



General
Osteopathic
Council

Annual Report and Accounts

2021-22



General Osteopathic Council

Annual Report and Accounts 2021-22

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

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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 2022 there were 5,471 osteopaths registered with the GOSc.

2. Chair's statement



While the pandemic has continued to present challenges for every organisation, I am optimistic that we can now look positively to the future, as we work together to develop our new strategic direction whilst maintaining our high regulatory standards for the benefit of patients and osteopaths.

It is hard to believe that I am already halfway through my term as Chair of the General Osteopathic Council (GOsC). When I became Chair, I did not anticipate that the first 18-months of my term would be without in-person meetings, with the Council and GOsC staff team meeting virtually using remote technologies. It was a great pleasure therefore in the Autumn of 2021 to be able to bring Council members back together for in-person meetings and to see some colleagues in-person for the first time since their appointment. At the same time, we were fortunate to have been able to continue to discharge our regulatory responsibilities effectively throughout the pandemic and I want to pay huge tribute to all the GOsC team and all my fellow Council members and the members of our various Committees, for their dedication and support throughout this period.

The end of this reporting year saw the departure of one of our Council members who stepped down at the end of her eight-year term of office. Dr Joan Martin, Council member for Northern Ireland, made a huge contribution to the work of Council and of the Policy and Education Committee. On behalf of Council, I want to express sincere thanks to Joan for all her hard work and support and to wish her well with her future endeavours.

This year I have led several governance appointments campaigns across our governance structure but in particular, I would like to draw osteopaths' attention to our new Council Associate scheme. This innovative scheme provides a developmental opportunity for osteopaths to shadow Council, to gain new skills, and to develop a better understanding of how governance works in practice. Congratulations to Shireen Ismail and Harriet Lambert, our very first Council Associates. We will be recruiting for our next Council Associate in the coming year and if you are interested, I would encourage you to think about applying.

As a statutory healthcare regulator our role – which is to regulate and develop the profession – is set out in legislation and our underpinning rules. We have therefore been actively engaged in the work of the Department of Health and Social Care (DHSC) as they look to modernise the legislation of all healthcare regulators. These reforms would streamline how regulators work and remove much of the prescriptive detail within legislation which would mean regulators could operate with greater agility and more cost effectively. As the Chair of a regulator which has outdated and overly prescriptive legislation, I would welcome reform and I hope that a clear timetable for when these changes might happen for GOsC will be forthcoming.

The performance of the GOSc is overseen by the Professional Standards Authority for Health and Social Care (PSA) and I am delighted once again that, in the reporting year, the GOSc passed every one of the PSA's Standards of Good Regulation. This impressive record does not happen by accident and is a result of strong partnership working between Council and the staff team. It is very important, however, that we don't become complacent and to this end, during the year we undertook activity to assess our own performance. This highlighted several areas for further development which we will be focussing on but especially the need to think strategically about our future direction as a regulator in an ever-changing world.

Finally, as I look to the year ahead, I feel optimistic about the future. The Council will be commencing work very soon on developing a new Strategy which will set the direction for the GOSc through to the end of this decade. Council is committed to ensuring the new strategy is informed by the views of, and understood by, osteopaths, patients, and our wider stakeholders. This is an exciting opportunity for us all and I look forward to updating you on progress over the coming months.

Dr Bill Gunnyeon CBE
Chair of Council
14 July 2022

3. Chief Executive and Registrar's introduction



Protection of the public is our primary objective. This is best achieved by working in partnership and through supporting professionals to deliver high-quality care. This has been a strong theme in our work this year.

Once again the year has been dominated by the impact of the global pandemic which continues to require everyone to embrace change, new ways of working and to grapple with uncertainty.

The pandemic has shone a light on inequalities across a range of settings particularly in the health, education and social sectors, and we continue to see the impact of COVID-19 on the NHS through the waiting list backlogs and the fatigue and mental health strain on those individuals on the front line.

I recognise that osteopaths have also been impacted in this way as they have been adjusting to new ways of working through the continued implementation of infection control procedures. Your dedication to your patients continues to be inspiring to me and my team at the GOsC.

And now, while the pandemic has clearly not gone away, the spectre of rising inflation and the cost of living crisis is front and centre of the news. This was very much in the thinking of Council when it considered the annual registration fee. Recognising that the profession will be impacted by the cost of living, Council once again – for the eighth successive year – froze registration fees for every osteopath.

While we cannot guarantee that we will always be able to maintain fees at their current level, I am pleased that we have been able to provide some support to the profession by not increasing the financial burden of regulation this year.

Throughout the year, we have continued to provide a range of support to the profession. For example, we have held a number of myth-busting webinars around the concerns and complaints process and to make our work more understandable. We look forward to carrying out more of these webinars in the coming year. We recognise the complaints process can be a difficult experience for all parties and we are committed to continuing to provide the Independent Support Service for osteopaths and patients which is administered by Victim Support.

