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Received	0	0	0	1
Granted	0	0	0	1

Scott Marcia
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Council
6 February 2025
Investment and Reserves annual review

Classification Public

Purpose For decision

Issue The General Osteopathic Council (GOsC) holds reserves to ensure it has sufficient funds to guard against unforeseen events. In addition, to protect its cash reserves, GOsC has a managed investment portfolio held through Brewin Dolphin.

This paper reviews the reserves position and the performance of the investment portfolio.

Recommendations

1. To consider the review of the reserves position.
2. To agree a new reserve for Innovation projects.
3. To consider the GOsC investment position.
4. To agree that the Executive can take decisions on alternative investment managers.

Financial and resourcing implications These are contained within the paper.

Equality and diversity implications Investing according to Environment Social Governance (ESG) could be an important accelerator towards equality, diversity, and inclusion.

Communications implications The reserves position is set out in the Annual Report and Accounts.

Annex None.

Author Darren Pullinger

Scott Marcia
23/01/2025 16:33:58

Key messages from the paper:

- It is good practice to hold reserves for unforeseen events and to invest excess funds in order to maximise our assets. It is also good practice to review both reserves and investments on an annual basis, which Council does at its February meeting.
- Council has previously agreed a target reserves range of £350k-£700k, which is based on its assessment of risk and the possible financial impact. At the year ended 31 March 2024, we held funds above the target reserves range (£839k).
- The investment portfolio is relatively stable at present, having gained £61k (4.81%) in the year to date since March 2024. The market volatility during the period of the covid pandemic has calmed.
- The most up to date investment valuation is £1.33m, as at 31 December 2024.
- Tim Langman from Perspective Financial Group will attend Council to report on the performance of the portfolio.

Background

1. GOsC holds reserves as part of good business practice to ensure that it has funds available for any unforeseen events, such as an unplanned increase in operational expenditure or income falling below expectations.
2. In addition, GOsC has a managed investment portfolio with Brewin Dolphin, which at the March 2024 year-end was valued at £1.27m, and has risen to £1.33m as at 31 December 2024.
3. This paper considers both the reserves and investment positions.

Reserves

4. In considering the reserves policy, we are mindful to take guidance from the Charity Commission around building resilience. Some things to consider are:
 - Why a charity might need reserves in order to be effective
 - Why a reserves policy is important, and how it should be developed
 - What level or range of reserves is required, and what steps Council and the Executive should take to maintain and monitor reserves at the target level
5. The impact of the covid pandemic sharpened the focus on reserves for all organisations. At GOsC, we have always had a degree of security due to the stable nature of our income and operational expenditure; however there were concerns at the time that income may drop due to fewer new registrants joining, and existing ones leaving the register. Our solid reserves position helped ease those fears during that period.

6. Council has previously agreed a target reserves range of £350k-£700k based on the risk profile and possible financial impacts. We are proposing that the target reserves range should remain as it is for the foreseeable future.
7. Something to consider, however, is how we explain the reserves policy in the Annual Report and Accounts. A number of the other healthcare regulators use different metrics such as a percentage of annual expenditure, or a certain number of months' worth of expenses. If we were to use a similar metric based on the year ending March 2024, our reserve levels were equivalent to just over 3 months' expenses, or 28% of annual expenditure.
8. Guidance from the Charity Commission says that free reserves are the portion of a charity's unrestricted funds which are freely available to spend on any of the charity's purposes. The guidance goes on to say that this should exclude restricted funds, designated reserves, tangible fixed assets, and any funds which have other restrictions on the way in which the funds are to be used.
9. The table below reflects the reserves position of GOsC as at 31 March 2024, reflecting the amount of funds held, reserves designated or otherwise committed, and those funds which would only be available after the sale of assets.

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

10. At the March 2024 year end, free reserves were above the target range, and have been since 2020. This reflects good financial management by the Executive.
11. The Executive continues to monitor the reserves position as the year progresses. We have utilised much of the IT Investment reserve in the current year since April 2024 to support the ongoing investment in our infrastructure and security, predominately the upgrade of our CRM system. The Values Project reserve allows for the implementation and evaluation of shared decision making resources which supports osteopaths with undertaking CPD.
12. Additional reserves designated in the year ending March 2024 include £150k each for a general legal fund to mitigate unforeseen legal costs, and a reserve to support the ongoing work of the National Council for Osteopathic Research (NCOR); of which five years of infrastructure costs have been ringfenced.
13. During the current year, a £200k reserve has been agreed and designated for the development of a new website. This is proposed to be spent by March 2026.

14. An overview of spending on designated reserves in the current year is shown below:

Reserve	Reserve at March 2024	New allocation in year	Spend in year	Reserve at Dec 2024
IT investment	152,093	-	154,835	(2,742)
Values project	10,000	-	-	10,000
Registrant perceptions	34,120	-	30,348	3,772
General legal reserve	150,000	-	17,357	132,643
NCOR infrastructure costs	150,000	-	19,966	130,034
Website development	-	200,000	63,995	136,005
IO Convention 2023	-	-	2,712	(2,712)
Total	496,213	200,000	289,213	407,000

NB: we will make an assessment at year-end as to what proportion of the IT investment is capitalised.

15. The table in paragraph 9 above shows that we have free reserves available over the target range, and when thinking about how to use our reserves prudently, in order to support the development of our overall Strategy. One of our key strategic priorities for 2024-30 is to embrace innovation.

16. In this respect, we are proposing a new £100k designated reserve for Innovation projects. Our intention is that this is to be held at an organisational level, and departments within GOsC can apply for a portion of the reserve for new spends in innovation. This will enable and facilitate our work, for example, in how we use Artificial Intelligence to streamline and improve our activity.

Investments

17. The GOsC stock market investment is based on several key principles:

- a. Good financial stewardship aims to increase the asset value above inflation;
- b. The investment profile of the GOsC was to be at the lower end of medium risk across a five-year period;
- c. The portfolio needs to be diverse to spread the risk of fund fluctuation;
- d. The investment should be a fund route rather than a segregated portfolio;
- e. No significant capital additions or withdrawals were anticipated;
- f. The funds could be liquated quickly if required;
- g. Council should review the investment strategy on a regular basis.

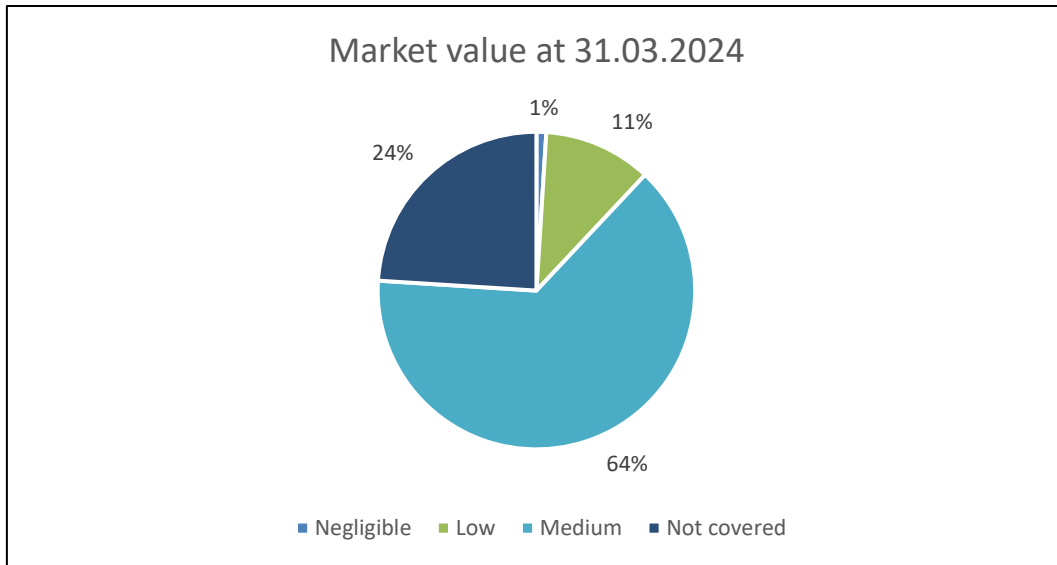
18. The fund has grown by approximately £96k since March 2021 (7.77%), including a gain of £61k since the March 2024 year end to its current value of £1.33m (as at 31 December 2024).
19. Tim Langman from Perspective Financial Group (advisor) will be in attendance to give a presentation to Council on the performance of the portfolio and general market conditions, and an outlook for the year ahead, including any opportunities and risks.
20. In November 2021, the Executive submitted the 'Investment portfolio: Environment, Social Governance (ESG) paper' presenting an approach that included monitoring, reviewing, and reporting to Council on the ESG Portfolio Sustainability Score ratings.
21. In terms of the Business Development (BD) process, there is consistent engagement with managers on material ESG issues as well as having a separate socially responsible investment (SRI) list of assets and this can be fundamentally broken down as follows:

Issue	Core BD Funds	SRI preferred funds
Culture	Awareness of ESG	Embedded ESG culture
ESG integration	ESG issues considered	ESG fully integrated
Stewardship	Vote their shares	Industry-leading engagement
Reporting	Making efforts to report and be transparent	Strong transparency and reporting
Exclusions	No criteria required	Aligned with BD exclusionary policy

22. The ESG risk score measures the degree to which the underlying investments' economic value may be at risk driven by material environmental, social, and governance factors. A portfolio with a higher score indicates higher exposure to ESG related risk. Sharing the ESG risk of the portfolio is a demonstration of transparency. Council are reminded that the score is not set as a portfolio objective.
23. The Executive is pleased to report that we have continued with the trend and confirm an ESG risk score data coverage of 75.96% of the portfolio. The portfolio ESG risk score is an asset-weighted average of all the ESG risk scores for all covered securities in the portfolio. It is important to note that if the portfolio coverage increased or decreased, this could materially impact the ESG risk score. All ESG risk scores shown on the report are corporate ESG risk scores. The portfolio ESG calculations are adjusted to consider only the corporate portion of mixed bond funds.

Scott Marcia
23/01/2025 16:33:58

24. The chart and table below show the proportion of holdings by market value in each ESG risk category:



ESG risk category	Market value at 31.03.2024	% of holdings
Negligible	7,860	0.62
Low	144,975	11.42
Medium	812,045	63.96
High	-	-
Severe	-	-
Not covered*	304,802	24.01
Total	1,269,682	100.00

*"Not Covered" indicates all sovereign bonds, and securities that either do not qualify for the Sustainalytics ESG risk scores (such as short positions, cash and currency, as well as derivatives and synthetic holdings) or the companies/funds that do not yet have a Sustainalytics ESG risk score.

25. Perspective Financial Group have provided information that suggests we may get better returns, and pay less in fees, if we changed our investment managers to Cambridge Investments Ltd.

26. A comparison of the fees is shown below:

Fees	Brewin Dolphin	Cambridge Investments
Platform charge	0.82%	0.18%
Intermediary charges	0.25%	0.25%
Total fund charges	0.78%	0.16%
Discretionary Fund Manager (DFM) charge	N/A	0.20%
Total charges	1.85%	0.79%

27. To give an idea of the monetary value of the fees, using an investment portfolio value of £1.27m, these would be approximately £23k per year if we remained with Brewin Dolphin and £10k per year if we decided to move to Cambridge Investments.

28. A comparison of actual returns (past performance) is shown below:

Fund	1 year	3 years	5 years
Brewin Dolphin Balanced	10.85%	1.64%	13.07%
Brewin Dolphin Moderately Adventurous	12.29%	2.80%	18.55%
Cambridge Investments Tracker Balanced	15.20%	12.70%	30.80%
Cambridge Investments Tracker Active	17.90%	18.50%	41.40%

29. The slight anomalies on the 3-year Brewin Dolphin funds are mainly down to the Covid period where some fund managers performed better than others during a period of uncertainty. Council are reminded that past returns are not a guarantee of future performance.

30. We are seeking agreement that Council delegate this decision to change investment manager to the Executive. Once we have determined the best option in terms of overall performance (including both fees and returns), the decision to change can be made by the Executive and reported back to Council.

Recommendations:

1. To consider the review of the reserves position.
2. To agree a new reserve for Innovation projects.
3. To consider the GOsC investment position.
4. To agree that the Executive can take decisions on alternative investment managers.

Scott Marcia
23/01/2025 16:33:58



Council
6 February 2025
Business Plan and Budget 2025-26

Classification	Public
Purpose	For decision
Issue	This paper provides Council with the draft Business Plan and Budget for 2025-26.
Recommendation(s)	<ol style="list-style-type: none">1. To agree the draft Business Plan 2025-26.2. To agree the draft Budget 2025-26.3. To consider the Equality Impact Assessment.
Financial and resourcing implications	These are set out in the paper and specifically Annex B, the budget for financial year 2025-26.
Equality and diversity implications	<p>The Business Plan 2025-26 includes activities that relate to Equality, Diversity and Inclusion.</p> <p>In relation to project activity outlined in the Business Plan, Equality Impact Assessments will be undertaken as required, with the results reported to Council.</p> <p>Finally, an Equality Impact Assessment has been completed and is annexed to the paper.</p>
Communications implications	The Business Plan and Budget are public documents and available on our website.
Annex(es)	<p>A: Business Plan 2025-26</p> <p>B: Budget 2025-26</p> <p>C: Equality Impact Assessment</p>
Author	Matthew Redford, Darren Pullinger

Scott Marcia
23/01/2025 16:33:58

Key messages from paper:

- The draft Business Plan for 2025-26 is presented at Annex A and represents the second year of the new Strategy, through to 2030. The budget is presented at
- The 2025-26 budget has been balanced.
- An Equality Impact Assessment has been completed for the introduction of the Business Plan and Budget 2025-26 and is presented at Annex C.

Background

1. The new General Osteopathic Council (GOsC) Strategy began on 1 April 2024. This paper presents to Council the proposed business plan and budget for the second year of the new Strategy, towards 2030.

Discussion

Business Plan development

2. The Business Plan for 2025-26 is attached at Annex A.
3. Headlines from each priority area include:

Strengthening Trust

- Seek changes to enhance public protection under Section 32 of the Osteopaths Act - Protection of Title.
- Implementation of Strategic Patient Partnership Programme at Council level.
- Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.
- Raise awareness of our role and increase engagement with stakeholders and implement DJS actions.

Championing Inclusivity

- Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.
- Implementation of recommendations arising from independent review into non-executive recruitment activity.
- Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in accordance with high standards.

Scott Marcia
23/01/2025 16:33:58

- Implement and evaluate health and disability guidance.

Embracing Innovation

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

Budget

4. Council and the Executive recognise that the environment is one which is challenging and there are financial pressures on all types organisations across all sectors, be that inflationary pressure, volatility within cost models and, as is the case for many within the healthcare sector, pressure on workforce numbers with a lower number of new entrants to a profession and/or retaining existing registrants on the Register.
5. With that context, Council is presented with a budget that has a small forecast surplus.
6. Total income and expenditure are forecast to be balanced with a small surplus.

Income

7. Within the income forecast is money received from registration fees generated from existing registrants and new entrants joining the Register.
8. We forecast registration fee income to be £3.11m for 2025-26.
9. Other income is from the GOsC investment portfolio and from bank interest received from short-term low-risk bonds.

Expenditure

10. The budget for 2025-26 is similar to previous years with additional expenditure allocated for IT security, increased employer national insurance costs, costs of

the new worker status for fitness to practise panel members and new activity for the implementation of a board effectiveness review and internal audit operation.

11. The budget also takes account of:

- Our Education Quality Assurance costs, which we are bringing in-house.
- The need to ensure our organisation infrastructure is maintained.
- The need to ensure sufficient funds are available for our statutory processes.
- The need to pay staff and members of the Governance structure.
- Monies set aside as designated funds from reserves.

Equality Impact Assessment

12. In preparing the Business Plan and Budget for 2025-26, the Executive have also prepared an Equality Impact Assessment (EIA). This is attached at Annex C.

13. Key headlines from the EIA are:

- Workstreams within the Business Plan will be individually assessed for EDI implications. Council and/or its Committees will consider those implications as part of the papers presented to them.
- The Business Plan reflects the new GOsC Strategy, which has a key priority area to 'Champion Inclusivity'.
- The income budget is predominately funded by registrants who pay their annual registration fees. Registration fees will not change in 2025-26.
- There is no data which suggests that approval of the Business Plan and Budget will adversely impact on people with each/any protected characteristic.

Recommendations:

1. To agree the draft Business Plan 2025-26.
2. To agree the draft Budget 2025-26.
3. To consider the Equality Impact Assessment.

Scott Marcia
23/01/2025 16:33:58

GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2025 - March 2026

DRAFT

Scott Marcia
23/01/2025 16:33:58

GOsC BUSINESS PLAN 2025-26

Our vision is to be an inclusive, innovative regulator trusted by all. And we recognise that to achieve our vision we need to make progress each year against the three strategic priorities agreed by Council which are:

- **Strengthening trust**
- **Championing inclusivity**
- **Embracing innovation**

We see these strategic priorities as being necessary to deliver our core statutory objective of public protection. We will continue to set standards and quality assure education and training; we will continue to maintain the integrity of the statutory register of osteopaths; we will continue to set and maintain standards in practice through our continuing professional development scheme; and we will continue to protect patients and the profession by taking appropriate and proportionate action to remove or restrict registration when standards are not met.

Central to our work is communication and engagement and throughout all our activities we are listening, gathering insight and identifying actions we can take to progress our work. We see communication and engagement as a core thread of the GOsC Strategy and underpinning our Business Plans. To that effect, there is not a separate communications and engagement strategy but this is woven into our work.

The 2025-26 Business Plan focuses on those key activities which we believe will progress the strategic priorities of Council in the next twelve months. The Business Plan does not report on many day-to-day operational activities which are overseen by the Senior Management Team. We believe this approach will allow Council to maintain its strategic oversight and ensure a clear focus on strategic delivery.

Underpinning the Strategy are the GOsC organisational values and the Nolan Principles. These are:

Our values	We work Collaboratively to be an Influential and Respectful regulator with an Evidence-informed approach.
Collaborative	We work with our stakeholders to ensure patients and osteopaths are at the centre of our approach to regulation.
Influential	We seek to support and develop those we work with to enhance public protection.
Respectful	We seek to hear, understand and consider the views of the people with whom we engage.
Evidence-informed	We use a range of evidence to guide our work to ensure the best outcomes for patients and the public.

Nolan Principles	
Selflessness	Holders of public office should act solely in terms of the public interest.
Integrity	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
Objectivity	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
Accountability	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
Honesty	Holders of public office should be truthful.
Leadership	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

This document, the Business Plan 2025-26, sets out how we intend to work towards meeting the strategic priorities in the year April 2025 to March 2026.

