



General
Osteopathic
Council

Annual Report and Accounts 2019-20



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

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1. About the General Osteopathic Council

The General Osteopathic Council (GOsC) has a statutory duty under the Osteopaths Act 1993 to develop and regulate the osteopathy profession in the UK in order to ensure public protection.

Our role involves the pursuit of the following objectives:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of the profession

Our core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with complaints or concerns about osteopaths and where necessary dealing with those complaints through fitness to practise procedures

The statutory objectives of the GOsC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the trustees are able to confirm they have had due regard to the Charity Commission's guidance on public benefit.

As at 31 March 2020 there were 5,439 osteopaths registered with the GOsC.

2. Chair's statement



After a year of much change and with challenges ahead, I'm confident the GOSc will continue to adapt and develop, working in partnership with osteopaths to ensure the protection of patients and the public

I'm conscious that in writing this as the new Chair of Council, the successes of the past year happened under the leadership of my predecessor, Alison White, whose tenure ended on 31 March 2020. Alison led the Council with great enthusiasm, commitment and clarity of thought over a period of eight years and helped develop the professionalism of the Council and strengthen its relationship with its many key stakeholders. I know my fellow Council members will join me in expressing our considerable gratitude to Alison for her strong leadership and for the contribution she made to the work of Council and to the development of the osteopathic profession during her time as Chair. We wish her every success in future endeavours.

In addition to saying farewell to Alison, two other Council members also completed eight years of service at the end of March and we are extremely grateful to registrant members Haidar Ramadan and John Chaffey for the huge contributions they made to the work of Council during their time with us. They take with them our grateful thanks and very best wishes for the future. A recruitment process to replace retiring Council members was run during the year and we were delighted to announce the appointment of Professor

Deborah Bowman as a lay member of Council and Caroline Guy and Daniel Bailey as registrant members. Together they bring a wealth of experience and expertise which will enhance the work of Council.

This was another busy year for the GOSc. Our updated Osteopathic Practice Standards came into effect on 1 September 2019; we reached the end of the first year of our new continuing professional development scheme in October 2019; we produced further guidance documents following consultations and continued to work hard to streamline our fitness to practise processes; and, it gives me pleasure to report, that for the tenth year running we have managed to meet the Standards of Good Regulation as defined by the Professional Standards Authority.

There were of course challenges during the year, not least the departure of our Chief Executive and Registrar, after six months in post. Matthew Redford, our Director of Registration and Resources, was appointed to the role of Acting Chief Executive and I am incredibly grateful to Matthew for the way he rose to the challenge, providing stability and clear

leadership during the second half of the year. In this task he was ably supported by his Senior Management Team to whom a considerable debt of gratitude is also due. It is a result of their combined efforts, together with all the staff at the GOsC, that all the above successes were achieved, not least the completion of the annual business plan and the delivery of the annual budget.

As I write this, the world of course is now in a very different place compared with most of the year covered by this report. It was only in the last two weeks of the year that the coronavirus pandemic and its associated lockdown hit, and since then the GOsC has been addressing the many challenges this poses for the organisation and for the osteopathic profession. We very quickly moved the entire staff to home-based working whilst maintaining business as usual and I want to pay tribute to all the members of the GOsC team for their hard work, commitment and flexibility in embracing the new ways of working so effectively whilst continuing to ensure that our core functions could be maintained.

Like many organisations at this time, the GOsC faces not insignificant financial challenges but our prudent budgeting over

many years and our reserves policy means that we are in a stronger position than we might otherwise have been but, nonetheless, the scale of the challenge we face is considerable. We have been working hard to ensure that we can weather this storm whilst at the same time considering what support we can provide to our registrants through the difficulties they face at this time.

Although the year ahead will be challenging, I am confident that we will work our way through this difficult time. We are committed to learning positive lessons from the current situation so that we can adapt and develop our future approach and ways of working, to ensure that the GOsC continues to be a high performing, effective and approachable regulator, working in partnership with osteopaths and patients to ensure the protection of patients and the public.

Dr Bill Gunnyeon CBE
Chair of Council
9 July 2020

3. Chief Executive and Registrar's introduction



There have been many positive developments over the past year: the updated Osteopathic Practice Standards came into effect; the CPD scheme, with its emphasis on reflective practice was implemented; and we continued to focus on joint working with our stakeholders.

As I look back on the past 12 months, the ancient saying: 'Change is the only constant in life', has never felt more relevant. And I'm not just talking about the impact of the global pandemic. There was considerable change taking place within our osteopathic community before the coronavirus struck. While we recognise the future undoubtedly presents challenges for us all, and will no doubt look very different to the world to which we had grown accustomed, we shouldn't overlook the positive developments that happened prior to the pandemic.

In the past year, we continued to work in partnership, collaborating with the profession and patients to ensure the delivery of high-quality care for patients. Osteopathic practice is underpinned by the Osteopathic Practice Standards (OPS) which, having been published in 2018, came into effect in September 2019. Because of the feedback we received, through consultation, we were able to ensure that the updated OPS is clear, concise and relevant for modern healthcare practice.

The OPS is a cornerstone of the new continuing professional development (CPD) scheme which also includes a requirement for osteopaths to undertake a Peer Discussion Review towards the end of their three-year CPD cycle. This reflective

discussion with another healthcare practitioner, in a formative 'safe-space', will allow osteopaths to assess their professional experiences. Indeed, this year, all healthcare regulators came together to issue a joint statement on the 'benefits of becoming a reflective practitioner' (osteopathy.org.uk/regulators-support-reflective-practitioners).

We have worked with our fellow healthcare regulators on a number of projects which will benefit patients and the profession. During the year we have worked with the General Chiropractic Council to undertake research about the involvement of patients and the public in osteopathic and chiropractic education. This research has been conducted, analysed and disseminated to our osteopathic education providers, and the results will be published later in 2020.

Further, members of the GOSc team had an article published in the Journal of Evaluation in Clinical Practice, a high-quality international scholarly journal, which detailed our work on values with others including: practitioners; patients; the General Dental Council; the Collaborating Centre for Values Based Practice in Health and Social Care; the University College of Osteopathy; and the research agency, Community Research. This work explores the role of the regulator in embedding standards in practice contributing

to supporting person-centred care and processes of shared decision-making and reducing harms.

I was particularly pleased this year that there was a greater focus on equality, diversity and inclusion, with our Council actively engaged in these discussions. Members of our staff and those within the governance structure undertook online training on equality and diversity and wellbeing and, for the first time, we positively promoted awareness of LGBT+ History Month. We also used our social media channels to promote our participation in the #TimeToTalk mental health awareness campaign, and I would expect more of a focus on equality, diversity and inclusion in the coming year ahead.

We are fortunate to be connected with a number of inter-regulatory forums, including some for equality, diversity and inclusion, which allow us to bring insight into our work. Being able to connect with colleagues from the other healthcare professional regulators

ensures that our work is enhanced by these wider perspectives.

The consistent challenge of an annual report is to look back across the past year and also to look forward to what the future holds. But this year is one where that future is filled with uncertainty, like no year before that I can recall during my 20 years at the GOsC. And while there are many unknowns, there is at least one thing of which I can be sure: osteopathy will continue to evolve and develop, and many patients will continue to receive quality care from highly trained, skilled osteopathic professionals.

Matthew Redford

Chief Executive and Registrar

9 July 2020

4. Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2020.

In 2019, Council approved a new four-year Strategic Plan which set out what the organisation aims to achieve in the period 2019-2024 (osteopathy.org.uk/strategic-plan).

Within this plan, we describe our vision as a regulator:

A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.