At the beginning of the year we issued a joint-communication with colleagues from the Advertising Standards Authority to reaffirm the standards expected when advertising osteopathy to ensure the protection of patients and the public. We recognise we are part of a wider system and that we work in partnership with others to ensure our approach to regulation is truly patient-centred. We see this as a model of collective regulation and we will continue to adopt this approach into the future.

As part of that approach, we have been working with colleagues to develop our new Graduate Outcomes and Standards for Education and Training which will support the future generation of osteopaths to deliver high-quality care as they enter the profession. And colleagues have been actively engaged with current osteopaths through a range of focus groups and webinars including aspects of the continuing professional development scheme and the development of our Equality, Diversity and Inclusion pilot.

Demonstrating our ongoing commitment to matters of Equality, Diversity and Inclusion I am delighted to report that Council agreed

to co-fund an important piece of research which will provide us and the osteopathic education providers with insights into Under-Represented Groups Experiences of Osteopathic Education and Training. This reflects our recognition that a profession which is diverse and which more closely reflects our society is a stronger profession.

Matthew Redford

Chief Executive and Registrar

14 July 2022

4. Our strategic goals

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2022.

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 Strategic 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).

As at 31 March 2022, the members of Council were:

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

Brief biographies of 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 and Education Committee; the Audit Committee; and the Remuneration and Appointments Committee.¹

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 and Education Committee

The Policy and Education Committee (PEC) fulfils the statutory role of the Education Committee under section 11 of the Osteopaths Act 1993.

The role of the PEC 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 (OPS) 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.

During 2021-22, members of the PEC included:

Committee members	
Daniel Bailey	Osteopath
Sarah Botterill	Lay
Professor Deborah Bowman (Chair)	Lay
Elizabeth Elander	Osteopath
Dr Joan Martin	Lay
External members	
Dr Marvelle Brown	Lay
Bob Davies	Osteopath
Professor Raymond Playford	Lay
Nick Woodhead	Osteopath

¹ The name of the Remuneration and Appointments Committee was changed to the People's Committee effective from 1 April 2022.

In addition, four organisations are invited to send observers to the meeting: the College 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 2021-22, members of the Audit Committee included:

Council members	
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 (RaAC) 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 2022, the Committee oversaw the recruitment process of:

- registrant member of the Investigating Committee and lay member of the Professional Conduction Committee
- lay member of the Audit Committee
- 2 registrant members for the position of Council Associate
- lay Chair of the Health Committee.

The Committee also oversaw the reappointment of:

- 1 member of the Professional Conduct Committee.

During 2021-22, members of the RaAC included:

Council members	
Dr Bill Gunnyeon (Chair)	Lay
Caroline Guy	Osteopath
Simeon London	Osteopath
Dr Denis Shaughnessy	Lay
External member	
Kate Husselbee	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	PEC	RaAC
Dr Bill Gunnyeon	4/4			3/3
Daniel Bailey	4/4		5/5	
Sarah Botterill	4/4		5/5	
Professor Deborah Bowman	3/4		4/5	
Caroline Guy	4/4			3/3
Elizabeth Elander	4/4		5/5	
Simeon London	4/4			2/3
Dr Joan Martin	3/4		4/5	
Dr Denis Shaughnessy	4/4	2/3		2/3
Deborah Smith	4/4	3/3		

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 concerns and referred cases.

The committee members are appointed by Council following a public recruitment process and under the guidance of the Remuneration and Appointments Committee.

Investigating Committee

The role of the Investigating Committee is to determine whether there is a case to answer against an osteopath, which may relate to an allegation of: unacceptable professional conduct; professional incompetence; a conviction or matters relating to the osteopath's physical or mental ill health.

During 2021-22, members of the Investigating Committee were:

Name	
Adam Fiske	Osteopath
Sue Gallone	Lay
Paul A Grant	Lay
Catherine Hamilton-Plant	Osteopath
Eleanor Harding	Lay
Linda Hawkins	Lay
Laura Heskins	Lay
James Hurden	Osteopath
Jay Ruddock	Osteopath
Penny Sawell	Osteopath
Helena Suffield-Thompson	Lay
Debbie Watt	Osteopath
Tamsyn Webb	Osteopath
Brian Wroe (Chair)	Lay

Health Committee and Professional Conduct Committee

The role of the Professional Conduct Committee (PCC) is to adjudicate at a hearing, cases concerning serious unacceptable conduct, incompetence or convictions and, where the Committee finds any such allegation well founded, to impose a sanction on the osteopath concerned.