Scott Marcia
23/01/2025 16:33:58

<p>Strengthening trust:</p> <p>We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>			
Activity	Measurable actions	Timeline	Lead
Seek changes to enhance public protection under Section 32 of the Osteopaths Act - Protection of Title.	<p>Undertake consultation and analyse responses.</p> <p>Agree Council position.</p> <p>Seek amendment to Section 32 with Department of Health and Social Care.</p>	<p>March - June 2025</p> <p>July 2025</p> <p>From July 2025</p>	Chief Executive, Fitness to Practise, Professional Standards, Communications
Implementation of Strategic Patient Partnership Programme at Council level.	<p>Patient partner recruited and induction and ongoing support in place.</p> <p>Ongoing development of the Patient Information Forum to enhance quality of patient input to our policy development.</p> <p>Ongoing evaluation.</p>	<p>September 2025</p> <p>July 2025</p> <p>Post October 2025</p>	Professional Standards
<p>Develop and publish guidance and other online resources specifically for participants in GOsC remote hearings</p> <p>Scott Marcia 23/01/2025 16:33:58</p>	<p>Undertake a comprehensive review of remote guidance for witnesses and registrants for preparing for, and appearing in, GOsC remote hearings inviting contributions from stakeholders including Victim Support and the Witness to Harm project at Open University.</p> <p>Undertake consultation on guidance.</p>	<p>June 2025</p> <p>August - October 2025</p>	Regulation, Communications

<p>Strengthening trust:</p> <p>We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>			
Activity	Measurable actions	Timeline	Lead
	Publish guidance.	November 2025	
Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.	<p>Council decision on building estates finalised and communicated to stakeholders.</p> <p>Consideration of future registration fee modelling undertaken with any relevant consultations launched, responses analysed and results published.</p>	<p>May 2025</p> <p>From July 2025</p>	Chief Executive, Resources, Communications
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards.	<p>Publish NCOR Concerns Report collaborating with NCOR, iO and insurers.</p> <p>Development of joint statement with insurers around professional responsibilities.</p> <p>Ongoing development of resources and engagement to support implementation of standards.</p> <p>Ongoing quality assurance activity as quality assurance of osteopathic education brought in-house.</p> <p>Begin review of the Osteopathic Practice Standards by launching call for feedback.</p> <p>Provide ongoing analysis of standards and ethical queries and responses to inform OPS call for feedback.</p>	<p>February 2026</p> <p>July 2025</p> <p>All year</p> <p>All year to March 2025</p> <p>From June 2025</p> <p>October 2025</p> <p>March 2026</p>	Professional Standards, Communications

Scott Marcia
23/01/2025 16:33:58

Strengthening trust:

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

Activity	Measurable actions	Timeline	Lead
	Complete report on Osteopathic Practice Standards call for feedback and launch Review of the OPS.		
Implementation of actions arising from independently facilitated review of GOSC Tone of Voice.	Independent review completed with action plan. Implementation of agreed actions.	April 2025 From May 2025	Communications, Registration, Fitness to Practise
Raise awareness of our role and increase engagement with stakeholders and implement DJS actions.	Implement student engagement plan. Explore appetite for holding an educator conference. Undertake ongoing face to face regional engagement with osteopaths. Update fitness to practise sections of the website to include digital assets to explain the process clearly and accessibly. Update social media strategy and monitor use and impact of new communication channels and approaches including updated social media, WhatsApp and Drop in Sessions and evaluate.	From April 2025 October 2025 All year July 2025 March 2026	Communications, Professional Standards Professional Standards All staff Communications, Regulation Communications

Scott Mercia
23/01/2025 16:33:58

<p>Championing inclusivity:</p> <p>It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so</p>			
Activity	Measurable actions	Timeline	Lead
Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	<p>Publish information, throughout the year, including but not limited to:</p> <ul style="list-style-type: none"> - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Policy development and consultations. <p>Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or mitigations put in place.</p>	From April 2025	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	<p>Demonstrate progress against the new Equity, Diversity, Inclusion and Belonging Framework to include:</p> <ul style="list-style-type: none"> • Updated social media, and image strategy • EDIB progress updated on website • Key messaging for the CRM roll out to encourage completion of EDI data • Compliance with the Welsh Language Standards • Ongoing monitoring and reporting of equality impact assessments including for policy development and consultations 	<p>All year with a specific Council annual report, July 2025</p> <p>July 2025 July 2025 July 2025</p> <p>May 2025 July 2025</p> <p>From July 2025</p>	Chief Executive, Communications

Scott Marcia
23/01/2025 16:33:58

Championing inclusivity:

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

Activity	Measurable actions	Timeline	Lead
	<ul style="list-style-type: none"> Ongoing support and resources for implementation of EDIB CPD subject to consultation. 		
Implementation of recommendations arising from independent review into non-executive recruitment activity.	<p>Independent review completed.</p> <p>Action plan arising from independent review developed.</p> <p>Implementation of agreed actions.</p>	<p>May 2025</p> <p>June 2025</p> <p>From July 2025</p>	Human Resources, Chief Executive
Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in accordance with high standards.	<p>Publication of NCOR Research projects on recruitment and retention.</p> <p>Implementation of NCOR research recommendations.</p> <p>Transition into practice: Hold workshop with Osteopathic Development Group organisations to explore and inform sector wide actions including development of GOsC guidance.</p> <p>Consideration of workshop findings and agreement to next steps.</p> <p>Ongoing discussions with European Regulators to clarify requirements for the recognition of professional qualifications and agree next steps.</p>	<p>July 2025</p> <p>September 2025 onwards</p> <p>June 2025</p> <p>October 2025</p> <p>All year</p>	Professional Standards, Communications

Scott Marcia
23/01/2025 16:33:58

Championing inclusivity:

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

Activity	Measurable actions	Timeline	Lead
Implement and evaluate health and disability guidance.	Publish health and disability guidance for students. Take steps to integrate health and disability guidance into engagement plans. Collect data on awareness and use of guidance. Publish evaluation report in implementation.	July 2025 August 2025 Ongoing to March 2025 March 2025	
Strengthen Equity, diversity, inclusion and belonging with the GOsC CPD scheme.	Complete consultation and analysis of results on updated CPD scheme strengthening communication and consent requirements through a focus on mandatory EDI and boundaries activities. Agree and implement new CPD scheme.	June 2025 August 2025	

Scott Marcia
23/01/2025 16:33:58

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation			
Activity	Measurable actions	Timeline	Lead
Through tendering, identify a supplier and develop a new public website which provides scope for more modern, innovative and engaging channels and content.	Invitation to Tender process concludes with identification of supplier. Development of new public website. Implementation of new public website.	June - July 2025 From July 2025 March 2026	Communications, Chief Executive
Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation.	Analysis of feedback on use of AI and agreement to statement about expectations and use of AI in education and practice (if possible in collaboration with health professional regulators). Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice. Agreement to process of updating and next steps. Procure appropriate models of AI for GOsC and ensure updates and training for all staff to ensure a skilled workforce fit for the future.	June 2025 July 2025 July 2025 June 2025	Professional Standards Chief Executive, IT, Human Resources
Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.	Results of board effectiveness review presented to Council. Implementation of actions identified through board effectiveness review.	July 2025 From August 2025	Chief Executive, Governance

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation			
Activity	Measurable actions	Timeline	Lead
	Internal Audit plan agreed by Audit Committee. Internal Audits programme commences.	June 2025 From July 2025	Chief Executive, Resources
Refine and implement Theory of Change to measure progress and implementation of the Strategy.	Hold theory of change workshops with staff. First draft of Theory of Change to Council for consideration. Ongoing development and agreement to final evaluation strategy and refine data collection.	June 2025 July / September 2025 October 2025	Professional Standards
Implement more streamlined approach to data mapping, collection, insight and analysis and actions.	Collate comprehensive data map across organisation and update privacy policy and collection notices. Align data sets and develop systematic analysis and reporting.	May 2025 November 2025	Professional Standards and Research, Data and Insight

Scott Marcia
23/01/2025 16:33:58

GOsC metrics to help ensure we are delivering efficient and effective regulation.

In 2025-26 we expect to:

- process c.5,750 registration forms (UK and International applicants and annual renewal of registration forms) and c.5,000 reminder notices.
- Support c.220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).
- receive c.200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c.75 fitness to practise cases being opened, of which c.30 will be referred for investigation leading to c.12 being referred for a final determination hearing.
- undertake c.500 CPD verification and assurance audits.
- undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.
- holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.
- respond to c.2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c.60 policy and ethical queries related to our standards; c.1,000 registration queries and c.650 student queries.
- send out 12 monthly ebulletins to registrants achieving an open rate of c60%.
- send out 4 quarterly English student ebulletins to 446 students (penultimate and final year) achieving an open rate of c40%.
- send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.
- receive and fulfil 150 requests for personalised Registration Marks
- attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.
- ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.
- host 2 recruitment webinars attracting c.200 attendees including c.80 osteopaths and engage with c.150 interested applicants for our independent fitness to practise panel positions.

Annex A to 10

- continue to regularly receive feedback after our webinars and events that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic
- ensure Council and committee scrutiny and oversight of our work through servicing 15 meetings.
- provide learning, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.
- provide learning and development opportunities for our staff team.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

Background

1. The budget for the financial year 2025-26, which supports the delivery of the Business Plan activity, is presented below in two ways. First, by setting out the total cost of delivering each department’s programme of work and second by the category of expenditure within each department.

Income and Expenditure Account

2. The total cost of delivering each department’s programme of work is set out in the Income and Expenditure Account below. The budget presented shows a small surplus.

	FY2025-26 £	FY2024-25 £	Variance £
Income			
Registration fees	3,113,225	2,840,000	273,225
Other income	85,050	30,000	55,050
Total	3,198,275	2,870,000	328,275
Expenditure			
Employment costs	1,898,025	1,752,864	145,161
Education and professional standards	154,539	162,500	(7,961)
Communications, research and development	91,186	93,000	(1,814)
Registration administration	20,000	8,000	12,000
IT & infrastructure	125,110	87,000	38,110
Fitness to practise, including legal	400,000	360,000	40,000
Governance	260,450	165,000	95,450
Central resources & financing	243,217	237,500	5,717
Total	3,192,527	2,865,864	326,663
Surplus	5,748	4,136	1,612

3. Registration fees are forecast to be £3.11m, compared to £2.84m the previous year. As we have progressed through 2024-25, it has become apparent that the income line was under-budgeted, and the proposed 2025-26 budget is a more accurate representation of the forecasted income.
4. Other income is primarily made up of bank interest, investment income, registration assessments, and other miscellaneous income streams. The budget does not include any potential additional income streams, for example, from rental income.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

Breakdown of expenditure by area/department

5. The expenditure budget for each department is set out below.

Employment costs

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Staff salaries and pensions	1,811,000	1,674,864	136,136
Learning and development	38,425	30,000	8,425
Benefits	24,500	18,000	6,500
Recruitment	15,000	25,000	(10,000)
Other employment costs	9,100	5,000	4,100
Total	1,898,025	1,752,864	145,161

6. Salary, national insurance, and pension costs have been estimated at £1.82m. The staff salaries and pensions budget reflects the costs of all staff positions and allows for an increase in salary to be determined by the People Committee, along with the additional human resource expertise requirements to support staff wellbeing.
7. In addition to potential salary increases, we have budgeted for an additional £33k of National Insurance contributions following Chancellor Rachel Reeves' Budget in October 2024.
8. The increase in other areas of employment costs reflects staff training, benefits, and additional resources to support any equality, diversity and inclusion requests for reasonable adjustments.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

Education and professional standards

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Quality assurance	124,105	144,500	(20,395)
Osteopathic Practice Standards	20,225	7,500	12,725
Patient engagement	6,000	6,355	(355)
CPD provider meetings	2,209	2,145	64
Publications & subscriptions	2,000	2,000	-
Total	154,539	162,500	(7,961)

9. The reduction in budget for Quality Assurance (QA) is due to the work being brought in-house from July 2025. The budget provision includes Recognition of Qualification (RQ) visits and annual reporting activity.
10. We have increased the budget for Osteopathic Practice Standards (OPS) to allow for some more project activity, such as increasing patient research (including hosting workshops), CPD developments, and additional OPS reviews and policy developments.
11. The £6k for patient engagement is a co-production to continue supporting the patient voice in project work, and to prepare the patient voice for strategic input longer term in our work.

Communications, research and development

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Digital	25,795	32,500	(6,705)
Publications	14,224	25,000	(10,776)
Engagement and events	11,167	7,000	4,167
<i>Research</i>			
IJOM	40,000	28,500	11,500
Total	91,186	93,000	(1,814)

12. The budget for Digital has been reduced; however this still allows for the hosting, maintenance, and support of the various GOsC websites; as well as undertaking webinars, and annual costs for the new implementation of WhatsApp to give people an additional way to contact us.
13. Publication production costs also have a reduction compared to FY2024-25. The main contributor to the budget allowance is our Welsh Language Scheme (£8k)

Annex B to 10

with implementation costs being in the prior year, along with costs for the Annual Reports (the main GOsC report, as well as the Fitness to Practice report). Budget is also included for surveys and mailers.

- 14. The budget for engagement activities has been increased. This is to strengthen the opportunities to attend roadshows, conferences, and exhibitions. This includes travel, accommodation, and other costs for staff. There is also provision for online activity and incentives for osteopaths to attend meetings to support regional groups and communities.
- 15. Expenditure for the National Council for Osteopathic Research (NCOR) shows in a designated reserve instead of the main operational budget. Costs for this are approximately £27k per year. The reserve covers around five years of this cost.
- 16. The budgeted cost for the International Journal of Osteopathic Medicine (IJOM) has been increased. We had hoped to source different funding in the prior year to support this work; however, that funding did not materialise and so we have provided the full cost in 2025-26. We will seek expenditure reductions in this area over the year ahead before renewal of the provision takes place in December 2025.

Registration administration

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Registration assessments	20,000	8,000	12,000
Total	20,000	8,000	12,000

- 17. The budget includes costs associated with the assessment of Return to Practice (RtP) registration assessments, and international registration applications. The registration assessors receive appropriate training and support when required. The increase from the previous year is more reflective of the actual cost for these assessments over the course of a year.
- 18. Costs for registration assessments are largely recovered, and the associated £20k budget for recoverable costs is shown in Other Income in the Income and Expenditure Account on the first page of this Annex. Therefore, this is effectively a contra entry.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

IT and infrastructure

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Infrastructure	40,360	32,000	8,360
CRM service contracts	36,150	25,000	11,150
IT security	22,450	10,000	12,450
Software licences	18,150	15,000	3,150
IT consultancy cover	5,000	5,000	-
IT sundries	3,000	-	3,000
Total	125,110	87,000	38,110

19. The budget for CRM service contracts is shown slightly higher for FY2025-26 whilst we implement the new CRM. We anticipate lower annual running costs going forward as the new system should bring cost savings.
20. The IT Security budget has increased due to additional requirements for systems and certifications such as Mimecast, SentinelOne, the Cyber Essentials certificate, and a password manager system. IT Security updates are reported to the Audit Committee on a regular basis.
21. The £5k for consultancy cover provides support for when the IT Manager is on leave. We have retained the services of NexGen Cyber, who have provided a good service for the last few years.
22. An additional £3k has been budgeted for sundry items such as computer equipment (keyboards, headsets, cables etc) for the office as well as staff working remotely.

Fitness to practise, including legal

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Statutory Committee costs			
- Professional Conduct Committee, incl. Health Committee	299,100	309,000	(9,900)
- Investigating Committee	64,000	50,000	14,000
Audit and surveys	12,500	-	12,500
Section 32 cases	4,400	1,000	3,400
Panel members' holiday pay & pension contributions	20,000	-	20,000
Total	400,000	360,000	40,000

Annex B to 10

23. Fitness to Practise (FtP) remains the largest area of spend for GOsC outside of employment costs. The budget has been maintained at largely the same level as previous years.
24. The trend for remote activity has continued, and approximately 87% of hearings were remote between April 2022 and December 2024. This has been reflected in the costs for FtP hearings. We will continue to offer Osteopathy House or another suitable venue for anyone who prefers to have the hearing in-person, as we know this can be a preference that is very personal to individuals.
25. There is a new budget line for payments in relation to holiday pay following the ruling that Fitness to Practice panel members have worker status.
26. Our current forecast for Fitness to Practise activity across this period remains largely consistent with the previous year, as shown below:
 - a. Referred complaints and Interim Suspension Orders likely to stay at the same volume.
 - b. 12 Investigating Committee (IC) meetings scheduled, excluding the IC annual training day.
 - c. Up to 23 substantive Professional Conduct Committee (PCC) hearings (with an average of five days per hearing) forecast.
 - d. Five PCC review hearings (with an average of one day per hearing), which may be completed virtually.
 - e. Two Health Committee (HC) hearings, where a medical assessor is required at a hearing.
 - f. Up to 8 Interim Suspension Order hearings, which may be completed virtually.
 - g. Two Section 32 prosecutions.
27. We will continue to monitor the spend in this area, and in the event of increased unplanned costs, we will report this to Council alongside any proposed actions.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

Governance

	FY2025-26 £	FY2024-25 £	Variance £
Expenditure			
Honorariums & responsibility allowances	110,000	112,116	(2,116)
Council and Committee costs	46,000	15,806	30,194
Internal audit, Board effectiveness, Skills review	62,200	-	62,200
PSA Levy	16,240	15,000	1,240
Cost of Governance appointments	14,010	21,078	(7,068)
Tax liability on Council expenses	10,000	1,000	9,000
Equality & Diversity	2,000	-	2,000
Total	260,450	165,000	95,450

28. Members’ fees and responsibility allowances account for 53% of the Governance budget. The budget for Council and Committee costs has been increased to reflect that the majority of meetings are now held in-person and that there was an miscalculation in the budget set in the prior year.
29. The increased budget for tax payable on Council expenses is more reflective of the actual cost to the organisation.
30. An additional budget line has been included for Internal Audit and Board Effectiveness consultancy, as well as a skills audit of the Council and Committee membership. These are new spends for FY2025-26 and we are currently moving through the tender and interview process for the Internal Audit and Board Effectiveness areas with a view that appointments are made ready for 1 April 2025.
31. We are expecting the Governance appointments spend to decrease in FY2025-26 after a lot of activity across the Council and various committees during FY2024-25.

Scott Marcia
23/01/2025 16:33:58

Annex B to 10

Central resources & financing

	FY2025-26	FY2024-25	Variance
	£	£	£
Expenditure			
Premises	80,220	63,500	16,720
Depreciation	53,900	60,000	(6,100)
Office administration	37,170	50,000	(12,830)
Financing	34,000	38,000	(4,000)
Annual financial audit	26,208	24,000	2,208
International conferences	6,700	-	6,700
Publications and subscriptions	5,019	2,000	3,019
Total	243,217	237,500	5,717

32. The total budget provision for 2025-26 is £243k is predominately comprised of costs to run Osteopathy House (around £160k per year, or 66% of the Resources & Financing budget). The increased budget for Premises reflects an increase in Council Tax for the headquarter building, along with various increases in service contracts (such as energy costs and Health & Safety consultancy).
33. The Office administration budget is primarily down to insurance costs for the building and cyber security. Other costs within office administration consist of telephone systems and office supplies.
34. Financing costs mainly relate to the charges in relation to accepting payments from registrants (approximately 83% of the £34k budget). We may look into alternatives to the payments provider we currently use.
35. We have added a new budget line for FY2025-26 for International conferences. This gives scope for the Chief Executive and Chair of Council to attend the Osteopathic International Alliance (OIA) and Osteopathy Europe (OE) conferences respectively. These are currently planned for Toronto in November 2025 (OIA), and Mallorca (March 2025) and Germany (October 2025) (OE)
36. The Publications and subscriptions budget has been increased to allow for annual memberships of the Association of Chief Executives (ACE), Public Chairs' Forum (PCF), Professional Associations Research Network (PARN), and the Institute of Regulation, among others.

Scott Marcia
23/01/2025 16:33:58



Equality Impact Assessment Template

Step 1 – Scoping the EIA

Title of policy or activity	
Business Plan and Budget 2025-26	
Is a new or existing policy/activity?	
The GOsC produces a new Business Plan and Budget for the year ahead which is subject to approval by Council.	
What is the main purpose and what are the intended outcomes of the policy/activity?	
<p>The Business Plan outlines the work which is planned for the year ahead to progress the new GOsC Strategy. Those workstreams will all have equality, diversity and inclusion (EDI) implications and we will ensure that papers prepared for Council and Committees will be cognisant of those issues.</p> <p>The Business Plan 2025-26 underpins the second year of the new GOsC Strategy. That Strategy has a key priority of 'Championing Inclusivity' and many of the workstreams which progress the strategy in this area have a clear link to equality, diversity and inclusion.</p> <p>The budget for 2025-26 sets out the forecast income and planned expenditure required to deliver the business plan activities. The income is primarily from registration fees paid by osteopaths.</p>	
Who is most likely to benefit or be affected by the policy/activity?	
The Business Plan activities will ensure the GOsC meets its statutory objectives. In doing there will be benefit for registrants, patients and other stakeholders.	
Does this policy or activity impact on the Welsh Language?	
The Business Plan references our work in relation to the Welsh Language Standards.	
Who is doing the assessment?	
Matthew Redford, Chief Executive and Registrar	
Dates of the EQIA	
• When did it start?	December 2024
• When is it due to be completed?	February 2025
• When should the next review of the policy/activity take place?	At quarterly review points

	alongside implementation of this business plan and monitoring.
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Useful information

What information would be useful to assess the impact of the policy/activity on equality?
<p>An assessment of the impact of the activities within the Business Plan will be made on an activity by activity basis, and considered by the relevant Committee and/or Council as well as through the monthly monitoring by the senior management team.</p> <p>Information which would be useful to assess the impact of the activities, might include, but is not limited to, statistics about the profession and student population; equality monitoring data from consultation submissions; equality monitoring data from participants in surveys, webinars, recruitment campaigns. These data collection activities are outlined in detailed plans which underpin the overarching business plan.</p>
Is there data relating to people with any/each of the protected characteristics?¹
<p>EDI data is collected from osteopathic educational institutions about student enrolment, progression and graduation and registrants as they join the Register.</p> <p>We collect EDI data in response to surveys and consultations so that we can assess, as far as possible, the demographics of those responding compared to the data we hold on the register as a whole and also the UK population as outlined in the most recent census data for the nations.</p> <p>We collect EDI data from applicants to roles and compare this to population data at each stage of the recruitment process.</p> <p>We are planning to enhance the breadth and depth of EDI data we collect as outlined in our business plan and underpinning activities.</p>
Where can we get this information and who can help?
<p>EDI data about registrants is stored securely in the GOsC CRM product.</p>

¹The nine protected characteristics in the Equality Act 2010 applying to England, Wales and Scotland are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In Northern Ireland, there is a range of legislation with broadly similar protected characteristics.