This vision is underpinned by four high-level strategic objectives which set the course of the four-year planning cycle from 2019 to 2024:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

This report describes our governance and our risks as well as our performance against the four strategic goals.

5. Our governance, management and risks

Council

The GOsC was established under the Osteopaths Act 1993 and has the statutory responsibility to regulate and develop the profession of osteopathy in order to ensure the protection of patients. The GOsC is also a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749). This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

The GOsC Council consists of 10 members – five lay and five registrants. Council is supported in its governance work by nearly 40 other lay and registrant members of our statutory and non-statutory committees, as well as registration assessors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

The role of Council includes: setting the corporate strategy and objectives; determining key policies for the organisation; and making rules, as provided for under the Osteopaths Act 1993.

Council approves the annual Budget and Business Plan and holds the Chief Executive and Registrar to account for the delivery of: the Corporate Plan; the Business Plan; the Budget; risk mitigation; organisational performance and staff leadership; and for external perceptions.

Members of Council are appointed by the Privy Council. Appointments require the GOsC to follow a recruitment procedure that is

scrutinised by the Professional Standards Authority for Health and Social Care (PSA). Each year, every Council member (and other non-executives) take part in a performance appraisal with the Chair of Council (or relevant committee chair).

This year we recruited a new Chair of Council and new Council members to replace those members whose terms of offices came to end on 31 March 2020. We thank the former Chair, Alison J White; and former Council members, Haidar Ramadan and John Chaffey; for their work and commitment during their time on Council. We welcome Dr Bill Gunnyeon who stepped up to take over as Chair on 1 April 2020, and new Council members, Professor Deborah Bowman, Daniel Bailey and Caroline Guy.

As at 1 April 2020, the members of Council were:

Chair
Dr Bill Gunnyeon
Lay members
Sarah Botterill
Professor Deborah Bowman
Dr Joan Martin
Dr Denis Shaughnessy
Osteopath members
Daniel Bailey
Elizabeth Elander
Caroline Guy
Simeon London
Deborah Smith

Brief biographies of all current Council members are available on the GOsC website at: osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are three committees of Council: the Policy Advisory Committee;¹ the Audit Committee; and the Remuneration and Appointments Committee.

Each Committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

The work of each Committee is set out below:

Policy Advisory Committee

The Policy Advisory Committee fulfils the statutory role of the Education Committee under section 1 of the Osteopaths Act 1993.

The role of the Policy Advisory Committee is to contribute to the development of Council policy. This includes:

- The standards required for initial registration and appropriate means for assessing those standards.
- All matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
- Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
- The management, investigation and adjudication of concerns about the fitness to practise of registrants.
- Matters relating to the exercise of powers under section 32 of the Act (protection of title of 'osteopath').
- The development of the osteopathic profession.
- Measures to encourage research and research dissemination within the osteopathic profession.
- Any research needs to support the GOsC's work.

Its statutory role as Education Committee includes:

- Advising Council on the recognition of qualifications in accordance with section 14(6) of the Act (or the withdrawal of recognition).
- Appointing and managing the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

¹ The name of the committee was changed to the Policy and Education Committee effective from 1 April 2020. As this report covers 1 April 2019 – 31 March 2020, it is known as the Policy Advisory Committee in this report.

During 2019-20, members of the Policy Advisory Committee (PAC) included:

Committee members	
Sarah Botterill	Lay
John Chaffey	Osteopath
Elizabeth Elander	Osteopath
Dr Bill Gunnyeon (Chair)	Lay
Dr Joan Martin	Lay
Alison J White	Lay
External members	
Dr Marvelle Brown	Lay
Bob Davies	Osteopath
Professor Raymond Playford	Lay
Nick Woodhead	Osteopath

In addition, four organisations are invited to send observers to the meeting: the Council of Osteopathic Educational Institutions; the Institute of Osteopathy; the National Council for Osteopathic Research; and the Osteopathic Alliance. The observers may participate in all parts of the meeting except for that business reserved to the statutory Education Committee.

Audit Committee

The role of the Audit Committee is to provide advice so that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GOsC's statutory duties; and to make recommendations for any actions to Council and the Executive as

appropriate. The Committee also considers any matters relating to fraud and loss, or information security breaches.

The Audit Committee oversees the GOsC risk management framework while overall responsibility rests with the Council, which reviews the high-level risk register twice a year. The Audit Committee reviews the risk register at each meeting and also makes an annual statement of assurance to Council that it considers that risk is being managed appropriately within the organisation.

During 2019-20, members of the Audit Committee included:

Council members	
Haidar Ramadan	Osteopath
Dr Denis Shaughnessy	Lay
Deborah Smith	Osteopath
External members	
Graham Masters	Lay
Chris Shapcott (Chair)	Lay

Remuneration and Appointments Committee

The Remuneration and Appointments Committee oversees appointment, performance and remuneration policy in relation to Council and other non-executives and staff of the GOsC; and makes recommendations to Council. This includes monitoring the diversity data of those candidates who apply and are selected. Non-executives include all members of Council and statutory and non-statutory committees.

In the year up to 31 March 2020, the Committee oversaw the appointment of a new Chair of Council and new Council members who took office from 1 April 2020, as well as the reappointment of three members of Council from 1 April 2020.

The appointment and reappointment processes were subject to external scrutiny by the Professional Standards Authority for Health and Social Care (PSA).

During 2019-20, members of the Remuneration and Appointments Committee (RaAC) included:

Council members	
Sarah Botterill	Lay
Simeon London	Osteopath
Dr Joan Martin	Lay
Deborah Smith	Osteopath
Alison J White (Chair)	Lay
External member	
Ian Muir	Lay

Council members' attendance at Council and committee meetings

Individual members also attend working groups, ad hoc meetings and appraisals throughout the year.

Name	Council	Audit	PAC	RaAC
Alison J White	4/4		3/3	1/3
Sarah Botterill ²	3/4		1/1	2/2
John Chaffey	4/4		3/3	
Elizabeth Elander	4/4		3/3	
Dr Bill Gunnyeon	4/4		3/3	
Simeon London	4/4			3/3
Dr Joan Martin ³	3/4		0/2	0/1
Haidar Ramadan	4/4	1/3		
Dr Denis Shaughnessy	4/4	3/3		
Deborah Smith ⁴	4/4	1/1		3/3

² Sarah Botterill was a member of the Remuneration and Appointments Committee until 01/02/2020 then transferred to become a member of the Policy Advisory Committee from this date.

³ Dr Joan Martin was a member of the Policy Advisory Committee until 01/02/2020 then transferred to become a member of the Remuneration and Appointments Committee from this date.

⁴ Deborah Smith was appointed to the Audit Committee from 01/02/2020.

Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions: the Investigating Committee, the Health Committee and the Professional Conduct Committee. The GOsC is responsible and accountable for the operation of these committees, but their decision-making is independent of the GOsC Council.

The committees operate as panels, which typically have three or five members to consider complaints and referred cases.

The committee members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

Investigating Committee

The role of the Investigating Committee is to carry out the initial investigation of a complaint against an osteopath, which may allege: unacceptable professional conduct; professional incompetence; or matters relating to the osteopath's physical or mental ill health.

During 2019-20, members of the Investigating Committee were:

Name	
Adam Fiske	Osteopath
Sue Gallone	Lay
Paul A Grant	Lay
Caroline Guy (resigned March 2020)	Osteopath
Catherine Hamilton-Plant	Osteopath
Eleanor Harding	Lay
Linda Hawkins	Lay
Laura Heskins	Lay
James Hurden	Osteopath
Jay Ruddock	Osteopath
Penny Sawell	Osteopath
Jacqueline Telfer	Lay
Debbie Watt	Osteopath
Tamsyn Webb	Osteopath
Brian Wroe (Chair)	Lay

Health Committee and Professional Conduct Committee

The role of the Professional Conduct Committee is to hear cases concerning serious unacceptable conduct, incompetence or convictions and, where the Committee finds any such case proved, to impose an appropriate sanction on the osteopath concerned.