The role of the Health Committee (HC) is to consider cases in which an osteopath is alleged to be in poor physical or mental health and, if the allegation is well founded, 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 2021-22, members of the Health and Professional Conduct Committees included:

Name	
Tom Bedford	Osteopath
Alastair Cannon	Lay
Claire Cheetham	Osteopath
Colin Childs	Lay
Melissa D'Mello	Lay
Helena Greenwood	Osteopath
Andrew Harvey – PCC Chair	Lay
Rasilla Jassal	Lay
Barry Kleinberg	Osteopath
Rama Krishnan	Lay
Morag MacKellar	Lay
Kenneth McLean	Osteopath
Abby Mulholland	Osteopath
Nora Nanayakkara – HC Chair	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 and General Counsel

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 2021-22 (along with key mitigating actions) arose in the following areas:

Risk area	Mitigating actions
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. Risk assessments developed using Government Guidance around reopening of Osteopathy House as a COVID-secure workplace.
Strategic ambitions undermined by pressures on sustainability	Close monitoring of income and expenditure allowing Council to consider strategic priorities.
IT infrastructure not able to support GOsC activity and/or future transformation programme	Independent IT audits to assess approach to IT security. Planned upgrade of GOsC registrants database with enhanced integration to website.
Volume and complexity of fitness to practise cases	Comprehensive and consistent quality assurance review mechanisms alongside continuous programme of training for panel members.

National emergency (pandemic) and impact on the exercise of our statutory functions:

During 2021-22 we continued to monitor the risk around the impact on our statutory functions of a national emergency, such as the coronavirus (COVID-19) global pandemic. The impact was significant and we were keen to ensure we learned lessons from the pandemic to ensure we faced any future challenges from a position of strength.

In relation to our statutory functions, we undertook several risk assessments at an organisation and team level. These include ensuring Osteopathy House is a COVID-secure working environment for our staff and visitors.

The risk assessments informed work to upgrade the ventilation system within Osteopathy House which took place during 2021-22. We have also maintained our social distancing measures within the office to keep our staff and visitors safe.

Strategic ambitions undermined by pressures on sustainability:

Our second risk is linked very much to the first – that our strategic ambitions are undermined by pressures on sustainability.

The pandemic exposed a number of challenges with how our legislation requires us to work. The most significant is that we

do not have a single point in time when everyone on the Register is required to renew their registration, with registrations happening each month of the year. This means we have limited certainty as to whether those who are due to renew their registration will indeed renew.

This poses a major challenge – what would happen if there was a substantial change to the composition of the Register?

While there was no significant change to the composition of the Register during the pandemic, and indeed, we have seen those osteopaths who were non-practising return to work, our mitigation is to continue to provide frequent reports to Council and to ensure that we closely monitor income and expenditure data.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

The third risk relates to our IT infrastructure and the risk that it does not provide us with the security we require or that legacy systems prevent us from undertaking our work efficiently and effectively.

To mitigate these risks we have undertaken IT audits including around our security infrastructure and we will be further investing in this area during the year ahead, with the intention to obtain Cyber-Essentials Plus.

Additionally, we are undertaking an upgrade of our registration database which is an old system and which poses a short to medium term risk if left. We have a staff working group focused on this upgrade project and we are mitigating risks by using external expertise as well as expertise from our Audit Committee.

Volume and complexity of fitness to practise cases:

Our final risk is around fitness to practise. Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. The risk is 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.

During the year we have consulted on formalising interim guidance we developed at pace during the opening months of the pandemic. We expect this to inform and future proof how we operate hearings in a hybrid manner, ie some hearings in-person, some online.

6. Our work in 2021-22 – 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

This year we continued our focus on implementation of the Osteopathic Practice Standards (OPS), our core standards of conduct, ethics and competence for osteopaths and osteopathic practice developed in partnership with osteopaths, patients and other stakeholders.

We did this through provision of updated guidance and resources, ongoing listening, advice and facilitation for osteopaths to continually highlight the importance of the standards and embedding them into everyday practice. This included providing advice about the application of the OPS in practice in a range of different contexts to support individual osteopaths to exercise their own professional judgement.

As part of the application of the OPS in practice, we continued to update our infection control guidance in the context of the ongoing pandemic, and in response to changes to national public health guidance in the four nations so that it could be applied to the osteopathic context.

We developed guidance on the application of the OPS in relation to adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths and published this for consultation. We plan to finalise this work later in 2022.

We reviewed the ‘Acting as an expert or professional witness - Guidance for healthcare professionals’ published by the Academy of Medical Royal Colleges and agreed that this was consistent with our own Standards and Guidance.

As highlighted in the Chief Executive and Registrar’s introduction, we published a joint message with the Advertising Standards Authority and the Committee of Advertising Practice to reaffirm the standards expected when advertising osteopathy to ensure protection of patients and the public.