Annex C to 10

In relation to our work on students, we are working closely with osteopathic educational institutions in collection and analysis of the data.

We could work closely with recruitment agencies to ensure that they explain the importance of providing EDI data and to ensure the confidentiality of this through the selection process.

We could also work more collaboratively with influential voices in the sector to explain the importance of sharing EDI data at the point of registration and when responding to consultations, surveys etc to enable us to better identify any potentially discriminatory but hidden impacts in our processes so that we can take corrective actions to ensure equity.

Step 2 – Involvement and consultation

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

Our engagement with stakeholders will occur as we undertake the activities described within the plan.

Step 3 – Data collection and evidence

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

The Business Plan and Budget will not adversely impact on registrants.
Registration fees will not increase in 2025-26

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

As part of our work, we are considering commissioning of research around recruitment and retention which will explore more fully whether there are issues around recruitment and retention for people with specific protected characteristics.

Step 4 – assessing impact and strengthening the policy

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics?

Annex C to 10

We will assess EDI implications on an activity by activity basis. There is currently no data which suggests the introduction of the Business Plan 2025-26 will adversely impact on people with each/any of the protected characteristics.

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?

No.

What practical changes will help to reduce any adverse impact on particular groups?

N/A.

What could be done to improve the promotion of equality within the policy?

If the Business Plan 2025-26 is approved by Council, when communicating with the profession we will specifically reference the commitment to EDI within the communications.

Step 5 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.

The GOsC Council approves an annual Business Plan and Budget. This EIA covers the Business Plan and Budget for 2025-26. The activities contained within the Business Plan will be assessed on an activity by activity basis for EDI implications with data reviewed, analysed and prepared for Council and its Committees.

The budget has been prepared on the basis that registration fees remain the same level.

There is no data which suggests that approval of the Business Plan and Budget will adversely impact on people with each/any protected characteristic. However, we have also identified gaps in the data that we hold. Our business plan activities include activities to address these gaps, to collect the data and analyse it to better inform this equality impact assessment moving forward.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

N/A

What practical actions do you recommend to include or increase potential positive impact?

If the Business Plan is approved, we need to clearly articulate to registrants and other stakeholders that EDI features centrally within the Business Plan activities.

Scott MacFarlane
23/01/2025 14:03:58

Step 6 – monitoring, evaluation and review

How will you monitor the impact/effectiveness of the policy/activity?
Through our reporting to Council and its Committees and through SMT oversight.
What is the impact of the policy/activity over time?
<p>Strengthening our data collection through our business plan activities and continuing to undertake research and data analysis will support our ongoing understanding of any hidden potentially discriminatory impacts and we will keep this under review as we review the Business Plan throughout the year.</p> <p>By assessing the impact of EDI on each of the Business Plan activities we will ensure that our policy developments and internal decision making processes are robust and that our activities have the greatest possible positive impact.</p> <p>The Business Plan 2025-26, like plans before it, lays the foundation for future business plans to be developed which will develop actions arising out of strengthened data collection and analysis as arising out of this business plan.</p>
Where/how will this EIA be published and updated?
<p>The EIA is an annex to the Council paper that considers the Business Plan and Budget 2025-26. This will be published on the public GOsC website alongside the February 2025 Council papers.</p> <p>We will publish updated plans on an ongoing basis.</p>

Step 7 – action planning

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Ensure the EIA is annexed to the Council paper and published on the public GOsC website.	Matthew Redford	January 2025
Ongoing quarterly review alongside Business Plan Monitoring activities by SMT.	SMT	From April 2025

Scott Marcia
23/01/2025 16:33:58



Council
6 February 2025
Amending Section 32(1) (protection of title) of the Osteopaths Act 1993

Classification	Public
Purpose	For decision.
Issue	Section 32 of the Osteopaths Act 1993 does not include/cover 'osteopathic techniques'. We see this as a potential patient safety issue and wish to amend Section 32.
Recommendations	To agree to delegate to the Executive authority to proceed with seeking an amendment to Section 32(1) of the Osteopaths Act 1993.
Financial and resourcing implications	Costs associated with running a relevant consultation will be staff time only. No external costs are required.
Equality and diversity implications	Any future consultation(s) will take account of matters related to equity, diversity, inclusion and belonging.
Communications implications	Post February Council, the Executive will proceed with engaging with stakeholders and the profession on seeking an amendment to Section 32(1) of the Osteopaths Act 1993.
Annexes	None.
Author	Matthew Redford

Scott Marcia
23/01/2025 16:33:58

Key messages from this paper:

- Section 32(1) of the Osteopaths Act 1993 sets out provisions for the protection of title.
- Osteopathic techniques is not covered by the provisions set out in Section 32(1).
- This creates a patient safety issue as unregistered individuals are using this terminology in their advertising and members of the public may believe they are seeing a registered healthcare professional when they are not.
- We have engaged the Department of Health and Social Care in early conversations about changing Section 32(1).
- A consultation is required alongside a justice impact test. We seek Council agreement to delegate to the Executive authority to proceed with seeking to amend Section 32(1) of the Osteopaths Act 1993.

Background

1. Section 32(1) (s32) of the Osteopaths Act 1993 sets out provisions which address protection of title. s32 states:
 - (1) A person who (whether expressly or by implication) describes himself as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath, is guilty of an offence unless he is a registered osteopath.

Discussion

Issue

2. As shown above, s32 does not cover 'osteopathic techniques'. We are aware there is a rapidly growing practice of individuals not registered with the General Osteopathic Council (GOsC), including but not limited to manual therapists and former registrants, are using this terminology within their advertising for commercial gain either through offering 'osteopathic manipulation' or offering osteopathic techniques to members of the public.
3. We are concerned that individuals who are not subjected to statutory regulation are aligning themselves with use of the term osteopathic, which is familiar and recognisable to members of the public, in circumstances where this presents as a patient protection issue. The Institute of Osteopathy (iO), agrees with our assessment, especially given some training providers for 'osteopathic techniques' are only weekend courses.
4. This matter has also been raised with the Executive by the profession during the iO regional roadshows held in 2024.

5. On its own the use of the term 'osteopathic technique' is unlikely to breach s32(1). For a case to proceed towards a private prosecution, either by the GOsC or by another person/body, there would need to be other evidence to support a breach of s32.
6. We have taken legal advice to determine if the use of osteopathic techniques could be restricted to a technique used by a registered osteopath and by default, this is restricted to an osteopath on the GOsC Register. Unfortunately, the legal advice did not support this interpretation.

Action

7. We have approached the Department of Health and Social Care (DHSC) to determine if a change to legislation may be possible. DHSC have advised that a Section 60 Order Amendment would be required and the legislation would be subject to a statutory consultation and a justice impact test. The DHSC would require evidence to be able to determine if such an amendment could be resourced alongside other priorities.
8. We consider that it is necessary to gather evidence as an important part of this process and this can be more widely achieved through pre-consultation exercises and through a public consultation with all of our stakeholders. Even in DHSC are not able to commit future legal time for this amendment we see this as a sufficiently important patient safety issue on which to set out our view that an individual not registered with the GOsC should not be using the terminology osteopathic technique, or a variation thereof.
9. We seek Council agreement to delegate to the Executive authority to proceed with seeking to amend Section 32(1) of the Osteopaths Act 1993. This would mean that we would undertake appropriate consultation with our stakeholders and the profession and present back the results to Council at a future meeting. In providing this delegated authority, Council members will not see any relevant consultation materials ahead of their use by the Executive.
10. On the basis members are content to delegate authority to the Executive to proceed, we welcome suggestions from members of Council as to areas they believe should be covered within the consultation.

Recommendation:

To agree to delegate to the Executive authority to proceed with seeking an amendment to Section 32(1) of the Osteopaths Act 1993.

Scott Marcia
23/01/2025 16:33:58



Council

6 February 2025

National Council of Osteopathic Research Report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2023

Classification	Public
Purpose	For decision
Issue	Consideration and reflection on the findings from the NCOR concerns and complaints report 2013 to 2023.
Recommendation	<ol style="list-style-type: none">1. To consider the implications of the NCOR concerns and complaints report 2013-2023.2. To agree to publish the NCOR concerns and complaints report 2013-2023.
Financial and resourcing implications	The cost of compiling the report is c.£1,100 and is included within the budgets approved annually by Council.
Equality and diversity implications	<p>The report provides information about specific demographic information linked to concerns for osteopaths. This year we are beginning a pilot project to collect more detailed data about protected characteristics from complainants to help provide further insight into specific issues that might arise.</p> <p>Part of our EDI work is looking to promote resources to better understand the experiences of people with specific protected characteristics in health care to continually enhance osteopaths' communication with patients.</p> <p>There is a complaint about racism evident in the report and we are currently consulting on CPD in equality, diversity and inclusion.</p>
Communications implications	The report will be published on the GOsC website in a new section being created for the NCOR reports. We communicate publication of the report but also use the findings about current trends to provide targeted advice aimed at explaining and supporting osteopaths to reduce occurrence of known areas where issues arise.
Annex	Draft Report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2023
Authors	Fiona Browne

Key messages from paper:

- Every year the National Council for Osteopathic Research (NCOR) produce a report on the type of concerns and complaints made against osteopaths and osteopathic services. The report for 2013-2023 is annexed to this paper.
- The report brings together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.
- The updated data collection took place during January to December 2023, Key findings include:
 - The number of concerns about osteopaths was 117, up on the previous year (103)
 - Areas of focus for this year should include:
 - Forceful treatment n=5
 - Treatment causes new or increased pain or injury n=25
 - Failure to communicate effectively n=7
 - Communicating inappropriately n=7
 - Sexual impropriety n=15
- We continue to use this report to ensure we are focussing on supporting osteopaths to practise in accordance with the Osteopathic Practice Standards with particular communications and policy priorities covering the areas of concern outlined in the report.

Background

1. This cover paper highlights key findings in the NCOR report and our progress on these issues.

Discussion

NCOR Report 2013-2023: key findings

2. The NCOR Report at the Annex sets out a number of key findings. These include:
 - 'Osteopathic practices report being very busy since recovery from the effects of the 2020/2021 Covid pandemic. The effects of the pandemic have impacted NHS services significantly and patients are experiencing extended waiting times for access to primary care and secondary care services (NHS England, 2023)¹. The regular Census conducted by the Institute of Osteopathy reported in 2024 that in the period March to June 2024 "nearly a third of practices reported having recruited additional clinical staff over the last six months and a similar number suggesting that they intend to do so over the next six months.'

- 'When reviewing data for 2023, 117 osteopaths had complaints made against them compared to 103 in 2022. There were 121 concerns and complaints raised in 2023. There were no complaints this year concerning false/misleading advertising complaints. This is the second lowest number of complaints made with 2020 still being the lowest at 115 complaints.'
 - 'Notable areas of complaint during 2023 were:
 - Forceful treatment n=5
 - Treatment causes new or increased pain or injury n=25
 - Failure to communicate effectively n=7
 - Communicating inappropriately n=7
 - Sexual impropriety n=15
 - When the concerns and complaints were mapped against the Osteopathic Practice Standards (OPS) we can see that 'Quality and Safety' and 'Professionalism' remain the areas of most concern echoing the data from 2023.
 - Specific demographic data is also set out in the report.
3. Other points of interest in the report include:
- a. Demographic data has remained fairly consistent since 2013 (aside from 2020) with c 2/3 of males and 1/3 of females forming the subject of the concerns.
 - b. The rate of concerns raised about osteopaths is roughly consistent when compared to the numbers of osteopaths in each of the four countries ranging from 1% to 3% (when compared to registrant numbers as of March 2023).
 - c. Males are more likely to be complained about than females. (2.5% and 1.3% respectively).
 - d. Osteopaths qualified for 10 years or more are more likely to be complained about. This potentially emphasises the importance of peers for this group to ensure that they are connected to a community of osteopaths and osteopathic and societal norms around practice rather than being professionally isolated.
 - e. Osteopaths qualified 0-2 years make up 11.1% of the overall concerns raised. This compares to 1% in 2016, 4% in 2017, 0% in 2018, 6% in 2019 and 10% in 2020, 9% in 2021 and 8.7% in 2022. It may be helpful to explore patterns of concerns for this group to understand if there is specific support that could be provided for them.

- f. Table 7 shows the overall concerns received in 2023 compared to the mean in 2013 to 2022. Those areas at the higher end of the range and above the mean are: Clinical care issues: safety of clinical practice and Management: environment.

4. Specific categories of interest include:

- a. **Clinical care:** 'Clinical care issues relate to quality of clinical practice and safety of clinical practice.'

In relation to these areas: 'Figure 5a shows an above average number of concerns about the lack or inadequacy of a treatment plan. Figure 5b shows high levels of complaints concerning new or increased pain, and delivery of forceful treatment consistent with previous data.'

- b. **Management:** 'This theme records complaints about the practice environment such as problems in the facilities, services, clinical equipment, staffing levels, and business processes and procedures such as problems in bureaucracy, waiting times, and accessing care.'

In relation to these areas: 'Complaints concerning not controlling the spread of communicable diseases were slightly above average, as were issues raised about value for money, and non-compliance with health and safety laws/regulation (Figure 6). Concerns about business practices and processes were very low (Figure 6a).'

- c. **Relations Issues (relating to the behaviour towards the patient or their family/friends):** 'This theme consists of two sub-themes: Listening and Communication such as disregarding or not acknowledging information from patients, and absent or incorrect communication to patients; Respect and patient rights such as disrespecting or violating patient rights.'

'There was one concern/complaint raised about consent and slightly fewer than average complaints about communicating inappropriately or ineffectively (Figure 7). Examples of inappropriate communication include rude remarks towards a patient about their weight, inappropriate/unjustified comments about pregnancy relating to the Covid vaccine and inappropriate comments construed as racist.'

Reflections

5. Supporting osteopaths to be aware of key areas of concerns can help osteopaths to take action to pay particular attention to these areas in CPD and practice. Specific activities that we are undertaking include:

- Consulting on updates to the CPD scheme to include boundaries and equality, diversity and inclusion within the communication and consent

requirement and to emphasise that osteopaths should be undertaking CPD in adjuvant therapies too.

- Our PhD student, Kathryn Parkin is exploring boundaries in osteopathic practice as part of our CPD.
- Using the findings from the NCOR report in our regular discussions with osteopaths and students.
- Ongoing promotion of our values resources to support communication between patients and osteopaths.
- Ongoing promotion of our standards and guidance in relation to other areas outlined in the report, for example infection control.
- We also intend to raise the findings about levels of complaints concerning new or increased pain with stakeholders to explore what might be the reasons behind this and to explore the actions that we and other stakeholders might take to address these. We are not sure whether the issue at hand relates to not communicating risks, or in relation to the application of treatment.

Conclusions

6. The report suggests that our regulatory activities can influence the reduction of concerns in specific areas. We will continue to promote and disseminate the findings of this report to osteopaths and educators and students to support them to focus on areas that lead to concerns and complaints from and with regard to patients.

Recommendations:

1. To consider the implications of the NCOR concerns and complaints report 2013-2023.
2. To agree to publish the NCOR concerns and complaints report 2013-2023.

Scott Marcia
23/01/2025 16:33:58



Types of concerns and complaints raised about
osteopaths and osteopathic services in 2013 to 2023

Summary

Osteopathic practices report being very busy since recovery from the effects of the 2020/2021 Covid pandemic. The effects of the pandemic have impacted NHS services significantly and patients are experiencing extended waiting times for access to primary care and secondary care services (NHS England, 2023)¹. The regular Census conducted by the Institute of Osteopathy reported in 2024 that in the period March to June, 2024 “nearly a third of practices reported having recruited additional clinical staff over the last six months and a similar number suggesting that they intend to do so over the next six months” (iOCensus, 2024)².

Data relating to concerns and consent have now been collected since 2013. The data collection template has undergone various iterations since this process began ensuring data were collected in a manner consistent with other organisations. A notable omission from the data was any information about the patients or other individuals raising the concern or complaint. This type of data would provide a valuable source of information to inform clinicians if there were any consistent trends in data that could be addressed through continuing professional development (CPD) to avoid concerns and complaints being raised in relation to certain symptoms reported, age, gender or ethnic groups for example. To address this omission, a new data collection template has been developed and used for the first time this year.

When reviewing data for 2023, 117 osteopaths had complaints made against them compared to 103 in 2022. There were 121 concerns and complaints raised in 2023. There were no complaints this year concerning false/misleading advertising complaints. This is the second lowest number of complaints made with 2020 still being the lowest at 115 complaints.

Most complaints were reported about male osteopaths (66.7%). The age groups most strongly and equally represented (23.1%) in complaints were 31-40 and 41-50 with male osteopaths represented more frequently in each age band. When examining years since qualification, the data show that osteopaths who have been qualified/graduated for 10 or more years have an increased number of complaints raised about them compared to those graduated prior to 10 years ago (63.4% vs 35.9%).

Annex to 12

Notable areas of complaint during 2023 were:

- Forceful treatment n=5
- Treatment causes new or increased pain or injury n=25
- Failure to communicate effectively n=7
- Communicating inappropriately n=7
- Sexual impropriety n=15

When the concerns and complaints were mapped against the Osteopathic Practice Standards (OPS) we can see that 'Quality and Safety' and 'Professionalism' remain the areas of most concern echoing the data from 2023.

Scott Marcia
23/01/2025 16:33:58

Annex to 12

Contents	Page
Summary	2
List of Tables	5
List of Figures	6
Introduction	7
Methods	8
Part 1: Profile of osteopaths about whom complaints are made	9
Types of Concerns and complaints	15
Clinical Care	21
Management	22
Relations Issues	23
Adjuvant therapies	24
Criminal convictions and cautions	25
Regulation specific	25
Implications for OPS	27
Part2: Learning more about individuals raising concerns and complaints	29
Discussion	29
Conclusion	31
Appendices	
1. Raw data	32
2. Mapped concerns and complaints to	
Osteopathic Practice Standards	43
3. Revised data collection template for 2023	45
References	51

Scott Marcia
23/01/2025 16:33:58

Annex to 12

List of Tables	Page
Table 1. Number of people who had concerns and complaints raised against them and their gender	9
Table 2 Location of osteopaths about whom complaints were made	11
Table 3. Age of osteopaths about whom complaints are made	11
Table 4. Gender of osteopaths about whom complaints were made in 2023	12
Table 5. Distribution of complaints and practitioners' years of practice	13
Table 6. Overall numbers of concerns and complaints raised each year by theme	16
Table 7. Overall comparison with previous years	18
Table 8. Number of Concerns and complaints per year: 2013 to 2023	19
Table 9. Concerns and complaints mapped against the OPS	27
Table A1. Quality of clinical practices (Clinical standards of behaviour)	32
Table A2. Safety of clinical practice (Errors, incidents, and staff competencies)	33
Table A3. Environment (Problems in the facilities, services, clinical equipment, and staffing levels)	34
Table A4. Business /Processes (Problems in bureaucracy, waiting times, and accessing care)	35
Table A5. Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)	37
Table A6. Respect and Patient rights (Disrespect or violations of patient rights)	38
Table A7. Adjuvant therapies / professions	39
Table A8. Criminal convictions and Police Cautions	41
Table A9. Regulation Specific	42

Scott Marcia
23/01/2025 16:33:58

List of Figures	Page
Figure 1. Age and gender distribution for osteopaths about whom complaints are made	12
Figure 2. Distribution of complaints by years since graduation 2016 – 2023	13
Figure 3. Numbers of males and females complained about by years of experience 2023 in summary	14
Figure 3a. Numbers of males and females complained about by years of experience 2023 in detail	14
Figure 4. Overall numbers of concerns and complaints raised each year by theme	17
Figure 5. Clinical Care Issues (relating to quality of clinical and osteopathic care provided).	21
Figure 5a. Clinical Care Issues (relating to safety of clinical and osteopathic care provided).	21
Figure 6. Management Issues relating to the environment (excluding false advertising complaints (2022 n=2)	22
Figure 6a. Management Issues relating to the organisation within which healthcare is provided	22
Figure 7 Listening and Communication (Healthcare staff disregard or do not acknowledge information from patients. Absent or incorrect communication from healthcare staff to patients)	23
Figure 7a Respect and patient rights (Disrespect or violations of patient rights)	23
Figure 8. Adjuvant therapies and professions	24
Figure 9. Criminal convictions and police cautions	25
Figure 10. Regulation specific concerns and complaints	26
Figure 11. Number of concerns and complaints by OPS categories 2013 -2021	28

Introduction

Concerns and complaints made by patients, members of the public, health care sector workers and health care professionals about health care practitioners are crucial to understand in order to identify, and prevent future issues associated with poor clinical practice and patient management. We have been collecting data about concerns and complaints made by the general public about osteopaths and osteopathy since 2013. These data are analysed each year and inform policy, practice, and the education of osteopaths.