The role of the Health Committee is to consider cases in which an osteopath is alleged to be in poor physical or mental health and, if the allegation is upheld, to take appropriate action in the interests of the public and the osteopath.

Members are appointed to serve on both the Health and Professional Conduct Committees, although each committee has its own Chair.

During 2019-20, members of the Health and Professional Conduct Committees included:

Name	
Tom Bedford	Osteopath
Alastair Cannon	Lay
Claire Cheetham	Osteopath
Colin Childs	Lay
Richard Davies – Chair	Lay
Philip Geering	Lay
Helena Greenwood	Osteopath
Barry Kleinberg	Osteopath
Rama Krishnan	Lay
Morag MacKellar	Lay
Kenneth McLean	Osteopath
Abby Mulholland	Osteopath
Nora Nanayakkara	Lay
Colette Neville (resigned 17 July 2019)	Lay
Dr Pamela Ormerod	Lay
Mark Osbourne	Lay
David Propert	Osteopath
Andy Skelton	Lay

The GOsC Executive Team

GOsC operations are managed day-to-day by the Chief Executive and Registrar and Senior Management Team and other staff.

The GOsC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise

GOsC advisers

Auditors

Crowe UK
St Bride's House
10 Salisbury House
London EC4Y 8EH

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

Our risks

The principal risks identified by the GOsC in 2019-20 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.
Delay to delivery of regulatory reform	Liaison with Department of Health and Social Care officials and other regulators, as well as internal review and contingency planning.
Equality, Diversity and Inclusion Action Plan does not ensure GOsC meets its Equality Act duties	Undertake audit to inform a full review of the GOsC's approach to equality, diversity and inclusion.
National emergency (pandemic) and impact on the exercise of our statutory functions	Robust remote working infrastructure supports home working and ongoing delivery of function, alongside coordinated approach with fellow healthcare regulators.

The first risk we have identified is around fitness to practise. Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases, notably financial, due to the expense of the process but also around the efficiency and timeliness of the cases being completed. While we are pleased that our fitness to practise activities are managed in a cost effective, timely and proportionate manner, our outdated legislation has encouraged us to think laterally and be innovative in fitness to practise reforms which can be implemented without recourse to legislative changes, such as our practice note on Standard Case

Directions which came into effect on 1 December 2019.

The Standard Case Directions have the overriding objective of enabling the GOsC to deal with cases fairly, justly and expeditiously in the public interest. Designed to ensure that cases are progressed in a timely way, for the benefit of the osteopath and in the public interest, the Standard Case Directions set out the steps that should be followed by the GOsC, and by the osteopath and their legal representative, to prepare for a case to be heard by the Professional Conduct Committee.

This links to the second risk identified which is the delay to the delivery of regulatory reform. In the past year, the UK and Devolved Governments published their response to the 2017 consultation ‘Promoting Professionalism; Reforming Regulation’. Since then, we have actively engaged with our fellow healthcare regulators and the Department of Health and Social Care, about the potential for Section 60 orders, which will streamline fitness to practise and governance arrangements. These welcome changes will modernise our outdated legislation and enable us to further enhance our commitment to patient safety.

The third identified risk is around equality, diversity and inclusion. Our Equality and Diversity Policy was updated in 2018 to reflect the requirements for the GOsC as a designated body under the Equality Act. In our work with the profession, patients and the public, our objectives are to:

- ensure our regulatory activities are fair and free from unlawful discrimination
- ensure that promoting equality and valuing diversity are reflected in the standards we set for the osteopathy profession
- promote equality of opportunity and access to the osteopathy profession
- communicate and engage with a diverse range of stakeholders in an accessible manner

- ensure high standards in the recruitment, development and ongoing work of staff and non-executives

We recognise that we need to enhance our work in this area, and we wish to undertake an audit to inform a full review of our action plan. However, this work has been temporarily delayed as we respond to the global pandemic. Our Equality and Diversity Policy is available on our website at: osteopathy.org.uk/equality-and-diversity

The fourth risk is the impact on our statutory functions of a national emergency, which is happening at the time of writing this report, with the coronavirus (COVID-19) global pandemic. The impact has the potential to be significant as to how the GOsC operates in the future and how the profession develops and evolves in the coming years. It is certain that future years will see the GOsC face financial pressures arising directly from the current pandemic, and Council members, who are also the charity trustees, are mindful of their responsibilities to ensure the GOsC remains a going concern. It is for this reason that Council members will ensure any decisions Council reaches are taken with the organisation’s best interests at heart, prioritising the future viability of the organisation so that it can deliver its statutory responsibilities.

6. Our work in 2019-20 – how we performed against our strategy

Strategic goal 1: We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare

Osteopathic Practice Standards

During 2019-20 we have undertaken a range of activities to support continued embedding of standards in our own statutory functions, education and practice.

The updated Osteopathic Practice Standards (OPS) were published in September 2018, and came into force a year later in September 2019, in accordance with the Osteopaths Act 1993. The updated Standards have been embedded into all of our statutory functions: education; registration; continuing professional development (CPD); and supporting osteopathic practice, in accordance with our standards and our fitness to practise functions (for example, the Hearings and Sanctions Guidance has been updated accordingly).

We undertook an extensive communication and engagement programme with the osteopathic profession in order to:

- make osteopaths aware that the updated OPS had come into force
- encourage osteopaths to read the OPS
- support ongoing use of the OPS
- support the overarching aims for the OPS, which are to encourage osteopaths to think, feel and behave in accordance with the OPS.

Central to implementation is helping the sector to embed the updated Standards. We continued to carry out extensive face-to-face and online engagement with stakeholders including osteopathic educational providers, students, educators, regional groups and CPD providers. In addition, we sent a printed copy of the updated Standards to every osteopath in September 2018, and then when they came into effect in September 2019, we sent every osteopath a letter and a pocket guide to the OPS. We published regular articles in the GOsC's magazine, *The Osteopath*, about those areas in the updated Standards that had been strengthened as a result of consultation, including: boundaries, safeguarding and candour. For example, in relation to safeguarding (Standard C4 of the OPS states: 'You must take action to keep patients from harm'), we published two articles in the March/April and May/June 2019 issues of *The Osteopath* magazine, exploring the guidance and highlighting the changes. This included the reference within the guidance to keeping up to date with current safeguarding procedures and complying with the law to protect children and vulnerable adults, and to the raising of concerns in relation to colleagues. In addition, the relevant OPS were highlighted in all relevant articles to help osteopaths to apply them in everyday practice.

As a further measure, the September 2019 issue of The Osteopath magazine, was a special reference edition focused on helping osteopaths to learn more about the OPS and how to use them as a framework for decision-making in their everyday practice. It included articles from various stakeholders including osteopaths and education providers plus a guide to the OPS website and examples of how osteopaths are using the OPS in their CPD.

Our implementation strategy included a focus on patients. We published a range of prototype resources to support patients and practitioners; these helped make explicit what is important to patients during a consultation to aid communication in accordance with the OPS. The article, 'Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision-making: A progress report' by some members of the GOsC's Professional Standards team: Fiona Browne, Steven Bettles, Stacey Clift and former GOsC Chief Executive and Registrar, Tim Walker, was published in the Journal of Evaluation in Clinical Practice in October 2019. (See: bit.ly/Wiley-Connecting)

To explore further the barriers and enablers to use of the OPS we worked with Professor Gerry McGivern and Professor Tina Kiefer of Warwick University to update their 2014 research. This research work was completed in March 2020 and the results are due to be published next year.