We focused on development of additional resources related to the establishment and maintenance of safe professional boundaries in clinical practice, including communication and consent in the context of therapeutic touch. As part of this work we developed a [series of scenarios](#) exploring ethical issues arising in a range of potential clinical and other situations. Individual scenarios were published and promoted monthly and aimed to prompt osteopaths to use the OPS to support decision making. Osteopaths were encouraged to consider their own reasoning and narrative and then compare these with our published responses to support development of understanding about the application of

professional judgement, guidance and advice. The scenarios have been used with regional groups and in other settings to promote discussion about the application of the OPS in complex scenarios.

On a group level, we undertook a series of mostly online sessions, with groups of osteopaths based across the UK on topics including communication and consent, issues arising out of clinical practice through case-based discussions, giving and receiving feedback and we facilitated and supported reflections on how continuing professional development links back to the OPS.

Engagement with osteopathic students was also important with the opportunity to undertake workshops introducing at the earliest opportunity, concepts of regulation, trust, professional responsibility, professional values and principles, and the OPS.

Continued implementation and evaluation of the continuing professional development scheme

We continued to undertake an ongoing evaluation of the aims of the continuing professional development (CPD) scheme.

It is intended that through this engagement process, we will reduce the potential for professional isolation and that osteopaths will gain personal and professional support, building a larger community and network to support ongoing practice in accordance with the OPS. Longer term aims include increased quality of care and reduced concerns and complaints as well as ongoing practice in accordance with the OPS.

Our ongoing CPD evaluation uses a range of data and information to assess progress against the aims of the scheme. Key findings included that the scheme is being well implemented; osteopaths are practising in accordance with the OPS and, overall, concerns and complaints have reduced, although concerns relating to the Professionalism theme of the OPS remain an area for continued focus. There also remains evidence of gaps with osteopaths making insufficient recording of reflections.

In response to these findings additional support and resources for professionalism have been published. We have continued to support and enhance understanding of reflection including through blogs and provision of examples. Further we have continued our series of larger and smaller scale webinars to support osteopaths to complete the scheme including a focus on objective feedback and case-based discussion as well as Peer Discussion Review and we have included discussion around reflection within these.

We have undertaken a series of drop-in 'Question and Answer' CPD sessions with osteopaths to provide support including one hosted by the professional membership body, the Institute of Osteopathy.

We continue to check any unintended barriers to ongoing participation and completion of the cycle for osteopaths with specific protected characteristics as part of our ongoing equality impact assessment. We have seen that taken together most sources of data show that there continues to be no definitive evidence of an adverse impact of the scheme for those with specific

protected characteristics. However, there is a suggestion of more of a challenge evidencing reflection in older osteopaths and of more difficulty in completing the scheme for osteopaths on our Register who are based outside the UK. We will continue to explore additional mechanisms to support these groups as part of our telephone interviews and ongoing one-to-one support.

Understanding the barriers to implementation of our standards

We have continued to use the findings from the 2020 follow-up survey by Professor Gerry McGivern of Warwick Business School, University of Warwick, which explored the implementation of the OPS.

We used the findings to thematically analyse our CPD Evaluation Survey. We reported our findings in May 2021 and we noted that the analysis suggests that the majority of osteopaths want to comply with the scheme, but we also saw a growing group of osteopaths that are anxious about regulation. This was seen most noticeably in relation to the OPS and new components of the CPD scheme: objective activity, Peer Discussion Review, and reflection. This anxiety is then increased quite considerably when viewed through an additional lens of the impact of the pandemic.

In response to this, we have produced additional resources in these areas and also undertaken a review of our communications in relation to completing the scheme. This has helped us to identify misunderstandings about completing the CPD scheme and to provide reassurance.

We have targeted communication to those renewing their registration and also updated our website to provide these key messages.

In response to insight suggesting an increased number of concerns in the area of establishing and maintaining safe professional boundaries, we commissioned medical ethicist Professor Julie Stone to update the 2017 thematic review of boundaries in undergraduate and pre-registration education. The review was asked to consider the impact of a changing social, political and cultural climate and the context within which osteopathic education sits. This review is due to be published in 2022-23.

Data and insight activities

This year we began to develop our data and insight strategy and capacity to make better use of the data we hold to inform our activities.

This included ongoing evaluation of our fitness to practise data and our concerns and complaints work that we undertake jointly with the National Council for Osteopathic Research (NCOR), the professional membership body the Institute of Osteopathy and the osteopathic insurers. This is an annual report, prepared by NCOR, which helps us to see trends in concerns over time so we can feed this into our education, standards, guidance and CPD activities enabling us to take action to avoid harm. In 2021-2022, we published the [NCOR report data from 2013 to 2020](#).