Stakeholders and interested parties contributing to this project are the osteopathic regulator, the General Osteopathic Council (GOsC), the osteopathic professional body, the Institute of Osteopathy (iO), and three insurance companies who provide cover for osteopaths.

Classification System

We use a modified version of the Healthcare Complaints Analysis Tool (HCAT) to classify concerns and complaints (Reader *et al.*, 2014)³. We collect raw frequency data only; we do not rate the concerns and complaints by severity of harm, or the problem raised.

There are six distinct categories we use to classify the concerns and complaints:

1. Clinical concerns and complaints sub-divided into Quality and Safety issues.
2. Management: Environment (Problems in the facilities, services, clinical equipment, and staffing levels), Business/Processes (Problems in bureaucracy, waiting times, and accessing care).
3. Relationships sub-divided into Communications, Humaneness/Caring and Patient rights.
4. Use of adjuvant therapies.
5. Criminal convictions and cautions
6. Regulation specific issues.

Annex to 12

We used all the 36 subcategories recommended in the HCAT as these matched and mapped well onto the original classification system used between 2013 and 2018.

The classification system adopted in 2019 has subcategories that are more fully described so there is less potential for overlap.

Methods

Data were collected from January 1st 2023 to December 31st 2023. Contributors include the regulator (General Osteopathic Council, GOsC), the osteopathic professional body (The Institute of Osteopathy, iO) and three insurers of osteopaths.

Data are logged and recorded directly once contributions have been received from stakeholders including patients, members of the public, health care sector workers and health care professionals informing the contributing organisations of a concern or complaint they would like to report. This can be contributed by telephone, email or letter. Concerns and complaints that are escalated to the regulator are only reported by the GOsC to limit duplication. Data were collected from each contributing organisation using a standardised excel spreadsheet. All potentially identifiable data were removed, and the spreadsheets were submitted to the National Council for Osteopathic Research for independent analysis. Descriptive data are presented and year on year comparisons are made.

The data were analysed in two sections with details about the profile of those complained about and the types of concerns and complaints that were received over the specified 12-month period. Summary analysed data are provided and then more detailed analysed data by subcategories are given. Summary raw data are contained in Appendix 1. Subcategories have been mapped against the Osteopathic Practice Standards which can be found in Appendix 2.

In previous years data have not been collected and analysed about those making the complaints. Increasingly this appeared to be an important omission. Understanding more about the people raising complaints and trying to identify any trends could help to inform relevant continuing professional development activities for the profession thereby avoiding future sources of concern or complaint.

Part 1: Profile of osteopaths about whom complaints were made

Complaints were raised about 117 osteopaths during 2023.

Among the osteopaths complained about 36 (30.7%) were female and 78 (66.7%) male, representing 2.1% of all registered osteopaths. Missing data was present (n=3).

Table 1. Number of people who had concerns and complaints raised against them and their gender

Year (number of GOsC registrants)	Total number of osteopaths complained about (% of register)	Males (% of total complaints) (% of registered males)	Females (% of total complaints) (% of registered females)	Missing data
2016 Total 5,200 Males 2,563 Females 2,637	203 (3.9%)	130 (64%) (5.1%)	73 (36%) (2.8%)	
2017 Total 5,288 Males 2,618 Females 2,670	169 (3.2%)	106 (63%) (4%)	63 (37%) (2.4%)	
2018 Total 5,334 Males 2,629 Females 2,705	127 (2.4%)	82 (65%) (3.1%)	45 (35%) (1.7%)	
2019 Total 5,457	113 (2.1%)	78 (69%)	35 (31%)	

Annex to 12

Males 2,684 Females 2,773		(2.9%)	(1.3%)	
2020 Total 5,443 Males 2,656 Females 2,787	103 (1.9%)	79 (76.7%) (2.9%)	24 (23.3%) (0.9%)	
2021 Total 5,335 Males 2,599 Females 2,736	138 (2.6%)	89 (64%) (3.4%)	49 (36%) (1.8%)	
2022* Total 5437 Males: 2629 Females: 2808	103 (1.9%)	66 (64%) (2.5%)	37 (36%) (1.3%)	
2023 Total 5331 Males: 2666 Females: 2865	117 (2.1%)	78 66.7% 2.9%	36 30.7% 1.3%	3 (2.6%)

*This figure includes registrants on the GOsC database up to end of March, 2023.

Scott Marcia
23/01/2025 16:33:58

Annex to 12

Osteopaths practise in diverse areas nationally and internationally. Most of the osteopaths about whom complaints are made practise in England, but this reflects the larger number of osteopaths based in England. The distribution of osteopaths and complaints is described in Table 2.

Table 2 Location of osteopaths about whom complaints were made

Country	Number of osteopaths about whom complaints were made about in 2023	Percentage of osteopaths in each geographical area
England	109	2.3%
Northern Ireland	1	3.2%
Scotland	2	1.2%
Wales	4	2.4%
Other (non-UK)/overseas	0	0%
Missing data	1	0.02%

Gender and age

The age of osteopaths about whom complaints are made is shown in Table 3.

Table 3. Age of osteopaths about whom complaints are made

Age band	Number of osteopaths on GOsC register in 2023	Percentage of osteopaths on GOsC register in 2023	Number of osteopaths about whom complaints are made per age band	Percentage of osteopaths about whom complaints were made in 2023 per age band
Up to 30	752	13.6%	11	9.4%
31-40	1189	21.5%	27	23.1%
41-50	1415	25.7%	27	23.1%
51-60	1431	25.9%	21	17.9%
61-70	648	11.7%	20	17.1%
71 years and over (8 osteopaths are aged over 80)	96	1.7%	2	1.7%
Missing data	0	0%	9	7.7%

The gender of osteopaths about whom complaints are made is shown in Table 4.

Table 4. Gender of osteopaths about whom complaints were made in 2023

Gender	Number of osteopaths on GOsC register	Percentage of osteopaths on GOsC register	Number of osteopaths about whom complaints were made	Percentage of osteopaths about whom complaints are made per gender
Male	2666	48.3%	78	2.5%
Female	2865	51.7%	36	1.3%
Missing data	0	0%	3	0%

Figure 1 shows the age and gender distribution of osteopaths about whom complaints are made.

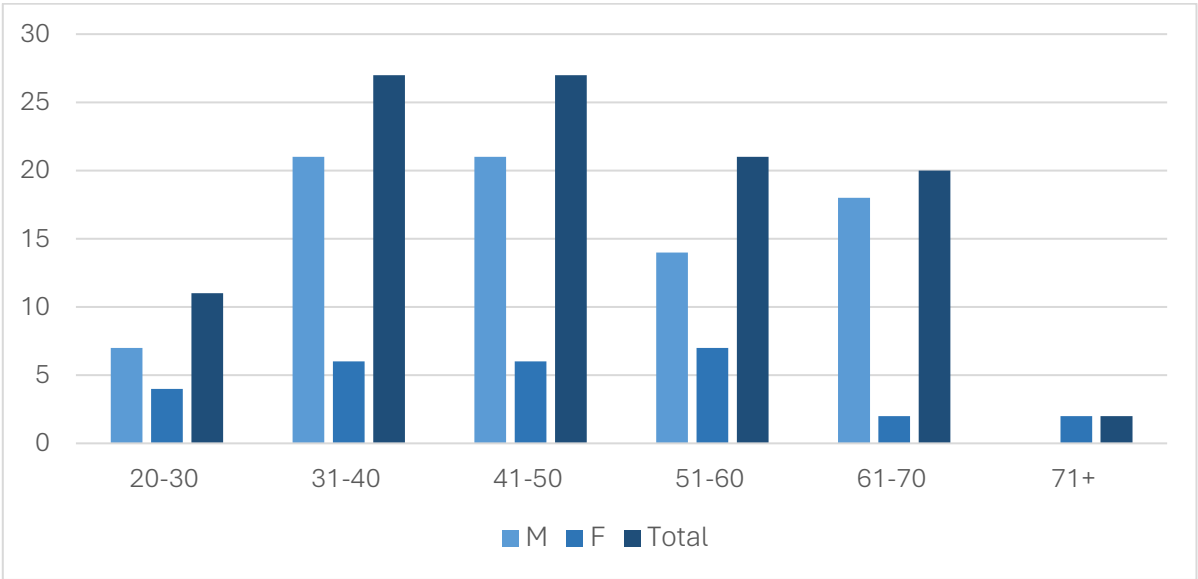


Figure 1. Age and gender distribution for osteopaths about whom complaints are made

Figure 1 shows that male osteopaths in the 31-40 age group and 41-50 age group had more complaints made against them than other groups. More complaints have been made against male osteopaths, but we don't have data to place practice within the context of numbers of patients seen per week for example.

Scott Marcia
23/01/2025 16:33:58

Number of years post-qualification

Table 5 shows that osteopaths who have been qualified/graduated for 10 or more years have an increased number of complaints raised about them compared to those graduated prior to 10 years ago (63.4% vs 35.9%).

Table 5. Distribution of complaints and practitioners’ years of practice

Characteristics	Number of osteopaths (% of total complained about by years’ since graduation)							
	2016	2017	2018	2019	2020	2021	2022	2023
Years post-graduation								
0-2	3 (1%)	8 (4%)	0	7 (6%)	10 (10%)	13 (9%)	9 (8.7%)	13 (11.1%)
3-5	38 (19%)	23 (13%)	22 (17%)	18 (16%)	15 (15%)	19 (14%)	9 (8.7%)	9 (7.7%)
6-10	31 (15%)	37 (20%)	11 (9%)	15 (14%)	17 (16.5%)	22 (16%)	19 (18.4%)	20 (17.1%)
>10	130 (63%)	89 (48%)	85 (67%)	71 (45%)	48 (47%)	79* (57%)	63‡ (61.3%)	74¥ (63.4%)
Missing data	3 (1%)	27 (15%)	9 (1%)	2 (2%)	23 (22%)	5 (4%)	2 (2.9%)	1 (0.7%)
Total	205	184	127	113	103	138	103	117

*37/79 of osteopaths with >10 years’ post-graduation experience had been qualified for 21 years or more.

‡28/63 of osteopaths with >10 years’ post-graduation experience had been qualified for 21 years or more.

¥38/74 of osteopaths with >10 years’ post-graduation experience had been qualified for 21 years or more

These data are represented graphically in Figure 2.

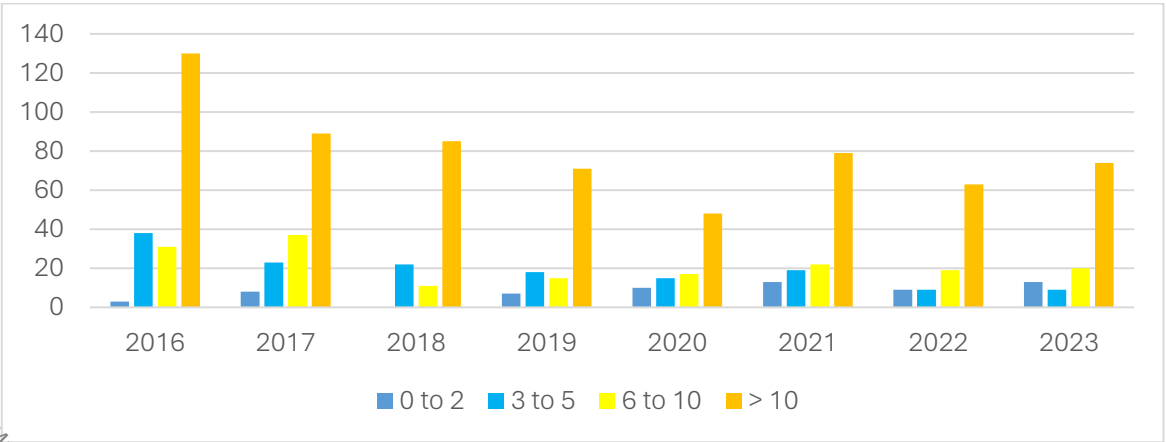


Figure 2. Distribution of complaints by years since graduation 2016 – 2023

Data were examined to identify the distribution of complaints when considering both gender and years since qualification. These are shown in Figures 3 and 3a.

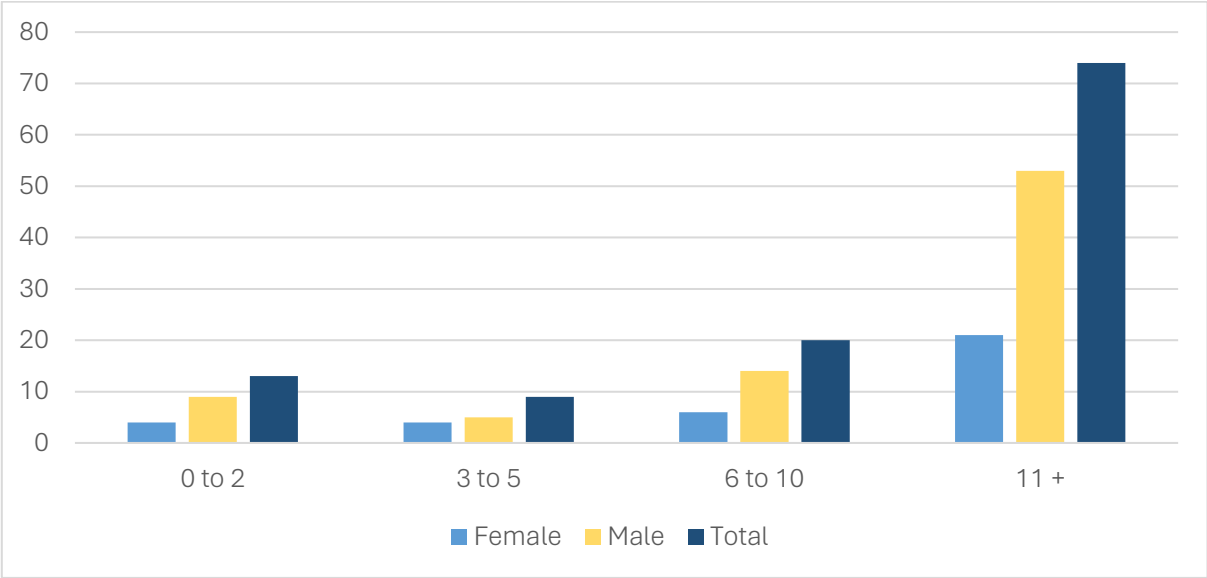


Figure 3. Numbers of males and females complained about by years of experience 2023 in summary

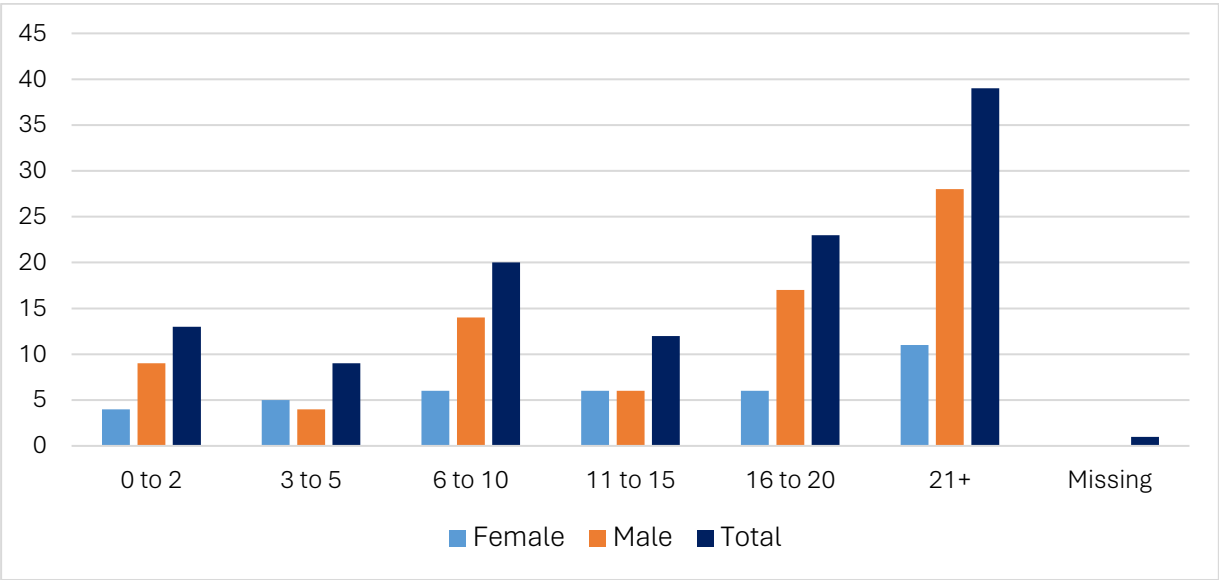


Figure 3a. Numbers of males and females complained about by years of experience 2023 in detail

Types of concerns and complaints

The number of concerns raised in 2023 was 121, a reduction from the previous year of 126. The figures from 2020 remain the lowest since these data have been recorded due to the practice closures and two national lockdowns during the Covid pandemic. During 2023 practices have returned to being busy as the lasting effects of the pandemic on services in the National Health Service (NHS) became more pronounced. Access to primary care appointments and accessing services for musculoskeletal problems in secondary care is still limited. The 117 complaints reported in 2023 are the second lowest number recorded in the past 10 years.

Concerns raised about clinical care issues (relating to quality and safety of clinical and osteopathic care provided) make up 49.6% of cases reducing slightly from 53.1% 2022. Relations issues (relating to the behaviour towards the patient or their family/friends) were the second most frequent cause of complaint at 29.8% representing an increase from 21.4% in 2022. More information is shown in Table 6.

Scott Marcia
23/01/2025 16:33:58

Annex to 12

Table 6. Overall numbers of concerns and complaints raised each year by theme

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided)	83	137	104	128	97	71	70	33	74	67	60
Management Issues (relating to the environment and organisation within which healthcare is provided)	32	37	28	26	17	28	30	17	16	18	17
Relations Issues (relating to the behaviour towards the patient or their family/friends)	81	65	79	75	56	67	74	33	37	27	36
Adjuvant therapies / Professions	2	3	1	2	2	1	2	3	3	2	4
Criminal convictions / Police cautions	3	6	1	1	2	2	4	4	6	3	3
Regulation specific issues			0	1	17	15	34	17	13	7	1
Subtotal	200	248	213	233	191	184	214	107	149	124	121
False/misleading advertising*	3	9	156	177	80	4	5	8	1	2	0
Total	203	257	369	410	271	188	219	115	150	126	121

Figure 4. shows the data from Table 6 in a graphical form. There is a slight decrease in complaints relating to management issues for 2023 and there are no complaints relating to false/misleading advertising.