In spring 2020, the impact of the COVID-19 pandemic was beginning to be felt. We reviewed the OPS in the context of a highly infectious communicable disease and

determined that additional guidance about practice was required in the context of infection control. This guidance was published in March 2020 and then further updated in response to subsequent government announcements.

Continued implementation and evaluation of the continuing professional development scheme

It is important that all osteopaths remain up to date and fit to practise.

Our continuing professional development (CPD) scheme comprises 90 hours of CPD undertaken over a period of three years, a minimum of 45 hours of this must be learning with others. The scheme includes the following components:

- CPD relevant to the full range of osteopathic practice. This means covering the four themes of the Osteopathic Practice Standards (OPS) and the breadth of the registrant's osteopathic practice (for example, clinical, teaching, research or management/leadership).
- Undertaking at least one objective feedback activity to support CPD and practice (for example case-based discussion, patient feedback, clinical audit or peer observation).
- Undertaking CPD in relation to communication and consent.
- Maintaining a record of CPD activities and reflections.
- Peer Discussion Review

The scheme is patient-focused, requiring specific CPD in the area of communication and consent, an area which features in patient concerns. The Peer Discussion Review

(PDR) is the central component of the CPD scheme as it brings together features of the new scheme and consolidates the impact on the osteopath's practice through a discussion or dialogue with a peer (either an osteopath or other health professional) to be undertaken before the end of the three-year cycle. This provides assurance of practice, allowing the osteopath to complete one CPD cycle and to move on to the next.

We produced a pack specifically to be sent to osteopaths as they moved into their first three-year CPD cycle, providing resources and information to help them participate in the CPD scheme. The pack included a 'Your Guide to the New CPD Scheme' booklet and a pocket reference guide (cpd.osteopathy.org.uk/yourguide).

In response to feedback, we updated existing resources and created new ones to support osteopaths to undertake the CPD scheme. We updated a series of workbooks: Planning your CPD; Keeping CPD records; Case-based discussion; Patient feedback; Communications and consent; and Peer observation. We produced a wide range of new resources including: visuals, templates, case studies and infographics. This year we also published a decision tree: a graphic to support osteopaths in selecting a peer and to help osteopaths decide which objective activity is best suited to them and their practice.

The case studies we have produced have particularly focused on ways for osteopaths to

connect for their CPD, including via regional and local groups, and how to set up new virtual or face-to-face groups. Other case studies provided practical guidance for objective activities, and practising and preparing for the Peer Discussion Review, as this is a new element of the scheme.

An extensive programme of evaluation is underway to measure the impact of our CPD scheme, to ensure that any risks around its introduction are mitigated, and the intended benefits of the scheme are realised.

This year we published an independent evaluation strategy commissioned to strengthen our approach to assurance. We also considered the results of our third longitudinal CPD evaluation survey which provides a good source of data in relation to context, process and outcome. Findings showed: an increase in activities in the area of communication and consent and an increase in osteopaths who are linking CPD to the four themes of the OPS. Osteopaths who have undertaken an objective activity were shown to be much more likely to undertake another objective activity (which suggests that osteopaths are finding the objective activities beneficial); and many osteopaths are undertaking CPD with their local groups and also with other health professionals. Peer Discussion Review and objective activities, two of the new elements of the scheme, were reported as being the least well understood aspects of the scheme.

The survey findings have enabled us to target our communications to support osteopaths where they needed it most, including a refresh of our CPD website to help registrants find the information they need and make the requirements clearer. We also published an issue of The Osteopath magazine focusing on communication and consent, and articles throughout the year which included: planning CPD; osteopath case studies on objective activities; a guide to keeping CPD records; and a series responding to and answering the most frequently asked questions about the CPD scheme. The National Council of Osteopathic Research report, 'Types of Concerns Raised about Osteopaths and Osteopathic Services in 2013-2017' (osteopathy.org.uk/concerns-report-2018), published in October 2019, showed some potential impact on concerns as a result of

the new CPD scheme. Reported concerns from patients are at their lowest rate since data began being collected in 2012/13. However, the report still shows that concerns predominantly relate to communication and consent, showing that our continued focus on this area is still appropriate.

Additional data sources collected to support our programme of evaluation include: registrant data analysis; our third CPD evaluation survey; concerns and complaints data; patient feedback; and feedback from osteopaths through our online webinars, face-to-face engagements and other forms of communication (email, phone or via social media). We also undertook two focus groups for new registrants to help to understand their preparedness for practice in the context of the introduction of the CPD scheme.

Strategic goal 2: We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise

Quality assuring osteopathic education

During 2019-20 we commenced our review of the Guidance for Osteopathic Pre-registration Education which will also include Standards for Training. The review aims to provide a realistic and comprehensive set of outcomes to be met by graduates, demonstrating an ability to practise in accordance with the Osteopathic Practice Standards (OPS). Our review will take into account developments within the profession and the changing needs and expectations of patients, while seeking to ensure that graduates are well placed to meet the opportunities afforded by the inclusion of osteopaths as Allied Health Practitioners in England.

During 2019-20 we worked with the Council for Osteopathic Educational Institutions and the educational providers to support the development of osteopathic educators. The purpose of this work is to support the identification, promotion and dissemination of good practice in osteopathic education and the building of a community of educators in osteopathy across osteopathic educational providers, by promoting opportunities for learning together and sharing good practice.

Quality Assurance has been a critical focus for the work of the GOsC Council and the Policy Advisory Committee this year, maintaining the integrity of the Register by

ensuring that only students meeting the OPS are awarded a recognised qualification, entitling the holder to apply for registration.

The Policy Advisory Committee has considered our approach to strengthening our quality assurance process, scrutinising the levels of assurance that our current method provides. This includes reviewing quality control procedures and strong governance, which focuses on the effective identification, management and monitoring of issues and seeks feedback from the Committee to inform our approach to risk moving forward. This has included:

- Agreement to analysis and consideration of an extended Annual Report focusing on additional areas including: governance; management of areas of development; the implementation of the OPS; data about educators; equality, diversity and inclusion data; and student protection plans. The findings will inform further development of our quality assurance framework next year.
- The removal of recognised qualification expiry dates for two education providers enabling more flexibility in terms of visits but also more transparency in terms of an agreed and published action plan.

- Reviewing current mechanisms for assurance provided by the existing method, including feedback from the external examiner thematic review.
- Mechanisms for continuing to monitor the quality of osteopathic education including: appraisal and training of Education Visitors; periodic quality assurance reviews; agreeing changes to the Annual Report; collecting and analysing data; disseminating findings, feedback and good practice to the sector; monitoring action plans, conditions and requirements.
- Development of a draft risk profile to help ensure that responses to changes in risk at educational providers are consistent and explicit.

In March 2020, we also published additional statements about the approach to osteopathic education during the coronavirus pandemic.

Finally, we undertook a major procurement exercise to contract some of our quality assurance activities to an external provider. The selection process will conclude during the next financial year.

Strategic goal 3: We will build closer relationships with the public and the profession based on trust and transparency

Communicating and engaging with stakeholders

Communication and engagement play an important role in our work, in explaining what we do and embedding our standards, and also in understanding public and patient needs and ensuring that registrants are provided with appropriate support and information.

In 2019-20 we consulted publicly on:

- Practice Note: Rule 19 Cancellation of Hearing
- Revisions to the Registration Assessment process
- Guidance on the arrangements and procedure for restoration hearings
- Guidance on insurance requirements for osteopaths

In all our consultations we seek to involve a full range of internal and external stakeholders, through extensive engagement activities including patients, using a range of approaches such as: workshops, focus groups, surveys and one-to-one meetings.