Findings included:

- Significant reduction in complaints and concerns (103 osteopaths compared to a 7-year mean of 153, and 115 concerns compared to a 7-year mean of 274 (including false/misleading concerns), although this is likely due to a reduction in practice.
- Notable areas of concerns and complaints related to COVID-19:
 - Complaints about ‘conduct bringing the profession into disrepute’ (13 compared to a 7-year mean of 6)
 - Not controlling the spread of communicable diseases (6 compared to a 7-year mean of <1)
 - Health of the osteopath to deliver care (4 compared to a 7-year mean of 2)
- Persisting areas of complaints were those relating to ‘sexual impropriety’ (14 compared to a 7-year mean of 12) and ‘conducting a personal relationship with a patient’ (5 compared to a 7-year mean of 4).
- Failure to communicate effectively had the second highest number of concerns and complaints but was well below the average for previous years.

We continue to use this insight to take action in relation to all areas of concerns. For example, we issued a [statement about communicating with patients about the COVID-19 vaccination](#) reminding osteopaths of the requirements in the OPS and that ‘discussions with patients about

vaccines are based upon credible and legitimate sources of public health information such as the [NHS website](#) or the [Medicines and Healthcare products Regulatory Agency website](#).’

A cross-organisational project focusing on establishing and maintaining professional boundaries is aiming to increase knowledge and skills of osteopaths in this area, to help osteopaths to understand ‘professional behavioural norms’ and also helping osteopaths to understand different perspectives on breaches of boundaries. This has included focus groups and engagement with patients about the impact of boundaries which has informed our Thematic Review due for publication later in 2022.

It is worth reflecting on the impact this Complaints and Concerns report has had on our regulatory work since its development and implementation by NCOR, Professor Dawn Carnes and the GOsC team in 2013. It was the first project of its kind in the regulatory landscape to collect data about concerns beyond that held just by the regulator, and has been instrumental in informing the development of our CPD scheme and other policies and communications to drive up standards.

It is significant, also, that concerns have continued to reduce over the period since the data has been collected (even taking into account the impact of the pandemic). It is suggested that this is because the report enables us to tackle areas of concern at an earlier stage.

However, we are not complacent. It is imperative we continue to target effective regulatory responses to the findings which require feedback from osteopaths and patients, as well as continual consideration of context to continue to have impact and to protect patients.

As part of our data and insight strategy, we are beginning to better understand the impact of our activities on osteopaths with specific protected characteristics. Further information about this is set out below in the section on equality, diversity and inclusion.

Development

We work collaboratively with the sector as part of the Osteopathic Development Group (ODG) and also with individual organisations. This year, in partnership with Professor Dawn Carnes from the National Council for Osteopathic Research, we facilitated the ODG to explore a new strategy for the sector. This work is ongoing.

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

Setting standards for education and training and outcomes for graduates

A key piece of work was the development and consultation on the Guidance for Osteopathic Pre-registration Education. This document set out the draft outcomes that graduates must meet before being awarded a 'recognised qualification' entitling them to apply for registration with the General Osteopathic Council and practise as an osteopath. This work sets the baseline for assuring the standards of entry to the osteopathic Register, ultimately maintaining the integrity of the Register.

The consultation also set out, for the first time, the GOsC's own Standards for Education and Training for education providers. In the past, GOsC had relied on the UK Quality Code for Higher Education set by the Quality Assurance Agency, however, a change to that external regulatory context provided a driver to move the GOsC's quality assurance framework to align more with those of other health professional regulators. Having specific standards for education and training will also be a key component of a more risk-based approach to quality assurance.

The consultation draft took into account changes in the environment since the Guidance for Osteopathic Pre-registration Education was first published in 2015. For example, in addition to traditional models of osteopathic practice, there was now an increased focus on multi-professional teams and different professions working

more closely together across the UK. This ensures graduates are well placed to meet the opportunities to care for patients in different contexts afforded by the inclusion of osteopaths as Allied Health Practitioners and consistency with outcomes set for other regulated health professionals by health professional regulators across the UK. Preliminary issues were identified in the pre-development phase with a variety of stakeholders and the consultation itself explored views on issues raised throughout the development process, including:

- patient partnership and values
- knowledge and skills outcomes
- research outcomes
- leadership, management and education outcomes, and options in relation to each of these
- business skills
- models of healthcare
- clinical hours and experience, and how these might be met
- common ranges of clinical presentation
- how common ranges of osteopathic approaches to treatment are referenced
- whether equality, diversity and inclusion issues are sufficiently woven through the outcomes
- mechanisms of implementation

In relation to the Standards for Education, issues explored were:

- equality, diversity and inclusion, as referenced within the standards.
- student, patient and public involvement in programme design
- standards around ‘speaking up’ in relation to learning culture
- whether the standards sufficiently address the meeting of students’ diverse needs
- the requirement to provide a varied and diverse clinical experience
- staff support, training and development standards
- patient safety and well-being at the centre of osteopathic education