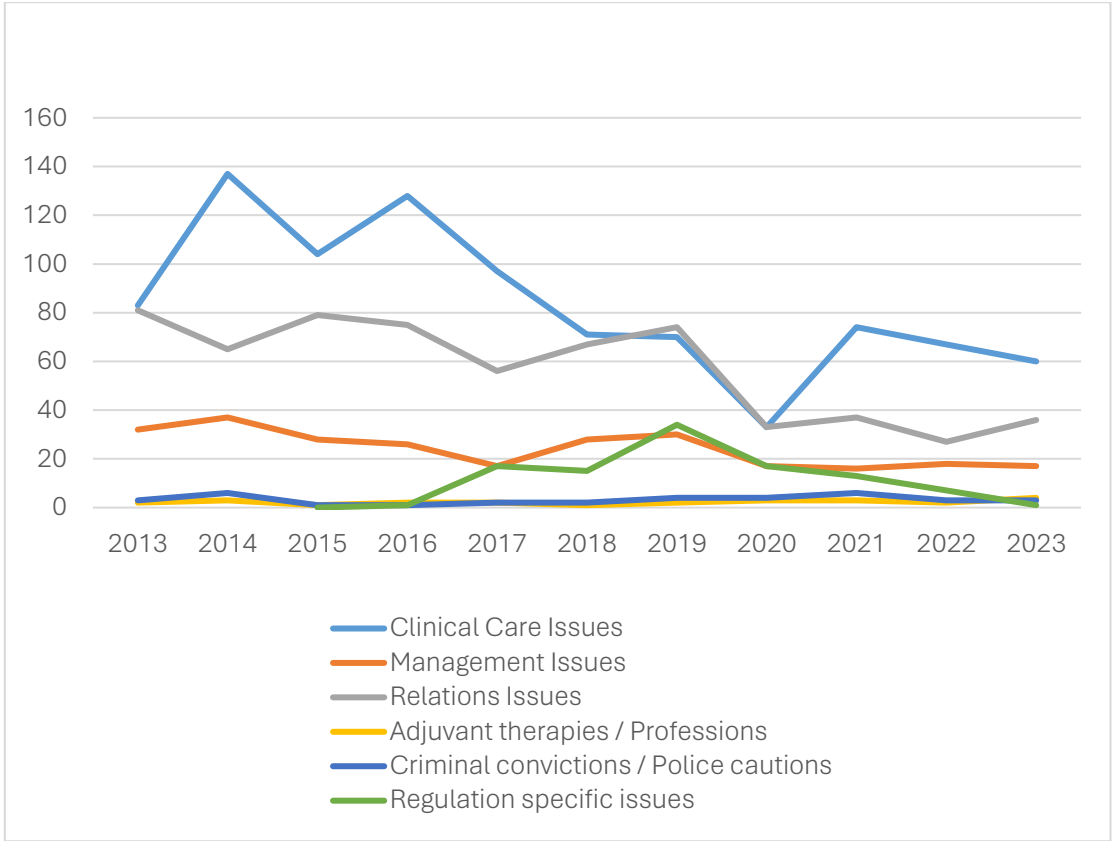


Figure 4. Overall numbers of concerns and complaints raised each year by theme

Table 7 shows the mean values of data from previous years and allows us to compare 2023 data with the average over the last 10 years for each theme and sub-theme. The data shows all figures are below the average with the exception of environment.

Scott Marcia
23/01/2025 16:33:58

Table 7. Overall comparison with previous years

Theme	Mean 2013-2023 (range)	2023
Clinical Care Issues		
Quality of clinical practices	18.7 (range 10-32)	17
Safety of clinical practice	65.2 (range 23-115)	43
Management		
Environment	6.1 (range 2-9)	5
Business /Processes	18.8 (range 11-28)	12
Relationship Issues		
Listening and Communication	31.1 (range 13-49)	16
Respect and Patient rights	26.2 (range 12-42)	20
Adjuvant therapies / professions	2.1 (range 1-3)	4
Criminal convictions and Police Cautions	3.2 (range 1-6)	3
Regulation specific (2015-2022)	11.7 (range 0-34)	1

Scott Marcia
23/01/2025 16:33:58

Table 8. Number of Concerns and complaints per year: 2013 to 2023

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided.)											
Quality of clinical practices (Clinical standards of behaviour)	20	22	15	25	32	17	19	10	19	10	17
Safety of clinical practice (Errors, incidents, and staff competencies)	63	115	89	103	65	54	51	23	55	57	43
Management Issues (relating to the environment and organisation within which healthcare is provided (e.g. administrative, technical, facilities and management of staff))											
Environment (Problems in the facilities, services, clinical equipment, and staffing levels)	7	9	7	3	5	2	8	9	5	7	5
Business /Processes (Problems in bureaucracy, waiting times, and accessing care)	25	28	21	23	12	26	22	16	11	11	12
Relations Issues (relating to the behaviour towards the patient or their family/friends)											
Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)	47	34	37	49	28	39	42	13	22	15	16
Respect and Patient rights (Disrespect or violations of patient rights)	34	31	42	26	28	28	32	20	15	12	20

Annex to 12

Other											
Adjuvant therapies / Professions	2	3	1	2	2	1	2	3	3	2	4
Criminal convictions / Police cautions	3	6	1	1	2	2	4	4	6	3	3
Regulation specific issues			0	1	17	15	34	17	13	7	1
Subtotal	200	248	213	233	191	184	214	107	149	124	121
False/misleading advertising**	3	9	156	177	80	4	5	8	1	2	0
Total	203	257	369	410	271	188	219	115	150	126	121

Scott Marcia
23/01/2025 16:33:58

Clinical Care

Clinical care issues relate to quality of clinical practice and safety of clinical practice. Figure 5a shows an above average number of concerns about the lack or inadequacy of a treatment plan. Figure 5b shows high levels of complaints concerning new or increased pain, and delivery of forceful treatment consistent with previous data.

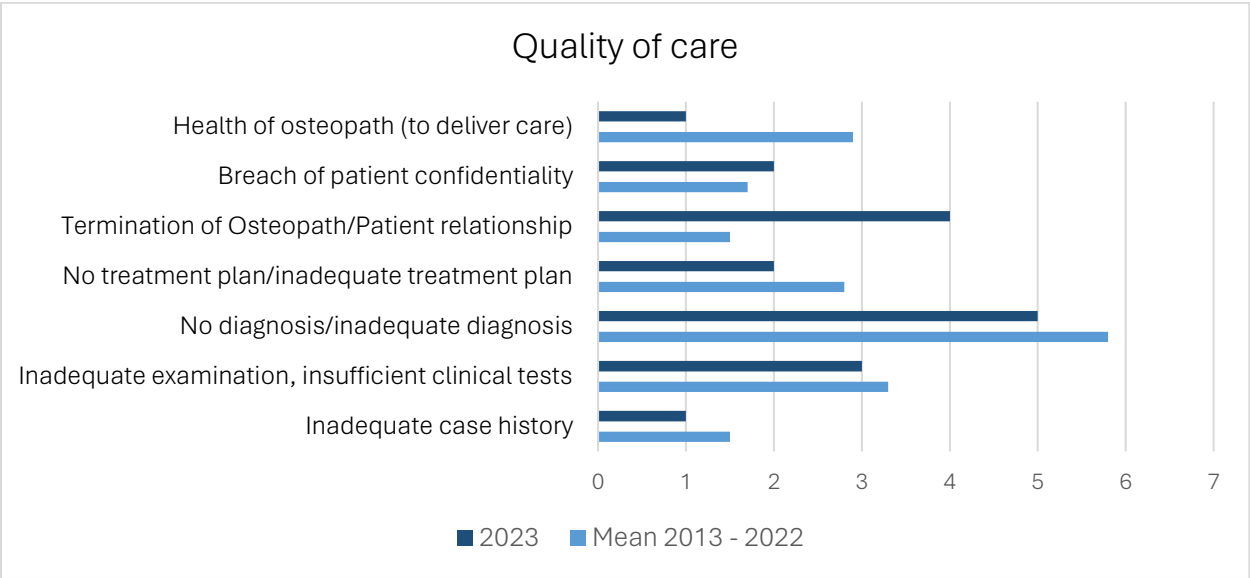


Figure 5a. Clinical Care Issues (relating to quality of clinical and osteopathic care provided).

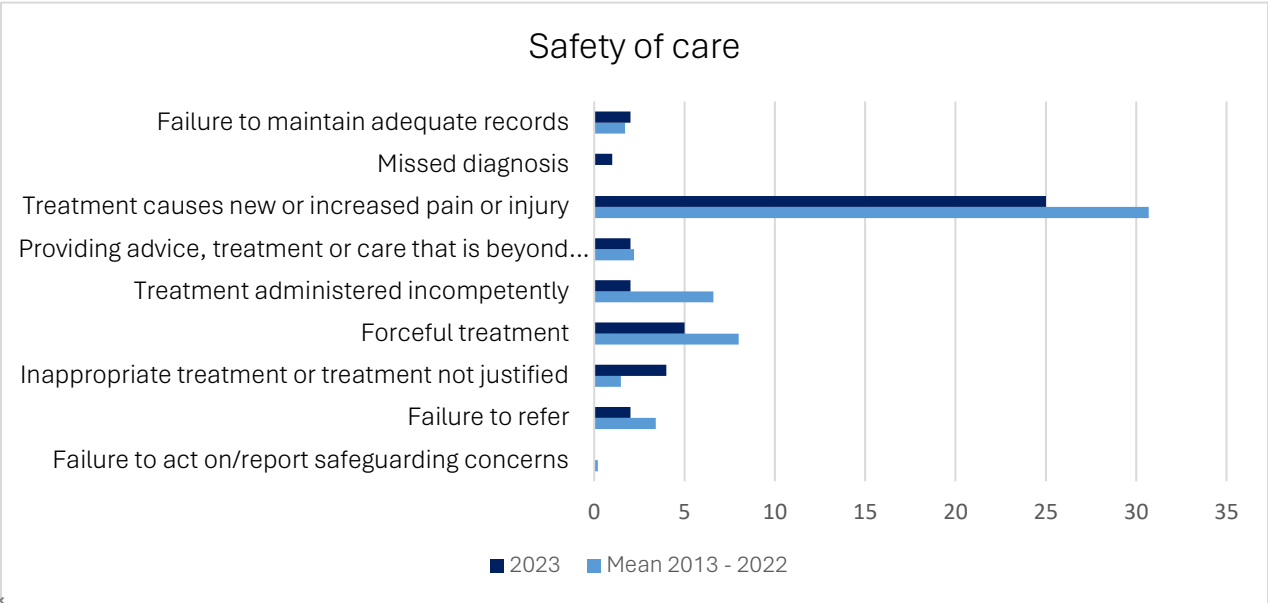


Figure 5b. Clinical Care Issues (relating to safety of clinical and osteopathic care provided).

Management

This theme records complaints about the practice environment such as problems in the facilities, services, clinical equipment, staffing levels, and business processes and procedures such as problems in bureaucracy, waiting times, and accessing care.

Complaints concerning not controlling the spread of communicable diseases were slightly above average, as were issues raised about value for money, and non-compliance with health and safety laws/regulation (Figure 6). Concerns about business practices and processes were very low (Figure 6a).

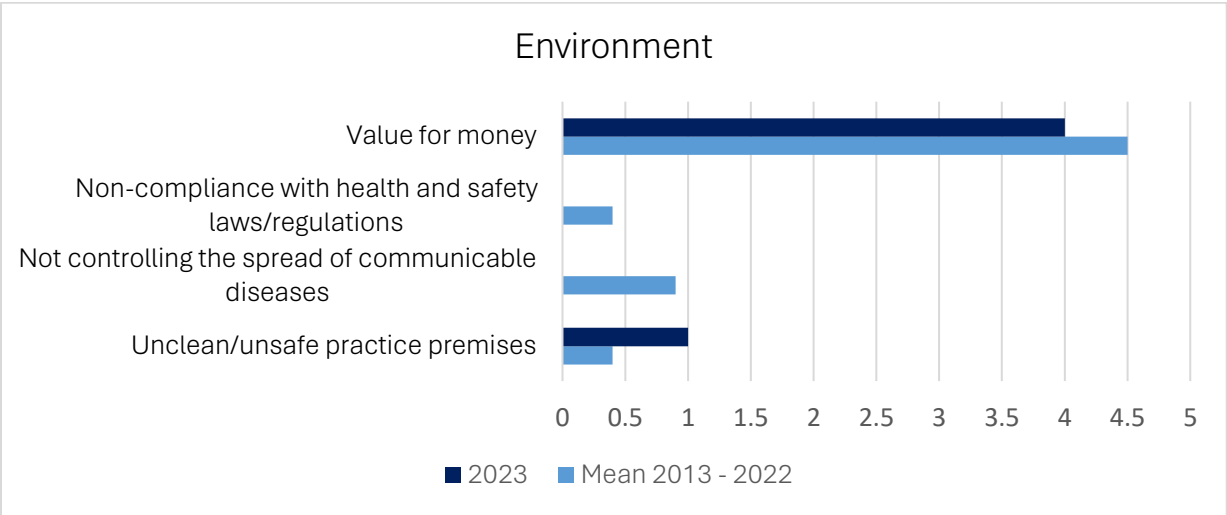


Figure 6. Management Issues relating to the environment (excluding false advertising complaints (2023 n=0)

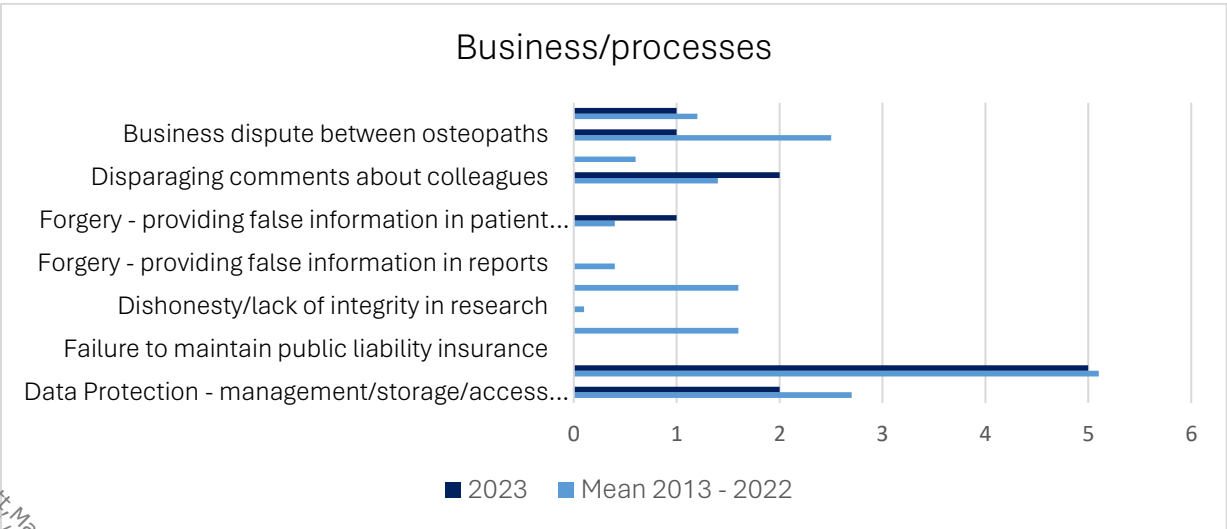


Figure 6a. Management Issues relating to the organisation within which healthcare is provided

Relations Issues (relating to the behaviour towards the patient or their family/friends)

This theme consists of two sub-themes:

- Listening and Communication such as disregarding or not acknowledging information from patients, and absent or incorrect communication to patients;
- Respect and patient rights such as disrespecting or violating patient rights.

There are 10 sub-categories in total.

There was one concern/complaint raised about consent and slightly fewer than average complaints about communicating inappropriately or ineffectively (Figure 7).

Examples of inappropriate communication include rude remarks towards a patient about their weight, inappropriate/unjustified comments about pregnancy relating to the Covid vaccine and inappropriate comments construed as racist.

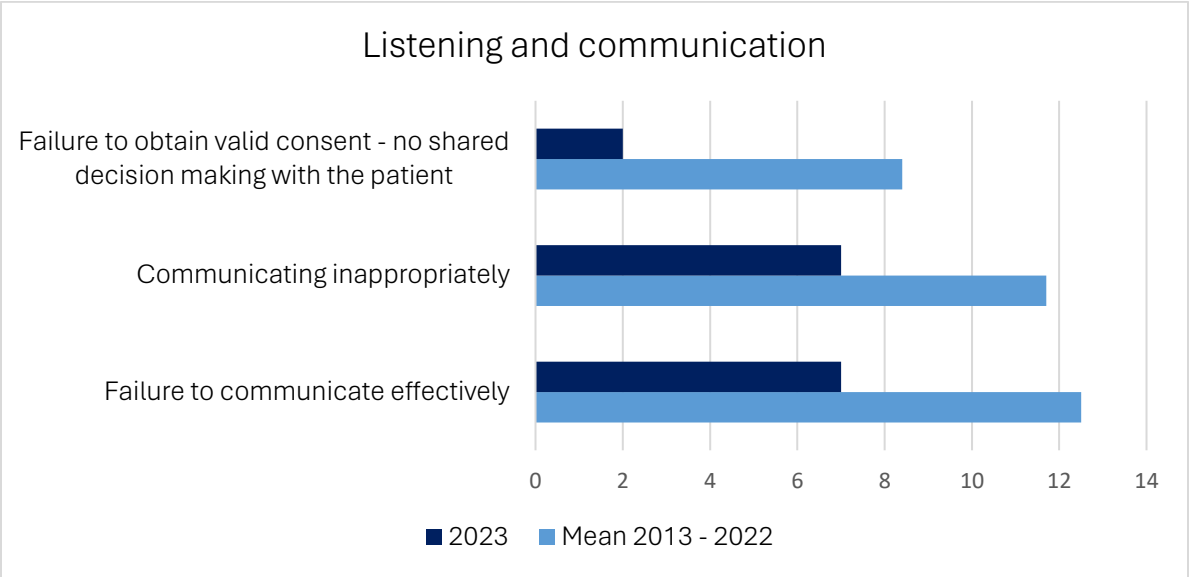


Figure 7 Listening and Communication (Healthcare staff disregard or do not acknowledge information from patients. Absent or incorrect communication from healthcare staff to patients)

Figure 7a shows that the numbers of concerns and complaints around sexual impropriety are slightly fewer than the 9-year average.

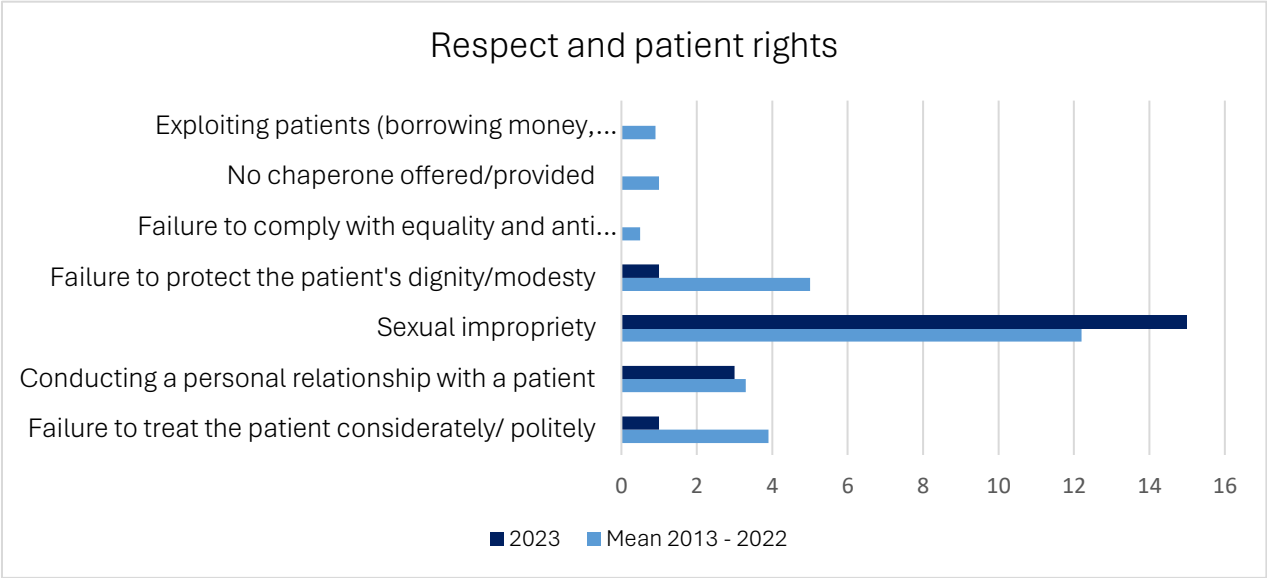


Figure 7a Respect and patient rights (Disrespect or violations of patient rights)

Adjuvant therapy

The number of concerns and complaints in this area remain very small and focuses on acupuncture and dry needling.