This year we have undertaken a significant amount of engagement with our stakeholders, including both in local face-to-face meetings across the country and through online webinars, to help embed and support practice in accordance with our standards and to support development with the CPD scheme.

We have been strengthening our engagement with patients to work towards developing a co-production model that will allow us to better understand and reflect the patient perspective. It will also help us to ensure that we meet our core objectives of protecting, promoting and maintaining the health, safety and well-being of the public by enabling us to improve our guidance for patients and the public.

We recognise that patients can make a real difference in helping to raise the level of attention given to the experience of care, alongside clinical effectiveness and safety. We have liaised with David Gilbert, Patient Director Sussex MSK Partnership, a pioneer in the concept of patient leaders, to see how we can learn from his experience and implement that learning at the GOsC.

During the year, we started to test different models for recruiting patients to take part in engagement activities. We reached out to our local Healthwatch in Southwark (Healthwatch England is a statutory body for voicing the concerns and views of health and social care users), and to the Patients Association (a charity supporting the rights and interests of patients and their families), to promote our approach and use their channels for recruitment. To support and encourage this recruitment, we produced a range of

promotional materials which could be displayed in osteopathic clinics and downloaded from our patient online hub (osteopathy.org.uk/patient-voice).

We continued to publish the registrant magazine, The Osteopath, six times in the year, with special editions focusing on aspects of the new CPD scheme and the Osteopathic Practice Standards (OPS), along with monthly ebulletins for registrants. Social media particularly Facebook and Twitter continue to grow in the important role they play in our communication work, with each channel having over 2,600 and 2,800 followers respectively in 2019-20. Both channels played a key role in our promotion of the independent survey on regulation, our annual CPD evaluation survey, and to provide updates on other areas of our work.

We meet regularly with a wide range of stakeholders including: local and regional groups; educational providers; special interest groups; regulators; researchers; and others; as well as making presentations at a number of national conferences. For example, we attended the Professional Standards Authority Welsh Regulatory Conference held at the Principality Stadium in Cardiff, in February 2020. We also engaged with osteopaths at various locations across the UK when we participated in roadshows run by the professional membership body, the Institute of Osteopathy, which took place in Coventry, Bristol, Manchester, Perth and Maidstone.

Welsh language

We are required under the Welsh Language Act 1993 to publish a Welsh Language Scheme and to report annually to the Welsh Language Commissioner, which we did in November 2019. Our scheme, which provides that in the conduct of public business in Wales we will treat the English and Welsh languages equally, was approved by the Welsh Language Board in 2011. We report annually to the Board on its implementation.

Along with other regulators we continue to be engaged in dialogue with the Welsh Language Commission and Welsh Government on proposed new Welsh Language Standards.

We have ensured that the OPS, which came into force in 2019, was made available in Welsh and also promoted other resources available in the Welsh language.

Promoting equality and diversity

We have an Equality and Diversity policy in place which sets out our objectives. These are to:

- Ensure the GOsC's regulatory framework is fair and free from discrimination.
- Promote professional values to protect a diverse public.
- Promote equality of opportunity and access to the osteopathy profession.
- Ensure a system of governance for the GOsC which supports equality and diversity and ensures high standards in the recruitment and employment of staff.

In support of these aims, we collect a range of data across our work so that we can ensure our work does not pose any barriers to those who may hold a protected characteristic. All members of staff and all members of the governance structure undertook an online training course on equality and diversity, they also undertook another course on wellness/well-being. In addition, we held a Council training day half of which was dedicated to equality and diversity and unconscious bias. All fitness to practise panellists are trained in unconscious bias, an important feature given the nature of the decisions they make in undertaking their work.

Throughout February 2020, we used our social media platforms to promote awareness of LGBT+ History Month. For the duration of the month, we changed our GOsC profile picture on all social media platforms to a temporary design of the GOsC logo featuring the rainbow flag. We also promoted the LGBT+ History Month website through a series of posts; the February edition of our monthly ebulletin to osteopaths; and in our GOsC staff email signatures.

We used our social media channels to promote our participation in the #TimeToTalk mental health awareness campaign, also in February 2020.

Strategic goal 4: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective

Protecting the integrity of the Register

The integrity of the statutory Register of osteopaths is fundamental to protecting patients and the public. We ensure that only osteopaths who are qualified are entered onto and remain on the Register, which means that when looking for an osteopath on our searchable Register at: osteopathy.org.uk/register-search patients and the public can have confidence that they have found a registered healthcare practitioner.

A key component of access to the Register is meeting our standards. For UK graduates, demonstrating the meeting of our Osteopathic Practice Standards (OPS) is confirmed by the award of the ‘recognised qualification’ by their education provider, which is quality assured by us.

For those graduates who qualified in the UK, they need to demonstrate to the Registrar their good health and good character, which includes obtaining an Enhanced Check for Regulated Activity (formerly a Criminal Records Bureau check).

Internationally qualified graduates demonstrate that they meet the OPS in a different way, through individual assessment

of competence. This may include consideration of qualification, further evidence of practice questionnaire and assessment of clinical performance. For osteopaths with European rights, this will involve demonstrating no substantial difference to the OPS through consideration of qualification and education, training and lifelong CPD.

This year, following consultation, we updated our route to registration for internationally qualified registrants to ensure that the updated OPS were implemented from September 2019. The consultation concluded in early 2019 and the updated registration assessments were approved by Council in July 2019.

To further enhance the robustness of the Register’s integrity, this year we entered into an arrangement with an organisation which can verify qualifications issued in either the UK or internationally. The Osteopathic Education Institutions can undertake primary source verification for those who wish to join their courses and the GOSc can use the system for those who wish to apply for registration.

Osteopathic educational providers offering recognised qualifications

British College of Osteopathic Medicine

College of Osteopaths

European School of Osteopathy

London College of Osteopathic Medicine
(For medical doctors only)

London School of Osteopathy

North East Surrey College of Technology

Swansea University

University College of Osteopathy

University of St Mark and St John
(Plymouth Marjon)



The number of registered osteopaths has grown in 2019-20. There were 287 new or returning registrants to the Register.

Place of training	Number joining the Register
British College of Osteopathic Medicine	37
College of Osteopaths	24
European School of Osteopathy	41
London College of Osteopathic Medicine	3
London School of Osteopathy	20
Oxford Brookes University	1
North East Surrey College of Technology	25
Swansea University	33
University College of Osteopathy	100
Overseas providers	3
Total	287

As at 31 March 2020, there were 5,439 osteopaths registered with the GOsC.

Gender	Number
Male	2,667 (49%)
Female	2,772 (51%)
Total	5,439

Geographical location of the Register	Number
England	4,656
Northern Ireland	29
Scotland	162
Wales	144
Rest of world	448
Total	5,439

Our team of Registration Assessors, all of whom are qualified, registered osteopaths, undertook a total of 31 registration assessments in 2019-20

Type of assessment	Number
Non-UK qualification assessment	7
Further evidence of practice assessment	4
Assessment of clinical performance	3
Return to practice interview	17
Total	31

We continue to seek to improve our registration processes for osteopaths and to raise awareness of the importance of the Register. One of the activities that we undertake in order to protect the integrity of the Register is taking action against individuals who appear to be practising without registration. We review the websites of all those who have left the Register and, where necessary, it is usually sufficient to remind them that they must remove references to osteopathic practice.