We engaged with and received responses from a wide variety of stakeholders and found the consultation responses were broadly supportive. Matters raised for the Graduate Outcomes for further consideration post consultation included:

- even more emphasis in the applicability of the outcomes for a diverse range of clinical settings and pathways
- more reference to the distinctiveness of an osteopathic approach, and the types of techniques and approaches to treatment that might typically be included within a recognised qualification programme.
- the academic level of some of the outcomes in the consultation draft related to research
- the appropriate level for leadership and management outcomes

- whether there should be more emphasis on outcomes to allow flexibility of delivery or whether clinical hours should be further defined to explain what a clinical hour is
- emphasising principles and outcomes for inclusive practice rather than specific examples which detracted from the principle of inclusion
- specific inclusion of first aid principles and explicit application of these

Matters raised for further consideration post consultation in relation to the Standards for Education and Training included:

- enabling supervision of osteopathic students by other regulated health professionals as well as by osteopaths
- further emphasis on safeguarding for patients

These matters will be considered by the Policy and Education Committee and Council during 2022 with publication and implementation also planned for 2022.

Quality assuring osteopathic education

We recognised three qualifications awarded by one osteopathic educational provider without an expiry date subject to the approval of the Privy Council in accordance with the provisions of the Osteopaths Act 1993. In addition, our statutory Education Committee:

- considered three qualification renewal specifications, appointments for Visitors or recommendations for renewal to Council

- considered evidence in relation to conditions or requirements set by the Committee in relation to four osteopathic educational providers
- considered the annual report analysis in relation to eight osteopathic educational providers
- made recommendations to Council to remove the expiry date for two osteopathic educational providers

A significant piece of work for the Committee's approach to quality assurance during this time related to a pilot, in partnership with eight osteopathic educational providers of the draft Standards for Education and Training to inform the consultation of these and the Committee's risk based approach to quality assurance. The pilot was agreed in spring/summer 2021 and concluded in spring 2022. Regular support was provided and feedback sought throughout the pilot and the findings informed the consultation on the draft Standards for Education and Training and the ongoing performance assessment of the osteopathic educational providers.

Overall, the Standards for Education and Training were felt to be helpful and appropriate and supported a reflective approach. The initial level of detail required was felt to be onerous, however, this will be taken into consideration as the process is updated into 2022 and it is expected that the burden will reduce as the Standards for Education and Training are finalised.

Quality assurance provider

We continued to work with Mott MacDonald our independent quality assurance provider. During 2021-22 activity undertaken included recognised qualification visits in relation to three osteopathic educational providers in accordance with the provisions of the Osteopaths Act 1993; training and review for Visitors; development of assessment framework and annual report analysis for the draft Standards for Education and Training pilot undertaken by eight osteopathic educational providers; and the facilitation of a quality assurance development workshop with the statutory Education Committee and GOsC staff.

Future sustainability of the profession

We commissioned Middlesex University to undertake modelling work to better understand the future shape of the Register drawing on student enrolment and progression data and entries and resignations from the Register to better inform sector strategy about future development. We will explore the findings of this research in 2022.

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

Involving patients

In 2021-2022 our patient engagement strategy aimed at creating a co-production model of engagement. This has led to more meaningful inclusion of the patient voice in policy and strategy development.

We have created a framework for involving patients which includes personalised induction and feedback sessions before and after participation, ongoing engagement and check-ins and a range of dedicated patient engagement policies together with training for staff to support engagement and ensure safe boundaries.

Key highlights have included launch of the GOsC Patient Involvement Forum in May 2021, which has 28 members to date. The patients who have joined the Forum have a diverse range of protected characteristics including age, disability, race, religion and sexual orientation. And, in November 2021, we were invited along with a member of our Patient Involvement Forum, to open the first day of the Professional Standards Authority for Health and Social Care's virtual three-day symposium to highlight the work we've been doing to involve patients in osteopathic regulation.

During 2021-22 patients have informed a wide range of our work including:

- Draft adjunctive therapies guidance consultation
- Equality, Diversity and Inclusion Framework for 2021-24

- Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training Consultation
- Boundaries Thematic Review project

We are continuing to work alongside our osteopathic educational providers' patient leads and patients to promote further embedding of public and patient involvement in osteopathic education. We hope to report on this work during 2022-23. Our patients now feel confident to offer feedback on the way we work more broadly and on topics beyond our specific projects. Unprompted, patients have provided feedback on our communications channels, suggested changes to the terminology we use and shared ideas for improvements to our patient engagement strategy. This is important as it suggests that we are moving beyond informing patients and patients informing us, towards engagement and dialogue which is promoting deeper learning.

We have recommenced our project in partnership with the Collaborating Centre for Values Based Practice based at St Catherine's College, Oxford, with Professor Bill Fulford and Professor Ashok Handa, to begin the process of publishing, promoting and evaluating our values resources to support shared decision making between patients and osteopaths. We hope to demonstrate further progress on this in next year's annual report.