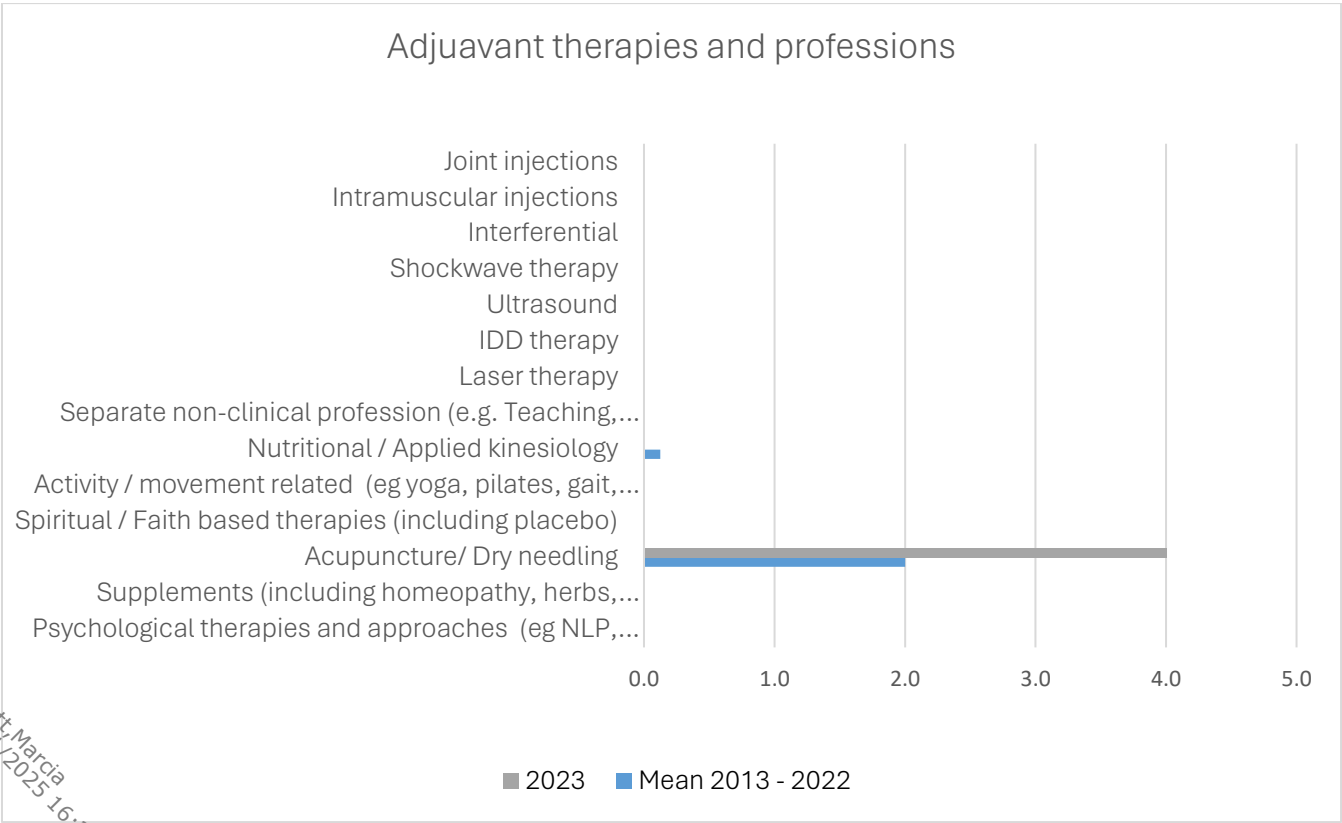


Figure 8. Adjuvant therapies and professions

Criminal convictions and police cautions

These data show the number of criminal convictions has remained the same although the nature of the convictions has changed.

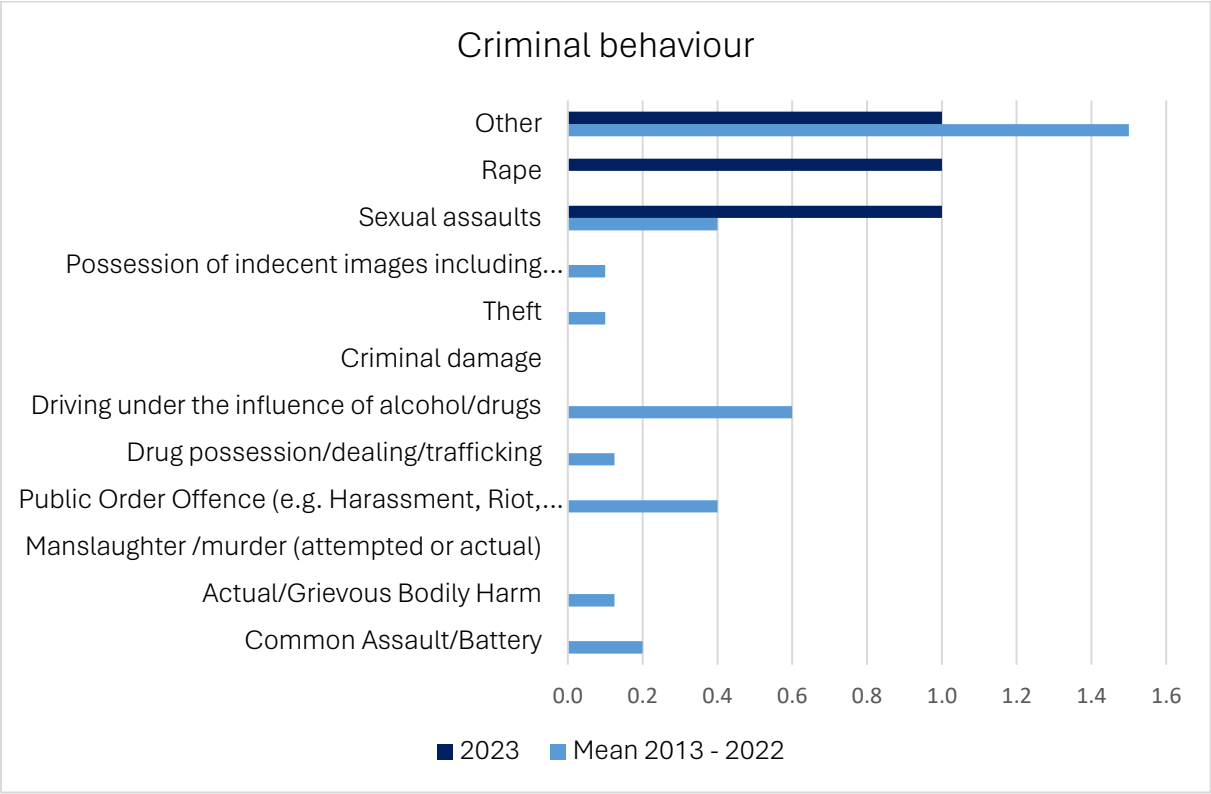


Figure 9. Criminal convictions and police cautions

Regulation specific

This year marked a considerable change in regulation-specific complaints. The sole complaint recorded was for breach of using the osteopathic title.

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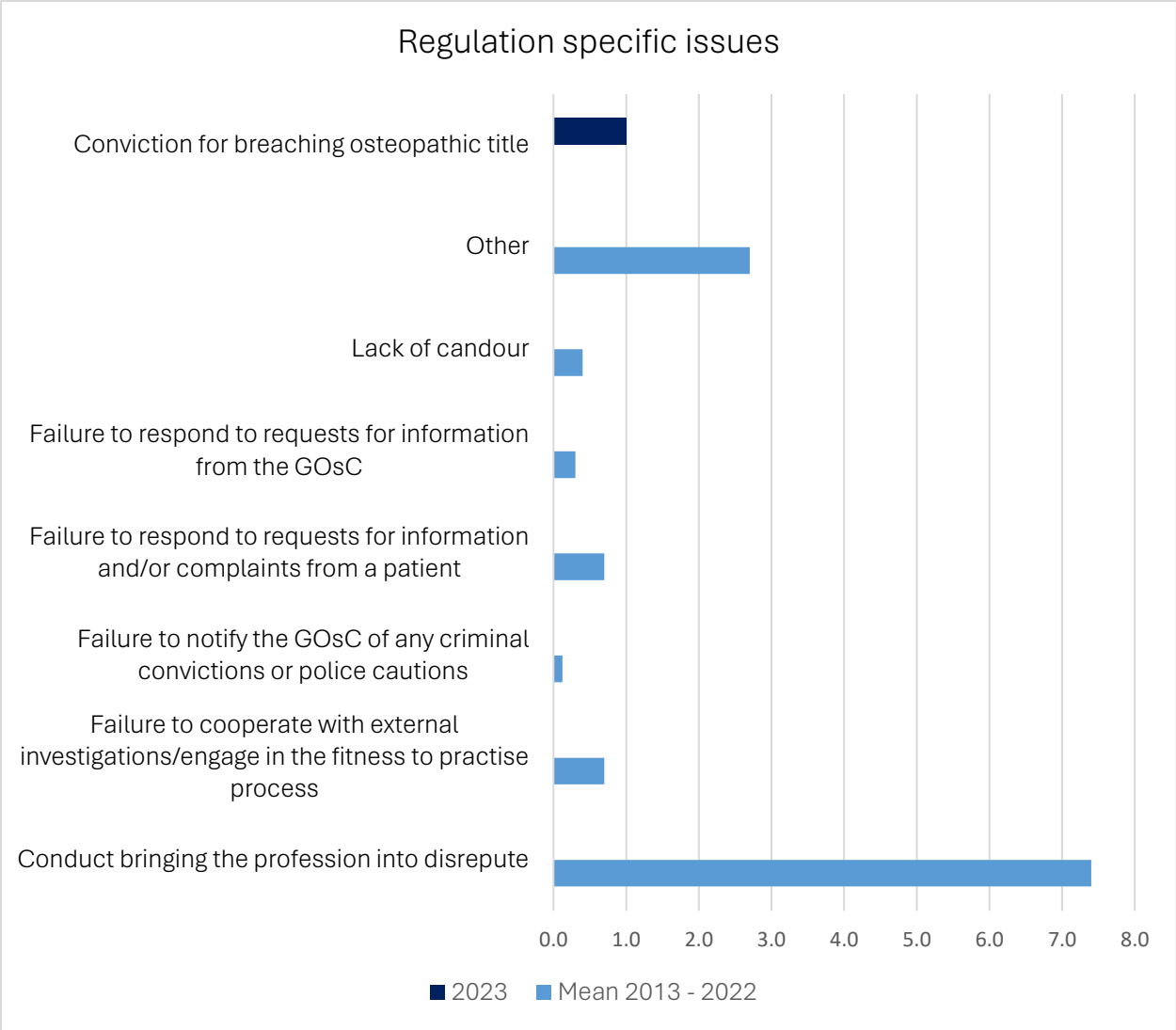


Figure 10. Regulation specific concerns and complaints

Scott Marcia
23/01/2025 16:33:58

Implications for meeting Osteopathic Practice Standards (OPS)

In terms of the OPS, Safety and Quality (Theme C) is the area where most concerns and complaints have been reported since 2013 to date. Theme D: Professionalism includes ‘Bringing the profession into disrepute’ and ‘Respect and patient rights’, complaints in both these areas persist (Table 9 and Figure 11) and they have increased since 2022.

Table 9. Concerns and complaints mapped against the OPS

Osteopathic Practice Standards	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Theme A: Communication and Patient partnership	47	34	37	49	28	39	42	13	22	15	16
Theme B: Knowledge skills and experience	4	28	21	19	12	14	9	4	8	8	5
Theme C: Safety and Quality	91	138	116	128	95	67	70	23	63	66	49
Theme D: Professionalism	46	56	42	38	39	58	81	48	37	20	30

Scott Marcia
23/01/2025 16:33:58

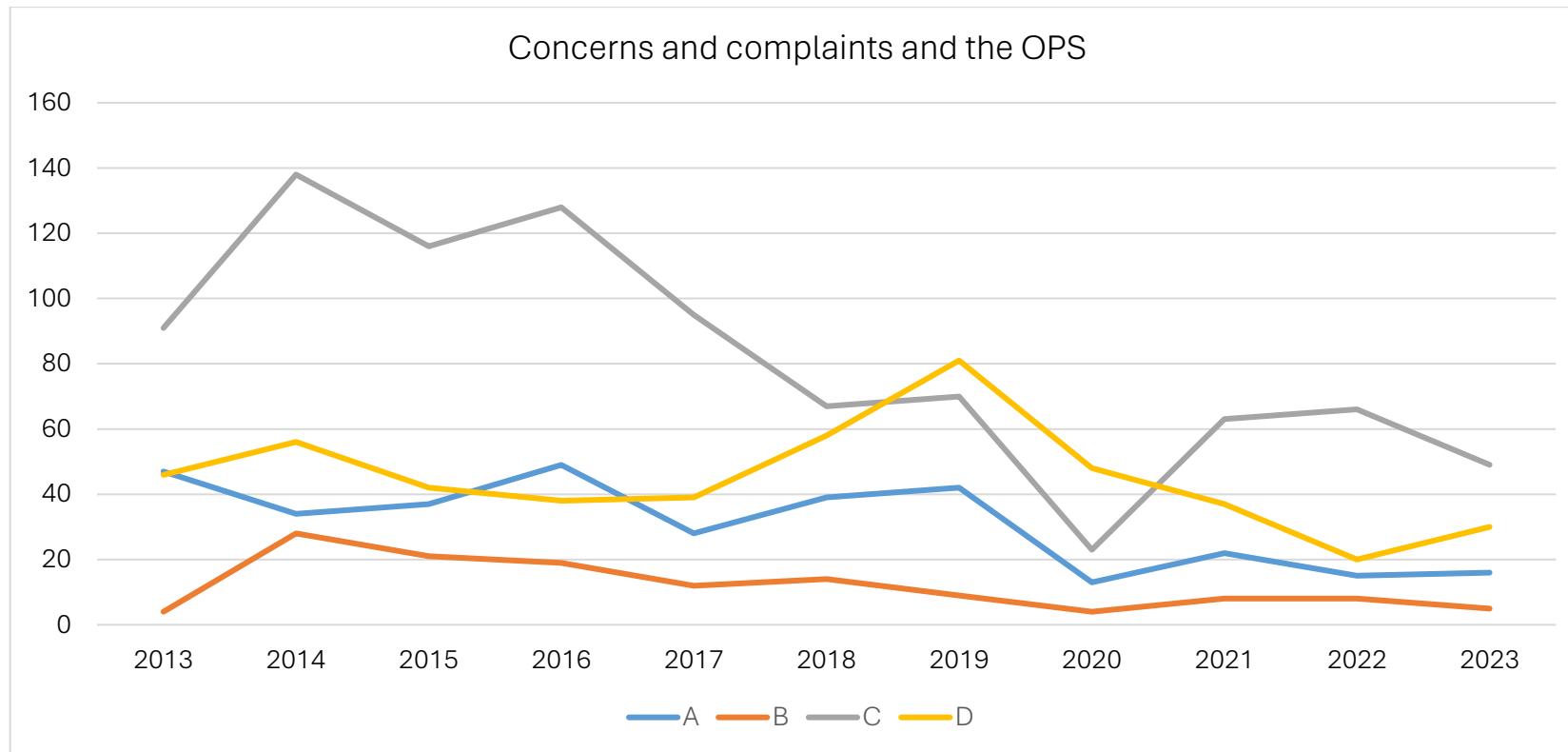


Figure 11. Number of concerns and complaints by OPS categories 2013 -2023

- A: Communication and patient partnership
- B: Knowledge skills and experience
- C: Safety and Quality
- D: Professionalism

Part 2: Learning more about individuals raising concerns and complaints

When presenting the data for the 2022 concerns and complaints report, the issue was raised that no information is available concerning the individuals raising a concern or complaint. There could be areas of practice delivery or management that could be addressed if trends were identified in certain areas. To address this omission, a revised template was developed, circulated for comment in early 2023, revised based on feedback, and then used for data collection for the period 01.10.2023 to 31.12.2023. A copy of the revised template is shown in Appendix 3.

Information recorded shows that 32.5% of concerns and complaints were raised by women and 12% by men. No data were recorded in 55.5% of cases. Age data were not recorded for 87.1% of cases. Among the cases where age was recorded, the age groups 50-59 (5.1%) and 60-69 (1.7%) raised more complaints. No data about ethnic group or disability status was recorded for any of the cases raised. Equal numbers of cases were recorded from new and current patients (13.7% respectively) and data about patients' first language were not recorded in 97.4% of cases.

The patient was the most likely individual to raise a concern or complaint (71.8%), but no data were recorded in 10.3% of cases. The most frequently cited reason was concern about professional competence (17.1%). Among individuals raising concerns and complaints, the areas of the body most cited were the shoulder (12.0%), neck (7.7%), and low back (6.0%). This was a multi-response option.

Discussion and Conclusions

Summary of key findings

The number of concerns and complaints recorded for 2023 (n=121) was only slightly lower than 2022. Although there were two complaints related to consent, there remains a significant change to the 20 complaints made about this area of practise in 2013.

Issues related to communication with patients continue to be raised with seven complaints focussing upon the failure to communicate effectively and seven relating to communicating inappropriately. This compares with a high of 49 complaints of this nature in 2016. It is

difficult to know if these issues around communication relate to the content of interpersonal discourse or new methods of communication as technology is more greatly involved in day-to-day practice life.

Safety in clinical practice remains an area for concerns/complaints with issues raised concerning forceful treatment (n=5), and treatment causing new or increased pain or injury (n=25). While there may be technical considerations associated with these concerns/complaints, they could also highlight failure of communication around delivery of care and identifying patients' expectations concerning responses to treatment. The use of adjuvant therapies continues to raise concerns (n=4) and complaints with acupuncture/dry needling being the adjuvant therapy of focus.

The data for 2023 shows 15 complaints about sexual impropriety compared with 10 complaints in 2022. An increase in this number is an area of concern for all clinicians as it represents a betrayal of a trust in a healthcare professional.

This is the first year that data about individuals raising a concern or complaint have been analysed. The data are currently very limited. This is due in part to the fact that data supplied for this work is retrospective and not all of the data requested is currently available. Some stakeholders have indicated also that their current terms and conditions prohibit sharing some areas of data relating to individuals raising concerns/complaints. This is very much a work in progress and hopefully the data for the period 01.01.2024 to 31.12.2024 will provide more insight to individuals contacting the regulator, the professional association, or the professions' insurers. We are grateful for the data that have been supplied and appreciate the extra time and effort that has gone into this process.

Future research

More detailed analysis will become possible as the dataset continues to grow. It would be useful also to reflect upon all of the concerns and complaints data within the context of other changes that have taken place within the profession to evaluate their impact against the concerns and complaints data. For example, the education and training initiatives focussing on consent from 2012 to 2018, the implementation of the new GOsC Continuing Professional Development (CPD) scheme which has now undergone one complete cycle, and other regulatory and professional initiatives. Further activities including completed

research relating to touch and boundaries could have an impact on the number and nature of concerns and complaints. This research could be valuable in determining the effect and impact of regulation on practice and be developed into appropriate CPD training activities.

Conclusions

These data continue to allow us to evaluate practice from many perspectives but most notably that of the patient. The data provide us with a unique insight into the care delivered by osteopaths. Overall, the number of concerns and complaints are low as are the numbers of osteopaths who have concerns and complaints raised about them. Disseminating this work to educators and the wider profession has the potential to focus clinical and professional training at pre- and post-registration levels.