In addition, we respond to concerns raised with us about potential illegal practice. Not all concerns raised with us require action, but in 2019-20 we sent out 67 'cease and desist' letters and we resolved 47 cases. Two prosecutions were commenced in this period for using the osteopathic title while not registered with the GOsC, contrary to section 32(1) of the Osteopaths Act 1993. On 15 January 2020, Mr Habib Chharawala appeared at Westminster Magistrates' Court and pleaded guilty to one count of using the osteopathic title while not registered with the GOsC, contrary to section 32(1) of the Osteopaths Act 1993. Mr Chharawala was fined £1,000 plus a victim surcharge of £100 and ordered to pay costs of £657.70 to the GOsC. In the other case, the matter was set down for summary trial in April 2020 and has now been postponed because of the COVID-19 pandemic.

Fitness to practise

In 2019-20, we received 110 concerns. Of these, 52 were made formal.

During the course of the year, the GOsC's Investigating Committee reached a final decision in 40 cases. Of these, 26 were referred to a full hearing of the Professional Conduct Committee; in the other cases, it was determined that there was no case to answer.

Over the course of the year, the Professional Conduct Committee concluded 24 cases; in 13 of those cases, a sanction was imposed against the osteopath.

The majority of cases arise from complaints made by patients or other members of the public. We are required to report annually on the number of cases that arise as a result of protected disclosures made by 'whistle blowers' and our Handling Whistleblowing Concerns Policy can be found on our website at: osteopathy.org.uk/whistleblowing-concerns. We aim to ensure that all our investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of complaints is 26 weeks, and 52 weeks for the conclusion of the entire process.

Sanctions imposed in cases considered by the Professional Conduct Committee 2019-20	Number of cases
Admonished	3
Conditions of practice	1
Suspended	8
Removed	1
Total	13

From April 2018, the Professional Standards Authority for Health and Social Care has required that we report from the point when a concern is received by the GOsC, rather than from when a concern is opened as formal. Notwithstanding these changes, in 2019-20, the median time for investigating a complaint was 26 weeks, and the median time for concluding a hearing by the Professional Conduct Committee was 63 weeks.

As part of our ongoing reform programme we have been continuing to explore options and implement reforms which we consider could improve and modernise our fitness to practise processes and improve patient protection, but which do not require a change to our primary legislation, the Osteopaths Act. The purpose of these changes has been to further enhance transparency and consistency in outcomes.

In November 2019, Council approved the new KPIs/targets for all pre-Investigating Committee cases. This followed comprehensive review being undertaken of existing published fitness to practice KPIs and

internal timescales and how we measure them in light of the threshold criteria, initial closure procedure and our practice note on Standard Case Directions, which apply to all cases referred by the Investigating Committee after December 2019.

Operational efficiency, effectiveness and performance

In 2019-20 we have once again maintained the current level of fees paid by registrants and we continue to maintain a focus on seeking efficiency savings across all our functions.

We were pleased that the Professional Standards Authority for Health and Social Care, which reviews the work of all the healthcare professional regulators annually, was able to report that in 2019-20 the GOsC met all its standards of good regulation – for the tenth year in a row. This year the performance review included new standards of good regulation assessed against a new evidence framework.

7. Looking ahead: key activities for 2020-21

The Business Plan for 2020-21 set out an ambitious programme of work matched against the GOsC's four strategic goals. However, our work will be impacted by the coronavirus pandemic, and so we will need to prioritise the delivery of our statutory responsibilities. The Business Plan headlines include:

Strategic goal 1:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.

- We will continue to support and empower registrants to meet the requirements of the continuing professional development (CPD) scheme.
- We will evaluate CPD and Osteopathic Practice Standards (OPS) implementation data to inform our work.
- We will continue to support research, including into the concerns prevalent to osteopathic care.
- We will learn from our fitness to practise processes and consult on new guidance as appropriate.

Strategic goal 2:

We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.

- We will work with the education sector to identify challenges it might be facing.
- We will review our quality assurance method including completing the quality assurance tender process.
- We will continue to embed the OPS within education provision and within student communities.

Strategic goal 3:

We will build closer relationships with the public and the profession based on trust and transparency.

- We will work with patients, registrants and others to promote awareness, accessibility and usability of the Register and continue to improve, modernise and promote coherence across our communications channels and products to ensure that they are accessible and engaging.
- We will aim to increase the number of patients in the reference group including the diversity of patients.
- We will collect feedback from those involved in our fitness to practise process.

Strategic goal 4:

We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

- We will comply with our statutory rules and legislation.
- We will enhance our approach to equality, diversity and inclusion.
- We will develop our capacity for using data more effectively.
- We will utilise IT to streamline our processes and work.

8. Financial report and accounts for 2019-20

The financial report for the year 2019-20 is the third since the GOsC became a registered charity.

Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a deficit of £111,045. This was caused by an investment loss arising from stock market volatility which happened in late March 2020. Had the stock market not been adversely impacted by the COVID-19 pandemic, the GOsC would have recorded a surplus.

At the year-end, total income was £2,961,729. Registration fee income accounted for £2,893,347 and represented approximately 98% of total income. Registration fees have once again been maintained at their current level. The remaining income came from areas such as advertising sales for The Osteopath magazine and bank and investment interest.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £2,927,732 after designated spending, which included expenditure of £25k on the implementation of the new continuing professional development scheme.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into four main areas:

Education and professional standards

Quality assuring osteopathic educational providers continues to be a fundamental element of the work undertaken in this area, alongside the development and implementation of the new continuing professional development scheme. We incurred costs of £122k in the year.

Registration

Registration costs remained broadly consistent with the expenditure from the prior year. Total non-staffing costs were £25k and included registration assessment costs and associated expenditure for the training and appraisal of registration assessors.

Fitness to practise and legal

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of the GOsC's expenditure.

In 2019-20 total expenditure in this area decreased to £837,411 from £905,327 in the previous year. This included costs of the Investigating Committee, which were £56,941, with the Professional Conduct Committee incurring expenditure of £376,714.

Communications, research and development

Costs of communications and engagement activities were higher this year at £480,891 compared to £454,750 in the previous year. The cost of producing The Osteopath magazine, £73,477, remains the highest area of spend in this area. The overall cost also includes the provision of free access to research journals for osteopaths and an

allocation to infrastructure costs for the National Council for Osteopathic Research.

Administration and overhead costs

Other GOsC cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, and administering the GOsC Council and committees, which are essential functions for the discharge of our statutory duties.

Governance

Governance costs relate to Council members' allowances, committee expenses, appraisals and the recruitment of new members.

In 2019-20, governance costs were slightly lower than the previous year. Within governance costs was the levy on all healthcare professional regulators for the costs of the Professional Standards Authority for Health and Social Care; the GOsC paid a levy of £14,534.

IT infrastructure

This year saw a focus on ensuring the GOsC IT infrastructure was secure and fit for purpose. Expenditure on IT reflects the cost of the GOsC Register, the customer relationship management system and other office services.

Administration and establishment

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank interest and investment charges and depreciation. This year there is a significant investment loss which is accounted for in this section.

Staffing costs

Staffing is the biggest single component of the GOsC's expenditure. In 2019-20 staffing costs, including recruitment and development, totalled £1,492,964 compared to £1,435,297 in the previous year. The in-year spend represented 49% of overall expenditure.

Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. Council reviews the reserves position on an annual basis. The reserves position for 2019-20 is set out as follows.

The Balance Sheet shows total funds of £2,496,796. All of the GOsC funds are unrestricted.

General Reserves total £2,314,703 which represents a decrease of £260,640 over the previous year.

The Council has considered the areas in which it feels it has the greatest financial risk and these are:

- increased volume of complaints
- judicial reviews or legal appeals
- uninsurable losses, eg data protection fines
- unforeseen increase in quality assurance activity.