Communications and engagement strategy

This year saw the continued implementation of our Communications and Engagement Strategy for 2021-24 which marks a shift from broadcast communications to an increased focus on insight and ‘listening’ to our stakeholders, ranging from the diversity of osteopaths to the public and patients, as well as other stakeholders. It is grounded within the context of our core statutory functions and aims to help us build trust in our regulatory approach and to support the GOsC to deliver on its overarching goals.

The strategy has three aims:

- promote trust
- be timely and responsive
- be a forward looking regulator

We have used a variety of mechanisms for communications and engagement including the final issue of The Osteopath magazine, ebulletins, blogs, news stories, website updates, meetings, webinars, videos, animations and social media. We launched our new look monthly news ebulletin in January 2022 taking into account feedback received from our recent survey.

We have looked at the wider health sector and society in order to ensure our communications and engagement approach takes account of the wider context.

To support this approach, we have developed a process of systematising the sharing of insight across the organisation, through the production of an activity matrix.

This is examined on a regular basis by the Senior Management Team to ensure that we are identifying and acting on any gaps or issues that arise across the whole organisation including the insights we have gained from our engagement and listening to help inform next steps.

Some of the changes we have made this year as we implement the Communications and Engagement Strategy are:

- increased our focus on listening to osteopaths: we have reached out to osteopathic regional groups who have told us they would like further support in relation to particular aspects of the CPD scheme. This resulted in an increased range of CPD resources and engagement with the regional groups including an increased number of interactive sessions to support implementation of the CPD scheme including on consent and communication, case-based discussion and Peer Discussion Review.
- identified challenges in relation to the CPD scheme leading to targeted communications to osteopaths as they came towards the end of their first three-year CPD cycle. Our aim was to help increase understanding of how to complete the scheme and reduce associated fears.
- improved the wording of our email requests for verification and assurance to better support osteopaths to understand what we are asking for, why we are asking for it and how to provide it, along with a refresh of the information on our website to increase engagement and reduce associated fears.
- redesigned our monthly ebulletin update to osteopaths, taking on board feedback from osteopaths to enable it to be more accessible and to promote engagement and feedback so we can continue to learn.

- increased our engagement with students. For the first time we have provided the opportunity for all students to access GOsC at the outset of their studies.
- launched a project to redesign and rebuild the o zone area of the website for osteopaths so they can find the information they need quickly and easily. This work will be user tested later in 2022.
- created a new Patient Information Forum web page and more accessible information for patients so they can learn more about us as a regulator and contribute their views.
- developed a new series of blogs authored by osteopaths about working together with other health professionals to better support the patient journey.
- continued to promote the importance of being a regulated health professional through promotion and provision of Registration Marks, personalised for osteopaths to enable patients to check their current registration status.
- systematised our horizon scanning function ensuring we regularly consider external reports and insights.

Key themes from these reports have informed our work including strengthening of the patient voice both within our work, a greater focus on equality, diversity and inclusion, and an increased focus on professional judgement and ethical decision making through boundaries scenarios.

Public consultations, communications and engagement

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

In 2021-22 we consulted publicly, on:

- Guidance for Osteopathic Pre-registration Education and the Standards for Osteopathic Education and Training
- Remote hearings guidance and protocol
- Adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths guidance on the application of the Osteopathic Practice Standards

Although originally necessitated by COVID-19 restrictions, we have continued to utilise online engagement as a part of our engagement strategy providing far wider access to our stakeholders and a choice of ways to engage.

As part of this we continued to promote and facilitate webinars to engage with osteopaths, students and stakeholders on a variety of topics. This included the second in our new series of Fitness to Practise webinars, allowing osteopaths to better understand how we handle fitness to practise cases and what they can expect from our procedures.

We plan to continue to increase our in-person engagement, particularly with regional groups and at stakeholder events during 2022.

Social media, particularly Facebook and Twitter, continue to grow in the important role they play in our communication work, with each channel having over 4,000 and 3,000 followers respectively. Both channels played a key role in providing updates on and signposting to key areas of our work. We launched our YouTube channel during this year, which has enabled greater access to some of our video content, resulting in over 1,700 views of our new animation on carrying out your Peer Discussion Review.

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 October 2021. 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 Commissioner and Welsh Government on proposed new Welsh Language Standards.

We have continued to ensure that the Osteopathic Practice Standards (OPS), which came into force in 2019, was available in Welsh together with other resources also available in the Welsh language. There is a 'Welsh spoken' feature on our Register which we have encouraged osteopaths to utilise.

Promoting equality and diversity

In 2021, we consulted on and published our new Equality, Diversity and Inclusion (EDI) Framework 2021-24 the aims of which are:

- Promote equity
- Value diversity
- Embrace inclusivity

These aims pervade all of our work and Council ensures that there is a focus on EDI throughout all of our work.