Scott Marcia
23/01/2025 16:33:58

Appendix 1

Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided)

Table A1. Quality of clinical practices (Clinical standards of behaviour)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Inadequate case history	2	2	2	4	3	1	0	0	1	0	1
Inadequate examination, insufficient clinical tests	2	3	4	8	7	3	3	1	2	0	3
No diagnosis/inadequate diagnosis	10	6	4	4	9	4	4	3	11	3	5
No treatment plan/ inadequate treatment plan	1	5	3	4	4	0	4	1	1	5	2
Termination of Osteopath/ Patient relationship	2	2	1	2	0	3	2	1	1	1	4
Breach of patient confidentiality	3	4	0	0	3	4	3	0	0	0	2
Health of osteopath (to deliver care)			1	3	6	2	3	4	3	1	0
Totals	20	22	15	25	32	17	19	10	19	10	17

Mean total number of complaints 2013-2023: 18.7 (range 10-32)

Scott Marcia
23/01/2025 16:33:58

Table A2. Safety of clinical practice (Errors, incidents, and staff competencies)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Failure to act on/report safeguarding concerns	0	1	0	0	0	0	0	1	0	0	0
Failure to refer	5	4	2	3	4	0	2	0	9	5	2
Inappropriate treatment or treatment not justified	15	27	18	29	16	6	15	3	10	8	4
Forceful treatment	4	14	9	15	5	12	8	2	4	7	5
Treatment administered incompetently	1	22	11	10	3	1	4	2	7	5	2
Providing advice, treatment or care that is beyond the competence of the osteopath	0	3	6	2	1	5	2	1	0	2	2
Treatment causes new or increased pain or injury	34	42	42	40	34	29	20	11	25	30	25
Missed diagnosis (new category 2023)											1
Failure to maintain adequate records	4	2	1	4	2	1	0	3	0	0	2
Totals	63	115	89	103	65	54	51	23	55	52	43

Mean total number of complaints 2013-2023: 65.2 (range 23-115)

Scott Marcia
23/01/2025 16:33:58

Annex to 12

Management Issues (relating to the environment and organisation within which healthcare is provided (e.g. administrative, technical, facilities and management of staff))

Table A3. Environment (Problems in the facilities, services, clinical equipment, and staffing levels)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Unclean/unsafe practice premises	0	1	1	0	1	0	0	0	1	0	1
Not controlling the spread of communicable diseases	0	0	1	0	0	0	0	6	1	1	0
Non-compliance with health and safety laws/regulations	0	1	0	0	2	0	0	0	0	1	0
Value for money	7	7	5	3	2	2	8	3	3	5	4
Totals	7	9	7	3	5	2	8	9	5	7	5

Mean total number of complaints 2013-2023: 6.1 (range 2-9)

Scott Marcia
23/01/2025 16:33:58

Table A4. Business /Processes (Problems in bureaucracy, waiting times, and accessing care)

	2013	2014	2015	2016	2017	2018	2019	2021	2022	2023
Data Protection - management/storage/access of confidentiality data	4	3	2	2	2	6	6	2	0	2
Failure to maintain professional indemnity insurance	0	2	6	11	4	12	7	6	3	5
Failure to maintain professional liability insurance (new category 2023)										0
Dishonesty/lack of integrity in financial and commercial dealings	1	2	5	4	1	1	2	0	0	0
Dishonesty/lack of integrity in research	0	1	0	0	0	0	0	0	0	0
Fraudulent act(s) - e.g. Insurance fraud	4	1	3	4	0	0	4	0	0	0
Forgery - providing false information in reports	2	1	1	0	0	0	0	0	0	0
Forgery - providing false information in research	0	0	0	0	0	0	0	0	0	0
Forgery - providing false information in patient records	0	0	1	1	0	1	1	0	0	1

Scott Macdonald
23/01/2024 16:33:58

Annex to 12

False/misleading advertising*	(3)	(9)	(156)	(177)	(80)	(4)	(5)	(1)	(2)	(0)
Disparaging comments about colleagues	2	3	1	1	4	3	0	0	0	2
Business dispute between Principal and Associate osteopaths	2	0	0	0	0	2	1	1	0	0
Business dispute between osteopaths	5	14	1	0	1	1	1	0	1	1
Business dispute between osteopath and other	5	1	1	0	0	0	0	0	5	1
Totals	25	28	21	23	12	26	22	16	9	12

*excluded

Mean total number of complaints 2013-2023 (excluding false misleading advertising): 18.8 (range 11-28)

Scott Marcia
23/01/2025 16:33:58

Annex to 12

Relations Issues (relating to the behaviour towards the patient or their family/friends)

Table A5. Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Failure to communicate effectively	12	15	17	18	5	15	20	8	7	8	7
Communicating inappropriately	15	5	12	18	14	15	14	3	15	6	7
Failure to obtain valid consent - no shared decision making with the patient	20	14	8	13	9	9	8	2	0	1	2
Totals	47	34	37	49	28	39	42	13	22	15	16

Mean total number of complaints 2013-2023: 31.1 (range 13-49)

Scott Marcia
23/01/2025 16:33:58

Table A6. Respect and Patient rights (Disrespect or violations of patient rights)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Failure to treat the patient considerately/ politely	3	3	4	7	8	8	3	1	1	1	1
Conducting a personal relationship with a patient	5	6	5	4	2	3	2	5	0	1	3
Sexual impropriety	12	13	14	7	11	12	17	14	12	10	15
Failure to protect the patient's dignity/modesty	10	6	11	5	6	4	7	0	1	0	1
Failure to comply with equality and anti- discrimination laws	0	0	4	1	0	0	0	0	0	0	0
No chaperone offered/provided	3	1	3	0	1	1	1	0	0	0	0
Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)	1	2	1	2	0	0	2	0	1	0	0
Totals	34	31	42	26	28	28	32	20	15	12	20

Mean total number of complaints 2013-2023: 26.2 (range 12 – 42)

Scott Marcia
23/01/2025 16:33:58

Table A7. Adjuvant therapies / professions

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Psychological therapies and approaches (e.g. NLP, Mindfulness, CBT, Counselling)							0	0	0	0	0
Supplements (including homeopathy, herbs, vitamins etc)							0	0	0	0	0
Acupuncture/ Dry needling	2	3	1	1	2	1	2	3	3	2	4
Spiritual / Faith based therapies (including placebo)							0	0	0	0	0
Activity / movement related (e.g. yoga, Pilates, gait, analyses, podiatry (insoles)							0	0	0	0	0
Nutritional / Applied kinesiology	0	0	0	1	0	0	0	0	0	0	0
Separate non-clinical profession (e.g. Teaching, Building, Sales, Research)							0	0	0	0	0
Laser therapy (added 2023)											0
IDD therapy (added 2023)											0

Scott Martin
23/01/2023 16:33:58

Annex to 12

Ultrasound (added 2023)											0
Shockwave therapy (added 2023)											0
Interferential (added 2023)											0
Intramuscular injections (added 2023)											0
Joint injections (added 2023)											0
Total	2	3	1	2	2	1	2	3	3	2	4

Mean total number of complaints 2013-2023: 2.1 (range 1-3)

Scott Marcia
23/01/2025 16:33:58

Table A8. Criminal convictions and Police Cautions

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Common Assault/Battery	0	1	0	0	0	0	1	0	0	0	0
Actual/Grievous Bodily Harm	0	1	0	0	0	0	0	0	0	0	0
Manslaughter /murder (attempted or actual)	0	0	0	0	0	0	0	0	0	0	0
Public Order Offence (e.g. Harassment, Riot, Drunken and disorderly, and racially aggravated offences)	1	1	0	1	0	0	1	0	0	0	0
Drug possession/dealing/trafficking	0	1	0	0	0	0	0	0	0	0	0
Driving under the influence of alcohol/drugs	1	1	1	0	2	0	0	1	0	0	0
Criminal damage			0	0	0	0	0	0	0	0	0
Theft			0	0	0	0	0	0	1	0	0
Possession of indecent images including child pornography	0	0	0	0	0	0	0	0	0	1	0
Sexual assaults	1	1	0	0	0	0	0	0	0	2	1
Rape	0	0	0	0	0	0	0	0	0	0	1
Other			0	0	0	2	2	3	5	0	1
Total	3	6	1	1	2	2	4	4	6	3	3

Mean total number of complaints 2013-2023: 3.2 (range 1-6)

Scott Macdonald
23/01/2025 16:33:58

Table A9. Regulation Specific

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Conduct bringing the profession into disrepute	0	1	13	9	22	13	13	3	0
Failure to cooperate with external investigations/engage in the fitness to practise process	0	0	1	1	5	0	0	0	0
Failure to notify the GOsC of any criminal convictions or police cautions	0	0	0	0	1	0	0	0	0
Failure to respond to requests for information and/or complaints from a patient	0	0	1	3	3	0	0	0	0
Failure to respond to requests for information from the GOsC	0	0	1	0	2	0	0	0	0
Lack of candour	0	0	1	2	1	0	0	0	0
Other*						4	0	4	0
Conviction for breaching osteopathic title									1
Total	0	1	17	15	34	17	13	7	1

Mean total number of complaints 2013-2023: 11.7 (range 0-34)

* "Other" includes:

- Other - conviction for careless driving
- Other - messaging under age girl(s)
- Other - received restraining order
- Other - fraudulent activity

Appendix 2: Concerns and complaints mapped onto osteopathic practice standards⁴

Theme A – Communication and patient partnership

Listening and communication

- Failure to communicate effectively,
- Communicating inappropriately,
- Failure to obtain valid consent-no shared decision-making with patient

Theme B – Knowledge, skills and performance

Safety of clinical practice (errors/ incompetence)

- Treatment administered incompetently
- Failure to treat patient considerably/politely
- Providing advice, treatment or care that is beyond the competence of osteopathy

Theme C- Safety and quality

Quality clinical practice (standards of healthcare)

- No treatment plan/inadequate treatment plan
- No diagnosis/inadequate diagnosis
- Inadequate examination/insufficient clinical tests

Safety of clinical practice (errors/ incompetence)

- Inappropriate treatment or treatment not justified
- Treatment causes new or increased pain or injury
- Forceful treatment
- Failure to refer
- Failure to maintain patient records

Respect and patient's Rights

- Failure to protect patient's dignity/modesty
- No chaperone offered/provided

Theme D - Professionalism

Quality clinical practice (standards of healthcare)

- Breach of patient confidentiality

Business/processes

- Failure to maintain professional indemnity insurance
- Data protection-management/storage/ access of confidentiality data
- False/misleading advertising
- Fraudulent acts e.g. Insurance fraud
- Business dispute between osteopaths
- Dishonesty/lack of integrity in financial and commercial dealings
- Forgery - providing false information in patient records

Respect and patient's Rights

- Sexual impropriety
- Conduct a personal relationship with the patient
- Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)

Criminal convictions

- Common Assault/Battery
- Public Order Offence (e.g. harassment, riot, drunken and disorderly, and racially aggravated offences)

Regulation Specific

- Conduct bringing the profession into disrepute
- Lack of candour
- Failure to respond to requests for information and/or complaints from patients
- Failure to cooperate with external investigations/engage in fitness to practice process
- Failure to notify the GOsC of any criminal convictions or police cautions

Appendix 3 : Revised concerns and complaints template

This revised template was developed after discussion with the regulator, professional association, and three insurers’ representatives. A draft version was circulated for comment in early 2023, and the final version was used for data collection in 2023.

Please indicate each descriptor with a 1 if relevant			Case number
Case patient characteristics	Sex	Female	
		Male	
		Preferred not to disclose gender preference	
		Not recorded	
	Age	<18 years	
		18-29 years	
		30-39 years	
		40-49 years	
		50-59 years	
		60-69 years	
		70-79 years	
		80-89 years	
		90 years and over	
		Not recorded	
	Ethnicity	Asian/Asian British	
		Black/African/Caribbean/Black British	
		Mixed/multiple thnic groups	
		Other	
		White/White British	
		White (other)	
		Not recorded	
	Disability status	Yes	
		No	
		Not recorded	
	Source of complaint	Patient	
		Family member/carer	
		Friend	
		Healthcare professional (non-osteopath)	
		Another osteopath	
		Other	
		Not recorded	
	Main reason for making the complaint	Concern about professional competence	

Annex to 12

		Sanction/removal of osteopath from register	
		Concern for future patients	
		Advised by family member/carer	
		Advised by healthcare professional	
		Other	
		Not recorded	
	Was the patient a new patient at the time of the complaint?	Yes	
		No	
	Is the patient's first language English?	Yes	
		No	
	Which area(s) of the body was/were treated?	Head/face	
		Neck	
		Shoulder	
		Upper back	
		Wrist/hand	
		Low back	
		Pelvis	
		Hip/thigh	
		Knee	
		Ankle/foot	
		Chest/thorax	
		Abdomen	
		Other	
		Not applicable	
		Not reported	
Case osteopath characteristics	Sex	Female	
		Male	
		Not recorded	
	Age	20 - 30	
		31-40	
		41-50	
		51-60	
		61-70	
		70+	
	Years since qualification	0 to 2	
		3 to 5	
		6 to 10	
		11 to 15	
		16 to 20	
		21 to 26	
		26 to 30	
		31 to 35	
		36 to 40	
		Over 40	

Annex to 12

	Location	Not recorded	
		England	
		N.Ireland	
		Wales	
		Scotland	
		Other	
		Not recorded	
	Working pattern	Full time (35 hours per week or more)	
		Part time (less than 35 hours per week)	
		Not recorded	
	Practice setting	Working alone in single-handed practice	
		Working in group osteopathic practice	
		Working in multidisciplinary practice	
		A combination of the above	
		Working in the NHS	
		Other	
		Not recorded	
	Treatment delivered	Soft tissue/massage	
		Joint articulation	
		High velocity thrust technique	
		Myofascial release	
		Visceral techniques	
		Functional techniques	
		Strain/counterstrain	
		Muscle energy	
		Cranial techniques	
		No treatment	
		Not recorded	
	First complaint made against this osteopath?	Yes	
		No	
		Unknown	
Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided (ie, doctors, nurses, radiologists, and allied health professionals))	Quality of clinical practices (Clinical standards of healthcare staff behaviour)	Inadequate case history	
		Inadequate examination, insufficient clinical tests	
		No diagnosis/inadequate diagnosis	
		No treatment plan/inadequate treatment plan	
		Termination of Osteopath/Patient relationship	
		Breach of patient confidentiality	

Annex to 12

	Safety of clinical practice (Errors, incidents, and staff competencies)	Health of osteopath (to deliver care)	
		Failure to act on/report safeguarding concerns	
		Failure to refer	
		Inappropriate treatment or treatment not justified	
		Forceful treatment	
		Treatment administered incompetently	
		Providing advice, treatment or care that is beyond the competence of the osteopath	
		Treatment causes new or increased pain or injury	
		Missed diagnosis	
		Failure to maintain adequate records	
Management Issues (relating to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible))	Environment (Problems in the facilities, services, clinical equipment, and staffing levels)	Unclean/unsafe practice premises	
		Not controlling the spread of communicable diseases	
		Non-compliance with health and safety laws/regulations	
		Value for money	
	Business /Processes (Problems in bureaucracy, waiting times, and accessing care)	Data Protection - management/storage/access of confidentiality data	
		Failure to maintain professional indemnity insurance	
		Failure to maintain professional liability insurance	
		Dishonesty/lack of integrity in financial and commercial dealings	
		Dishonesty/lack of integrity in research	
		Fraudulent act(s) - e.g. Insurance fraud	
		Forgery - providing false information in reports	
		Forgery - providing false information in research	
		Forgery - providing false information in patient records	
		False/misleading advertising	
		Disparaging comments about colleagues	

Annex to 12

		Business dispute between Principal and Associate osteopaths	
		Business dispute between osteopaths	
		Business dispute between osteopath and other	
Relations Issues (relating to the behaviour of any specific member of staff towards the patient or their family/friends)	Listening and Communication (Healthcare staff disregard or do not acknowledge information from patients. Absent or incorrect communication from healthcare staff to patients)	Failure to communicate effectively	
		Communicating inappropriately	
		Failure to obtain valid consent - no shared decision making with the patient	
	Respect and Patient rights (Disrespect or violations of patient rights by staff)	Failure to treat the patient considerately/ politely	
		Conducting a personal relationship with a patient	
		Sexual impropriety	
		Failure to protect the patient's dignity/modesty	
		Failure to comply with equality and anti discrimination laws	
		No chaperone offered/provided	
		Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)	
Adjuvant therapies / professions		Psychological therapies and approaches (eg NLP, Mindfulness, CBT, Counselling)	
		Supplements (including homeopathy, herbs, vitamins etc)	
		Acupuncture/ Dry needling	
		Spiritual / Faith based therapies (including placebo)	
		Activity / movement related (eg yoga, pilates, gait, analyses, podiatry(insoles)	
		Nutritional / Applied kinesiology	
		Separate non-clinical profession (eg Teaching, Building, Sales, Research etc)	

Annex to 12

Criminal convictions and Police Cautions		Laser therapy	
		IDD therapy	
		Ultrasound	
		Shockwave therapy	
		Interferential	
		Intramuscular injections	
		Joint injections	
		Common Assault/Battery	
		Actual/Grievous Bodily Harm	
		Manslaughter /murder (attempted or actual)	
		Public Order Offence (e.g. Harassment, Riot, Drunken and disorderly, and racially aggravated offences	
Regulation specific		Drug possession/dealing/trafficking	
		Driving under the influence of alcohol/drugs	
		Criminal damage	
		Theft	
		Possession of indecent images including child pornography	
		Sexual assaults	
		Rape	
		Other	
		Conduct bringing the profession into disrepute	
		Failure to cooperate with external investigations/engage in the fitness to practise process	
		Failure to notify the GOsC of any criminal convictions or police cautions	
		Failure to respond to requests for information and/or complaints from a patient	
		Failure to respond to requests for information from the GOsC	
		Lack of candour	
		Other	
		Breach of osteopathic title	

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Council
6 February 2025
Social media policy update 2025

Classification	Public
Purpose	For decision
Issue	The GOsC social media policy is updated every year to reflect any required changes in accordance with Charity Commission guidance.
Recommendation	<ol style="list-style-type: none"> 1. To agree the Social Media Policy updates. 2. To note future plans in relation to our social media strategy
Financial and resourcing implications	No extra budgetary implication arising from this paper. The work outlined in this paper is included in the 2025-26 business plan and is accounted for in staff time.
Equality and diversity implications	The policy supports GOsC in being an inclusive regulator, ensuring that all employees and all members of the non-executive know what is expected when planning, creating, posting, sharing, and engaging with GOsC's social media channels in accordance with legislative requirements and good practice.
Communications implications	We will publish the updated policy on our website, and add to the Governance Handbook and the Staff Handbook. We will highlight the updated policy to staff and members of the non-executive.
Annex	GOsC social media policy 2025
Author	Ria Carrogan, Liz Niman, Fiona Browne

Scott Marcia
23/01/2025 16:33:58

Key messages from this paper:

- We are required as part of our Charity Commission duties to update our social media policy every year.
- Three updates have been made to the wording this year to indicate that a review of our use of both Facebook and X (Twitter) is planned in 2025.
- A review of our social media strategy is included in our business planning for 2025-26 as a result of the review of our social media policy, the DJS research and our Strategy 2024 to 2030.

Background

1. In November 2023 the updated social media policy was agreed by Council to bring it into line with Charity Commission guidelines: [Charities and Social Media Guidance \(September 2023\) which states that charity trustees should consider how they 'can use social media effectively to benefit your charity, the risks it may bring, and how you can manage those risks, including by acting reasonably and responsibly to protect your charity'.](#)
2. In January 2024, we implemented the new social media policy.
3. In line with the Charity Commission guidelines we are required to review and update the social media policy annually.
4. The updated policy will replace the existing social media policy (and related documents) on the GOsC website: [GOsC social media policy](#)

Discussion

Social media policy

5. Updates include:
 - i. Paragraph 13: Facebook. We have added this wording:
Use of Facebook will undergo a review in early 2025 following announcements from Meta about fact checking and whether use of this channel aligns with GOsC's values.
 - ii. Paragraph 14: X, formerly known as Twitter. We have added this wording:
Use of X is undergoing a review in early 2025 to decide whether continued use of the platform aligns with GOsC's values.
 - iii. Paragraph 20e: Posting. We have included an additional bullet point:
Ensure all posts follow the quality assurance process.