Having considered these risks and the possible financial impact should they materialise; Council has concluded that it would be prudent to hold reserves within a target range of £350k – £700k.

At the end of the financial year 2019-20, the Council is holding reserves equal to £573,815, which has been calculated as follows:

	£
Funds held	2,496,796
Restricted funds	–
Designated funds	(182,093)
Operational fixed assets	(1,740,888)
Funds remaining	573,815

Operational fixed assets is the total of the tangible and intangible assets of the GOsC.

Reserves are currently within the target range. The trustees have been monitoring, and will continue to monitor, the financial impact of the COVID-19 pandemic on the GOsC. The trustees have concluded that the accounts should be presented on a ‘going-concern’ basis.

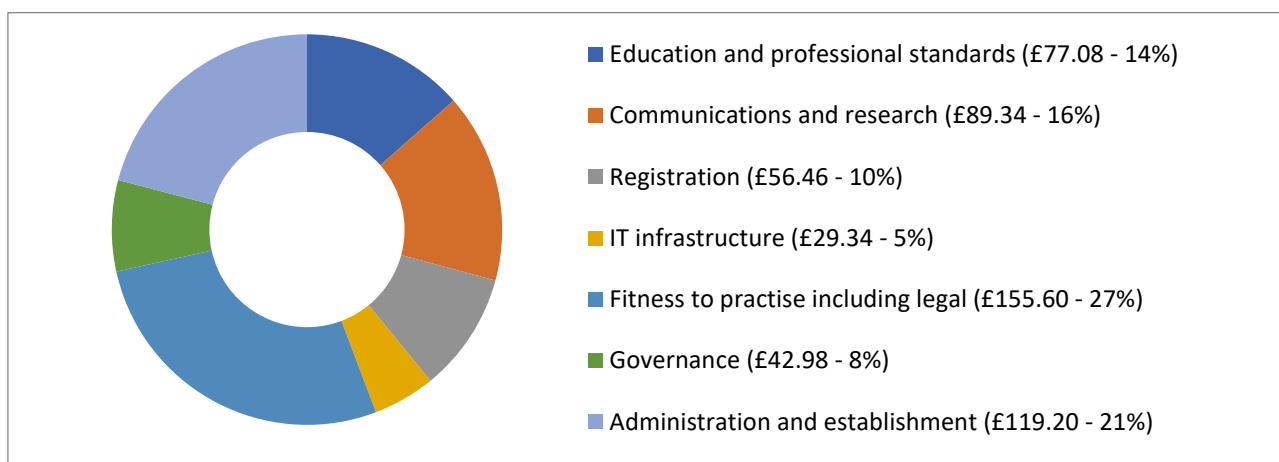
Investment strategy

Investments are valued at market value as at the date of the Statement of Financial Position (Balance Sheet). Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short term working capital.

The GOsC has an investment of £1,010,777 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset.

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount of spend on each GOsC function in 2019-20:



Statement of Council's responsibilities

Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. The Osteopaths Act 1993 requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable laws).

Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GOsC will continue in business.

Council is responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC, and that enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

Council is also responsible for safeguarding the assets of the GOsC and takes reasonable steps to assess and manage risk, undertake non-financial audit activities of the GOsC's work, and ensure the prevention and detection of fraud and other irregularities. Council has appointed an independently chaired Audit Committee to support it in this work.

Approved by Council on 9 July 2020 and signed on their behalf by:

Dr Bill Gunnyeon
Chair

Independent auditor's report to the trustees of the General Osteopathic Council

Opinion

We have audited the financial statements of General Osteopathic Council for the year ended 31 March 2020 which comprise the Statement of Financial Activities, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2020 and of its incoming resources and application of resources, for the year then ended;

- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK)

(ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic

decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: frc.org.uk/auditors-responsibilities

This description forms part of our auditor's report.

Crowe UK LLP
Statutory Auditor
London

Statement of Financial Activities

Year to 31 March 2020	Notes	2020 £	2019 £
Income from			
Charitable activities	2	2,942,804	3,047,849
Investments	3	18,925	19,338
Total		2,961,729	3,067,187
Expenditure on			
Charitable activities	4	2,927,732	2,989,271
Total expenditure		2,927,732	2,989,271
Net income/(expenditure) before gains/(losses) on investments		33,997	77,916
Net gains/(losses) on investments		(145,042)	15,737
Net (expenditure)		(111,045)	93,653
Reconciliation of funds			
Total funds brought forward		2,607,841	2,514,188
Total funds carried forward	13	2,496,796	2,607,841

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

All income and expenditure is unrestricted.

Balance sheet

As at 31 March 2020	Notes	2020 £	2019 £
Non-current assets			
Intangible assets	8	14,707	25,433
Tangible assets	8	1,726,181	1,783,535
Investment (portfolio)	9	1,010,777	571,845
Total Non-current assets		2,751,665	2,380,813
Current assets			
Debtors	10	378,003	550,733
Investments (120-day bond)		-	584,819
Cash in bank and at hand		325,628	183,059
Total current assets		703,631	1,318,611
Current liabilities			
Creditors: amounts falling due within 1 year	11	(958,500)	(1,091,583)
Total current liabilities		(958,500)	(1,091,583)
Net current liabilities/assets		(254,869)	227,028
Net assets		2,496,796	2,607,841
Represented by:			
Unrestricted funds:			
Designated funds		182,093	32,498
General funds		2,314,703	2,575,343
Total funds		2,496,796	2,607,841

Approved and authorised for issue by the members of Council on 09 July 2020 and signed on their behalf by:

.....
 Dr Bill Gunnyeon
 Chair

Cash Flow Statement

Year to 31 March 2020	Notes	2020 £	2019 £
Reconciliation of net (expenditure) to net cash flow from operating activities:			
Net (expenditure) for the reporting period (as per the statement of financial activities)		(111,045)	93,653
Depreciation		78,154	63,111
Losses/(gains) on investment		145,042	(15,735)
Dividends, interest and rents from investments		(18,925)	(19,338)
Decrease/(increase) in debtors	10	172,730	(175,508)
(Decrease)/increase in creditors	11	(133,083)	128,595
Net cash provided by/(used in) operating activities		132,873	74,778
Cash flows from investing activities			
Dividends, interest and rents from investments		18,925	19,338
Purchase of investments		(12,661)	(11,538)
Sale of investments		13,506	6,451
Purchase of tangible and intangible fixed assets	8	(10,074)	(75,302)
Net cash (used in) investing activities		9,696	(61,051)
Change in cash and cash equivalents in the reporting period		142,569	13,727
Cash and cash equivalents at the beginning of the reporting period		183,059	169,332
Cash and cash equivalents at the end of the reporting period		325,628	183,059
Cash and cash equivalents at the end of the reporting period		325,628	183,059
Cash at bank and in hand		325,628	183,059

Notes to the financial statements – Year to 31 March 2020

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with ‘The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland’ Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a ‘public benefit entity’ under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud-based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

Computer software	5 years
-------------------	---------

Tangible fixed assets

All assets with a useful economic life of more than one year, and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

Freehold building	50 years
Office furniture	5 years
Office equipment	3 years
Computer hardware	3 years

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income, for registration fee income this is over the period of one year from the date the individual was first entered onto the Register. Investment income including bank interest income is accounted for as earned.

Investment

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short term working capital and the intention is for that cash to be held to generate a return for in excess of 12 months.

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance

of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Going concern

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements. The trustees have been monitoring, and will continue to monitor, the financial impact of the coronavirus pandemic on the GOsC. The trustees have concluded that the accounts be presented on a going concern basis.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2020 £	2019 £
Registration fees	2,893,347	2,843,667
Total	2,893,347	2,843,667

Other income

	2020 £	2019 £
Magazine and leaflets	23,650	22,350
Performance assessments	11,665	5,280
Recoverable costs	11,998	1,187
Miscellaneous	2,144	575
Business Rate refund	-	174,790
Total	49,457	204,182

	2020 £	2019 £
Total income from charitable activities	2,942,804	3,047,849

3. Income from investments

	2020 £	2019 £
Interest from investments	14,192	19,338
Total	14,192	19,338

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct costs £	Support costs £	2020 £	2019 £
Charitable activities				
Education and professional standards	414,903	160,310	575,213	576,922
Registration	303,913	284,996	588,909	541,782
Fitness to practise	837,411	240,466	1,077,877	1,208,592
Communications and research	480,891	204,842	685,733	661,975
Total	2,037,118	890,614	2,927,732	2,989,271

5. Support costs

	Management £	Governance £	Admin £	IT £	Total 2020 £	Total 2019 £
Support costs						
Education and professional standards	53,885	28,808	58,922	18,695	160,310	162,177
Registration	95,797	51,213	104,751	33,235	284,996	288,313
Fitness to practise	80,829	43,211	88,384	28,042	240,466	243,265
Communications and research	68,853	36,810	75,291	23,888	204,842	207,225
Total	299,364	160,042	327,348	103,860	890,614	900,980

Support costs (IT, Governance and Administration and Establishment) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2020 £	2019 £
Governance costs		
Council members fees (including National Insurance)	97,735	97,789
Other governance costs including expenses	83,951	65,983
Total	181,686	163,772

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £95,250 including responsibility allowances (2019 – £95,250). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £10,330 (2019 – £15,338)

Name	Position	Location	Honorarium £	National insurance £
Alison J White	Chair	Hertfordshire	25,500	2,329
Sarah Botterill	Member	Wales	7,500	–
John Chaffey	Member	Hertfordshire	7,500	–
Elizabeth Elander	Member	Cheshire	7,500	–
Dr Bill Gunnyeon	Member	Scotland	9,750 ¹	156
Simeon London	Member	Scotland	7,500	–
Dr Joan Martin	Member	Northern Ireland	7,500	–
Haidar Ramadan	Member	London	7,500	–
Dr Denis Shaughnessy	Member	Hampshire	7,500	–
Deborah Smith	Member	Bedfordshire	7,500	–
Total			95,250	2,485

¹Includes a responsibility allowance of £2,250 paid as Chair of the Policy Advisory Committee
The Osteopaths Act 1993 allows for the remuneration of Council members.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £306 was paid to members of the Investigating Committee and the Professional Conduct Committee when attending GOSC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day and a screening fee of £12.50 per case screened. Members of these committees claimed daily attendance fees which totalled £119,804 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £56,196.

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Policy Advisory Committee; Audit; and Remuneration and Appointments Committees, when attending GOSC meetings. Co-opted members of these committees claimed daily attendance fees of £8,982 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £5,912.

Net expenditure after charging

	2020 £	2019 £
Net expenditure for the year stated after charging		
Fees paid to Crowe UK (net of VAT)		
- External audit	15,000	14,250
Depreciation of assets	78,154	63,111

7. Employees and staff costs

Staff costs during the year were as follows:

	2020 £	2019 £
Staff costs		
Salaries	1,206,369	1,118,747
Employer's National Insurance	125,603	118,313
Pensions	106,969	99,425
Total	1,438,941	1,336,485

In the financial year 2019-20, redundancy and severance costs of £61,981 (2019 - £nil) were incurred.

	2020	2019
Average staff numbers		
Chief Executive and Registrar's office	3	3
Education and professional standards	4	4
Registration and resources	6	7
IT	1	1
Fitness to practise	7	6
Communications	6	5
Total	27	26

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar⁵, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £444,923 (2019 – £443,140).

The total number of staff whose emoluments fell into higher salary bands was:

	2020	2019
	£	£
£70,000 – £80,000	1	2
£80,000 – £90,000	1	1
£90,000 – £100,000	1	0
£110,000 – 120,000	1	0
£120,000 – £130,000	0	1

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, was £106,969 (2019 – £99,425).

⁵ The Acting Chief Executive and Registrar previously held the post Director of Registration and Resources until 23 September 2019. The comparative figures for 2019, and the six months from April to September include the employment costs of the Director of Registration and Resources.

8. Intangible and Tangible Fixed Assets

Intangible assets

	Total £
Cost	
At 1 April 2019	279,856
Additions	-
Disposals	-
At 31 March 2020	<u>279,856</u>
Depreciation	
At 1 April 2019	254,423
Charge for the year	10,726
Disposals	-
At 31 March 2020	<u>265,149</u>
Net book value	
At 31 March 2019	<u>25,433</u>
At 31 March 2020	<u>14,707</u>

All intangible assets related to Computer Software.

Fixed Assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2019	18,208	105,007	49,951	2,244,172	2,417,338
Additions	-	4,686	5,388	-	10,074
Disposals	-	-	-	-	-
At 31 March 2020	18,208	109,693	55,339	2,244,172	2,427,412
Depreciation					
At 1 April 2019	17,551	53,521	16,329	546,402	633,803
Charge for the year	259	12,642	16,341	38,186	67,428
Disposals	-	-	-	-	-
At 31 March 2020	17,810	66,163	32,670	584,588	701,231
Net book value					
At 31 March 2019	657	51,486	33,622	1,697,770	1,783,535
At 31 March 2020	398	43,530	22,669	1,659,584	1,726,181

9. Investments

	2020	2019
	£	£
At the start of the year	571,845	551,021
Investment addition	584,819	-
Income reinvested	12,661	11,538
Fees taken	(13,506)	(6,451)
Gain/(loss)	(145,042)	15,737
Total portfolio	1,010,777	571,845

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities (£441,441), bonds (£225,288) and other assets including cash (£344,048).

10. Debtors

	2020	2019
	£	£
Trade debtors	244,708	234,874
Prepayments and accrued income	120,012	303,381
Other debtors	13,283	12,478
Total debtors	378,003	550,733

11. Creditors

	2020 £	2019 £
Trade creditors	81,604	128,140
Deferred income	798,288	813,762
Accruals	40,438	100,471
Other creditors	407	16,061
Other tax and social security	37,763	33,149
Total creditors	958,500	1,091,583

12. Deferred income

	2020 £	2019 £
As at 1 April	813,762	793,727
Amount deferred during the year	798,288	813,762
Amount released to the financial statements	(813,762)	(793,727)
Total deferred income	798,288	813,762

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

13. Reserves

	At 1 April 2019	Income	Expenditure	Transfer	At 31 March 2020
	£	£	£	£	£
Reserves					
General fund	2,575,343	2,956,996	(3,042,636)	(175,000)	2,314,703
Designated fund					
• CPD	32,498	-	(25,405)	100,000	107,093
• IT investment	-	-	-	75,000	75,000
Total funds	2,607,841	2,956,996	(3,068,041)	-	2,496,796

The designated funds relate to the implementation of the new continuing professional development (CPD) scheme (£107,093) and investment in IT to streamline our activities (£75,000).

Prior year comparative

	At 1 April 2018	Income	Expenditure	Transfer	At 31 March 2019
	£	£	£	£	£
Reserves					
General fund	2,443,346	3,082,924	(2,950,927)	-	2,575,343
Designated fund	70,842	-	(38,344)	-	32,498
Total funds	2,514,188	3,082,924	(2,989,271)	-	2,607,841

14. Related party transactions

There were no related party transactions in the year.



General
Osteopathic
Council

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