Scott Marcia
23/01/2025 16:33:58

Social media strategy

6. Our Strategy: Taking us from 2024 through to 2030, the DJS research and current changes to the social media context as outlined in our immediate changes to the social media policy are drivers for reviewing our strategic approach to social media and therefore a wider review of our social media strategy is included in our Business Plan for 2025-26. This may include:

- review of both Facebook and X as set out above which is due to be finalised by June 2025
- reviewing our overall aims in the use of social media
- reviewing all the social media channels that we currently use and creating mission statements for each channel
- considering if potentially new social media channels should be used to deliver the social media strategy
- update the social media web page on our website.
- reviewing our policy on moderating third party content and when and how we will engage with others' content.

7. Work is also underway to develop guidance on what to do if staff receive abusive messages including how we will support trustees, staff and volunteers if they are the subject of online abuse.

Recommendations:

1. To agree the Social Media Policy updates.
2. To note future plans in relation to our social media strategy

Scott Marcia
23/01/2025 16:33:58



SOCIAL MEDIA POLICY

A guide for the use of social media to further GOsC purposes to ensure protection of the public by raising awareness of and promoting our activities and engaging with our stakeholders.

This policy applies to all Council, Committee and other associates of the General Osteopathic Council and staff.

This policy will be reviewed on an annual basis. The General Osteopathic Council will amend this policy, following consultation, where appropriate.

Date of last review: January 2025

Ownership: Council

Scott Marcia
23/01/2025 16:33:58

Contents

Introduction	3
What is social media?	3
Why do we use social media?.....	3
Why do we need a social media policy?	3
Setting out the social media policy	3
Internet access and monitoring usage	Error! Bookmark not defined.
Point of contact for social media.....	4
Which social media channels do we use?	4
Guidelines	5
Using General Osteopathic Council's social media channels — appropriate conduct.....	5
Use of personal social media accounts — appropriate conduct	8
Annex A - Further guidelines	10
Libel	10
Copyright law	10
Confidentiality	10
Discrimination and harassment.....	10
Use of social media in the recruitment process	10
Protection and intervention	11
Under 18s and vulnerable people	Error! Bookmark not defined.
Responsibilities and breach of policy	11
Public Interest Disclosure.....	11
Annex B - checklist	

Scott Marcia
23/01/2025 16:33:58

Introduction

What is social media?

1. Social media is the term given to web-based tools and applications which enable users to create and share content (words, images, audio and video content), and network with each other through the sharing of information, opinions, knowledge and common interests. Examples of social media include Facebook, X (formerly known as Twitter), and LinkedIn.

Why do we use social media?

2. Social media is essential to the success of communicating General Osteopathic Council's (GOsC) work. It is important for some staff to participate in social media to engage with our audiences, participate in relevant conversations and raise the profile of GOsC's work.
3. Our objectives when using social media include to:
 - provide information to anyone with an interest in osteopathic care and our work
 - provide bite-sized pieces of information accessible to people on the move
 - communicate with people who might not usually visit this website
 - keep stakeholders and followers up to date with new developments
 - enable our followers to contribute to our work through consultations, feedback and more

This is in order to contribute to the delivery of our purpose of public protection.

Why do we need a social media policy?

4. The difference between a personal and professional opinion can be blurred on social media, particularly if you're discussing issues relating to GOsC's work. While we encourage the use of social media, we have certain standards, outlined in this policy, which we require everyone to observe. Publication and commentary on social media carries similar obligations to any other kind of publication or commentary in the public domain.
5. This policy is intended for all staff members, Council, committee members and associates working for the General Osteopathic Council (non-executive members), and applies to content posted on both a GOsC device and a personal device. Before engaging in work-related social media activity, staff and members of the non-executive must read this policy.

Setting out the social media policy

6. This policy sets out guidelines on how social media should be used to support the delivery of the GOsCs purpose and the promotion of GOsC's work and our values. It also sets out the use of social media by staff and non-executive members in both a

Annex to 13

professional and personal capacity. It sets out what you need to be aware of when interacting in these spaces and is designed to help staff support and expand our official social media channels, while protecting the organisation and its reputation and preventing any legal issues.

7. Our purpose is outlined in the Osteopaths Act 1993 in our overarching objective which is 'protection of the public'. We also have duties under equalities legislation and under the Welsh Language Standards among other things.
8. Our values are:

Collaborative

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

Influential

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

Respectful

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

Evidence-informed

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

Point of contact for social media

9. Our communications team is responsible for the day-to-day publishing, monitoring and management of our social media channels. If you have specific questions about any aspect of these channels, speak to the Senior Digital Communications Officer. No other staff member can post content on GOsC's official channels without the permission of the Head of Communications and Engagement or the Chief Executive.

Which social media channels do we use?

10. At present, GOsC uses the following social media channels:

- Facebook
- LinkedIn
- X, formerly known as Twitter
- YouTube

11. These social media channels are used to communicate directly with osteopaths and members of the public about the work that GOsC undertakes, as well as to promote trust and support our values.

12. As capacity develops, we may explore other social media platforms.

Scott Marcia
23/01/2025 16:33:58

Purpose of our social media channels:**Facebook**

13. We will post on our Facebook page items of news and information and links to further information that we think will be of interest, and invitations to send us feedback and views. We will like and reshare appropriate content from approved organisations. Use of Facebook will undergo a review in early 2025 following announcements from Meta about fact checking and whether use of this channel aligns with GOsC's values.

X, formerly known as Twitter

14. We will post items of news and information, links to further information that we think will be of interest, invitations to send us feedback and views, retweets of relevant news and information. We are not able to respond individually to all the tweets we receive. Use of X will undergo a review in early 2025 to decide whether continued use of the platform aligns with GOsC's values.

LinkedIn

15. We will post on our LinkedIn page items of news and information and links to further information that we think will be of interest, and invitations to send us feedback and views. We will react to and reshare appropriate content from approved organisations and appropriate individuals.
16. Where appropriate, we will respond to comments on our social media posts. Any responses that we publish across our social channels are correct at the time of posting. In some cases we may pass comments on to the relevant people within the GOsC. We will remove any abusive comments and derogatory remarks to ensure that our channels remain a pleasant, safe and positive place for all. Where appropriate we will block and/or report abusive, derogatory remarks or spam. We will provide support to staff involved in receiving abusive or derogatory messages.
17. We also share posts in Welsh across our social media channels. How we approach receiving comments in Welsh on social posts and responding in Welsh is outlined in our [Welsh Language Standards](#).

Guidelines**Using GOsC's social media channels — appropriate conduct**

18. The Head of Communications, Engagement and Insight and/or the Chief Executive are responsible for signing off, setting up and managing GOsC's social media channels. Only those authorised to do so by the Head of Communications, Engagement and Insight or the Chief Executive will have access to these accounts.
19. We update and monitor our social media channels during office hours (9am to 5pm Monday to Friday). This is the responsibility of the Senior Digital Communications Officer, supported by the Senior Insight and Engagement Officers. High profile announcements, amendments of content (other than routine mistakes), deletions of content and crisis situations or other situations which are not routine should be referred to the Head of Communications, Engagement and Insight and the Chief Executive. The Head of Communications, Engagement and Insight will be responsible for checking that

Annex to 13

this policy is followed and for providing updates on compliance and breaches to the Chief Executive and where appropriate to Audit Committee.

20. All staff posting should:

- a. Be an ambassador for our brand. Staff should ensure they reflect GOsC values in what they post and should use our tone of voice. Our brand guidelines set out our tone of voice that all staff should refer to when posting content on GOsC's social media channels. The brand guidelines are available via the communications team.
- b. Make sure that all social media content has a purpose and a benefit for GOsC and accurately reflects GOsC's values.
- c. Bring value to our audience(s) and answer their questions, and help and engage with our audience.
- d. Take care with the presentation of content. Make sure that there are no typos, misspellings or grammatical errors and should also check the quality of images.
- e. Ensure all posts follow the quality assurance process.
- f. Always pause and think before posting. That said, reply to comments in a timely manner, when a response is appropriate.
- g. Always check facts. Staff should not automatically assume that material is accurate and should take reasonable steps where necessary to seek verification, for example, by checking data/statistics and being wary of photo, video or other forms of manipulation.
- h. Be honest. Say what you know to be true or have a good source for. If you've made a mistake, don't be afraid to admit it.
- i. Refrain from offering personal opinions via GOsC's social media accounts, either directly by commenting or indirectly by 'liking', 'sharing' or 'retweeting'. If you are in any doubt please speak to the communications team.
- j. Not encourage people to break the law to supply material for social media, such as using unauthorised video footage. All relevant rights for usage must be obtained before publishing material.
- k. Not set up other Facebook groups or pages, Twitter accounts or any other social media channels on behalf of GOsC. By having official social media accounts in place, the communications team can ensure consistency of the messaging and tone.
- l. Be aware that we are not a political organisation, do not hold a view on party politics and are not affiliated to any political party.

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23/01/2025 11:33:58

m. Be appropriately trained

21. If staff outside of the communications team wish to contribute content for social media, whether non-paid for or paid for advertising, they should speak to the communications team about this.
22. Staff must not post content about registrants or patients without their express permission and express permission from the Head of Communications, Engagement and Insight or the Chief Executive. If staff are sharing information about registrants or patients or third party organisations, this content should be labelled clearly so our audiences know it has not come directly from GOsC and such posts should be authorised by the Head of Communications, Engagement and Insight or the Chief Executive. If using interviews, videos or photos that clearly identify a child or young person, staff must ensure they have the appropriate and relevant consent of a parent or guardian before using them on social media. Any such posts must be authorised by the Head of Communications, Engagement or Insight or Chief Executive.
23. If a complaint is made on GOsC's social media channels, staff should seek advice from the Head of Communications, Engagement or Insight or the Chief Executive.
24. Sometimes issues can arise on social media which can escalate into a crisis situation because they are sensitive or risk serious damage to the GOsC's reputation. Examples might include: a complaint about GOsC's handling of a fitness to practise case or other third party content. The nature of social media means that complaints are visible and can escalate quickly. Not acting can be detrimental to GOsC.
25. Where the GOsC is tagged in social media hoping to draw attention to an issue that is not in line with our aims and objectives we do not comment.
26. The communication team regularly monitors our social media spaces for mentions of GOsC so we can catch any issues or problems early. If there is an issue that could develop or has already developed into a crisis situation, make the communications team aware. The Head of Communications, Engagement and Insight or the Chief Executive will approve responses on these circumstances. We will usually seek to make simple, factual statements and invite the individual to discuss in further detail off line.
27. If any staff outside of the communications team become aware of any comments online that they are concerned about or they think have the potential to escalate into a crisis, whether on GOsC's social media channels or elsewhere, they should speak to the Head of Communications, Engagement and Insight or the Chief Executive immediately. Our crisis communications management plan will be put in place.
28. Any incidences of any negative, complaints or abusive or vexatious comments or other matters presenting as risks to the GOsC will be reported as incidents and presented to the Audit Committee. Where appropriate, issues will be escalated to the Chair of Council, the Charity Commission, the police or other regulators as appropriate.

Use of personal social media accounts — appropriate conduct

29. This policy does not intend to inhibit personal use of social media but instead flags up those areas in which conflicts might arise. GOsC staff are expected to behave appropriately, and in ways that are consistent with GOsC's values and policies, both online and in real life.
30. Be aware that any information you make public could affect how people perceive GOsC. You must make it clear when you are speaking for yourself and not on behalf of GOsC. If you are using your personal social media accounts to promote and talk about GOsC's work, you must use a disclaimer such as: "The views expressed on this site/channel are my own and don't necessarily represent GOsC's positions, policies or opinions."
31. Staff and non executive members who have a personal blog or website which indicates in any way that they work at GOsC should discuss any potential conflicts of interest with their line manager and the communications team. Similarly, staff who want to start blogging and wish to say that they work for GOsC should discuss any potential conflicts of interest with their line manager and the communications team.
32. Those in senior management, and specialist roles where they are well known in their field of expertise, must take particular care as personal views published may be misunderstood as expressing GOsC's view.
33. Use common sense and good judgement. Be aware of your association with GOsC and ensure your profile and related content is consistent with how you wish to present yourself to the general public, colleagues, Council and committees, as well as the osteopathic profession.
34. GOsC works with several organisations, including the professional membership body the Institute of Osteopathy, and osteopathic education providers. Please don't approach high profile people from your personal social media accounts to ask them to post on behalf of GOsC, as this could hinder any potential relationships that are being managed by the communications and other teams. This includes asking for retweets about GOsC. If you have any information on potential partnerships, please speak to the Head of Communications, Engagement and Insight or the Chief Executive to share the details.
35. If a staff member or non-executive is contacted by the press about their social media posts that relate to GOsC they should talk to the Head of Communications, Engagement and Insight or the Chief Executive immediately and under no circumstances respond directly.
36. GOsC does not hold a view on party politics or have any affiliation with or links to political parties. When representing GOsC, staff are expected to hold GOsC's position of neutrality. Staff who are politically active in their spare time need to be clear in separating their personal political identity from GOsC and understand and avoid potential conflicts of interest.
37. Staff and non executives should never use GOsC's logos or trademarks unless approved to do so. Permission to use logos should be requested from the communications team.

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23/01/2025 14:33:58

Annex to 13

38. Always protect yourself and GOsC. Be careful with your privacy online and be cautious when sharing personal information. What you publish is widely accessible and will be around for a long time, so do consider the content carefully.
39. Think about your reputation as well as GOsC's. Express your opinions and deal with differences of opinion respectfully. Don't insult people or treat them badly. Passionate discussions and debates are fine, but you should always be respectful of others and their opinions. Be polite and be the first to correct your own mistakes. Remember to adhere to the GOsC values.
40. We encourage staff to share tweets and posts that GOsC has issued. When online in a personal capacity, you might also see opportunities to comment on or support GOsC and the work we do. Where appropriate and using the guidelines within this policy, we encourage staff to do this as it provides a human voice and raises our profile. However, if the content is controversial or misrepresented, please highlight this to the communications team who will respond as appropriate.

Scott Marcia
23/01/2025 16:33:58

Further guidelines

Libel

Libel is when a false written statement that is damaging to a person's reputation is published online or in print. Whether staff are posting content on social media as part of their job or in a personal capacity, they should not bring GOsC into disrepute by making defamatory comments about individuals or other organisations or groups.

Copyright law

It is critical that all staff abide by the laws governing copyright, under the Copyright, Designs and Patents Act 1988. Never use or adapt someone else's images or written content without permission. Failing to acknowledge the source/author/resource citation, where permission has been given to reproduce content, is also considered a breach of copyright.

Confidentiality

Any communications that staff make in a personal capacity must not breach confidentiality. For example, information meant for internal use only or information that GOsC is not ready to disclose yet. For example, a news story that is embargoed for a particular date. Please refer to our Staff and Governance handbooks.

Discrimination and harassment

Staff must not post content that could be considered discriminatory against, or bullying or harassment of, any individual, on either an official GOsC social media channel or a personal account. For example:

- making offensive or derogatory comments relating to sex, gender, race, disability, sexual orientation, age, religion or belief and all protected characteristics
- using social media to bully another individual
- posting images that are discriminatory or offensive or links to such content

Lobbying Act

Charities are legally allowed to campaign to bring about a change in policy or law to further their organisational purpose. In most cases, spending on charity campaigns that are in accordance with charity law will not be regulated under electoral law. However, the Lobbying Act, which was passed in January 2014, states that during national elections (known as regulated periods) spending on campaigning activities may be regulated.

Charities which spend more than £20,000 in England or £10,000 in Scotland, Wales or Northern Ireland, during the regulated period, need to register with the Electoral Commission. To abide by the Lobbying Act, campaigning activities on social media must not be seen as intending to influence people's voting choice. During these periods, any campaigning activity will be reviewed by the Chief Executive.

Use of social media in the recruitment process

Recruitment should be carried out in accordance with GOsC policies, and associated procedures and guidelines. Any advertising of vacancies should be done through HR and the communications team. Vacancies are shared routinely across all our social media channels.

Annex to 13

There should be no systematic or routine checking of candidate's online social media activities during the recruitment process, as conducting these searches might lead to a presumption that an applicant's protected characteristics, such as religious beliefs or sexual orientation, played a part in a recruitment decision. This is in line with [GOsC's policies](#).

Protection and intervention

The responsibility for measures of protection and intervention lies first with the social networking site itself. Different social networking sites offer different models of interventions in different areas. For more information, refer to the guidance available on the social networking site itself. For example, Facebook. However, GOsC also has a safeguarding responsibility. If a staff member considers that a person/people is/are at risk of harm, they should report this to the Director of Fitness to Practise or the Chief Executive, immediately.

Under 18s and vulnerable people

Young and vulnerable people face risks when using social networking sites. They may be at risk of being bullied, publishing sensitive and personal information on their profiles, or from becoming targets for online grooming.

Where known, when communicating with young people under 18-years-old via social media, staff should ensure the online relationship with GOsC follows the same rules as the offline 'real-life' relationship. Staff should ensure that young people have been made aware of the risks of communicating and sharing information online, and given guidance on security/privacy settings as necessary. Staff should also ensure that the site itself is suitable for the young person and GOsC content and other content is appropriate for them. Please refer to our Safeguarding Policy.

Responsibilities and breach of policy

Everyone is responsible for their own compliance with this policy. Participation in social media on behalf of GOsC is not a right but an opportunity, so it must be treated seriously and with respect. For staff, breaches of policy may incur disciplinary action, depending on the severity of the issue. Please refer to our HR policies for further information on disciplinary procedures. Staff who are unsure about whether something they propose to do on social media might breach this policy, should seek advice from the communications team. Non-executive members should comply with our Code of Conduct and procedures as outlined in our Governance Handbook.

Public Interest Disclosure

Under the Public Interest Disclosure Act 1998, if a staff member releases confidential information through GOsC's social media channels that is considered to be in the interest of the public, GOsC's [Whistleblowing Policy](#) must be initiated before any further action is taken.

Scott Marcia
23/01/2025 16:33:58

Annex B - Checklist for developing a social media policy

This checklist has been created by the Charity Commission for England and Wales.

This checklist has been developed to help us think about what to include in our social media policy.

We should set a regular review date for our policy. You should also check it is working effectively after any significant incident.

How your charity will use social media	Does our policy currently (or need to) cover this?
What your objectives are in using social media	Yes
What platforms you will use	Yes
Whether you will create private community groups or host discussion forums. If you will, how you will moderate these groups or forums	No, our policy does not need to cover this as we currently do not create private groups or host discussion forums
What your policy is on moderating third party content, and what comments you will respond to and how, and what comments you will like or reshare	No – this is being reviewed in 2025 and the policy will be updated then
Your oversight and controls around who uses social media on your charity's behalf	Does our policy currently (or need to) cover this?
How you manage access to your charity's social media accounts and social media security	Yes
Who can post day-to-day content, and about what. For example, routine announcements of the charity's work	Yes
When additional approval is needed, and who is involved. For example, high profile announcements or dealing with a social media crisis	Yes
Who is responsible for reviewing and moderating content and how often	Yes
Who can delete content, and in what circumstances	Yes
Required conduct for those managing the account	Does our policy currently (or need to) cover this?
Your rules including compliance with relevant laws and any codes of conduct	Yes
Your rules around managing interactions with children	Yes

Annex to 13

and young people and/or with vulnerable people	
How you will check the policy is being followed and act if it is breached	Yes
Relationship to other policies	Does our policy currently (or need to) cover this?
How this policy interacts with your policies and processes on safeguarding , risk , whistleblowing and HR	Yes
The charity's guidelines on personal social media use by trustees, employees or volunteers	Yes
Responding to incidents	Does our policy currently (or need to) cover this?
Who can amend or delete content, and in what circumstances	Yes
When you and/or your senior staff need to be involved	Yes
When issues need to be reported to the full trustee board	Yes
If, when and how you will respond to complaints or criticism on social media	Yes
What to do if you receive abusive messages including how you will support trustees, staff and volunteers if they are the subject of online abuse	No (to be updated as part of HR policy updates)
What you will do in the event of a social media crisis, for example, having a communications plan and stopping any scheduled posts or sharing content from third parties	Yes
Checking if you need to report a serious incident to the Commission or make reports to the police or other regulators	Yes

Scott Marcia
23/01/2025 16:33:58