Consequently, as part of our data and insight strategy, this year we have focussed on equality, diversity and inclusion data and taken steps to enhance the data we hold about the protected characteristics of osteopaths. This is so we can better understand the impact of our regulatory activities on osteopaths with specific protected characteristics

During 2021-22, we have been working in partnership with osteopaths to understand more clearly, the barriers and enablers to providing information about protected characteristics to the regulator. This will help us better understand the experiences of discrimination and to refine our communication messages to inform a pilot survey to collect data from osteopaths. This pilot will inform Council on how best to collect and learn from this data.

Focus groups were held to refine the survey and the communication messages with the pilot survey being launched in early 2022. We plan to report the results and next steps later in 2022.

In addition, we are co-funding research (alongside the University College of Osteopathy, the Osteopathic Foundation and the Institute of Osteopathy) which is being undertaken by Dr Jerry Draper-Rodi, Director of the National Council for Osteopathic Research and Clinical Fellow at the University College of Osteopathy.

The aim of the research is to explore and describe the educational experiences of underrepresented groups within their osteopathic educational providers. It will present recommendations to enhance awareness of the barriers to equality and diversity and improve student experience and attainment.

As well as registrants, we also collect a range of data across our work so we can ensure no barriers are posed to those who may hold any protected characteristics in our staff and governance recruitment and in other functions.

All members of staff and all members of the governance structure undertake training on equality and diversity and during the year we have focused on maintaining well-being and wellness recognising the impact of the pandemic. All fitness to practise panellists are trained in unconscious bias, which is important given the nature of the decisions they make in undertaking their work.

Throughout October 2021, we promoted Black History Month on our social media channels and through the ebulletin. We held an internal staff workshop to watch 'Nursing Whilst Black: is history still with us?' by the Royal College of Nursing and to hold a

discussion session with staff afterwards to explore the issues raised, our personal responses and our learning for our own sector and organisation.

Throughout February 2022, we used our website and social media platforms to promote awareness of LGBT+ History Month to demonstrate our commitment as an inclusive organisation. Most notably, we did this by sharing a personal blog written by our Chief Executive and Registrar, Matthew Redford. 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 and we also promoted LGBT+ History Month website in 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 2022. For our staff, we made time to undertake virtual coffee breaks to facilitate space for discussions about this important area. We recognise that it is also important to support the profession and throughout the year, particularly through our ebulletins, we have promoted free well-being and wellness resources which are available for osteopaths. In addition we have commissioned a piece of work to explore health and well-being needs in the osteopathic sector and to begin to explore what solutions may need to be provided by the sector. We hope to publish this later in 2022.

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

The activities which are described in more detail in Strategic goals 1 to 3 are delivered in accordance with the values of Strategic goal 4, to be a regulator which is accessible, effective, innovative, agile, proportionate and reflective. Within this section of our report, we will set out activities not covered elsewhere within Strategic goals 1 to 3.

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. Further information on [the process for assessing international applicants](#) can be found on our website here.

Enhancing our infrastructure

During 2021-22, we have recommenced a significant project to upgrade our Register and our online registrant website to ensure the integrity of our infrastructure and also upgrade the website to ensure a better and more intuitive experience for registrants. This is a large cross-organisational project and it is planned that it will be completed during 2022/23.

Governance

This year we have introduced a new opportunity to support and develop osteopaths who are interested in understanding more about governance. The introduction of the Council Associates programme allows for two osteopaths to shadow Council and attend and contribute at meetings. This programme means that osteopaths will develop new skills which they can use to apply for future governance roles, either at the GOsC or elsewhere.

About the Register

The number of registered osteopaths has grown in 2021-22. There were 277 new or returning osteopaths to the Register.

Place of training	Number joining the Register
British College of Osteopathic Medicine	22
College of Osteopaths	30
European School of Osteopathy	54
Leeds Beckett University	1
London College of Osteopathic Medicine	1
London School of Osteopathy	21
Oxford Brookes University	1
North East Surrey College of Technology	16
Swansea University	26
The University of St Marks and St John (Marjon)	6
University College of Osteopathy	91
Overseas	8
Total	277

As at 31 March 2022, there were 5,471 osteopaths registered with the GOsC. This was a growth of 44 osteopaths which reflects the difference between those joining the Register and those leaving the Register.

Gender	Number
Male	2,665 (49%)
Female	2,806 (51%)
Total	5,471

Our team of Registration Assessors, all of whom are qualified, registered osteopaths, undertook a total of 31 registration assessments in 2021-22

Geographical location of the Register	Number
England	4,672
Northern Ireland	28
Scotland	160
Wales	153
Rest of world	458
Total	5,471

Type of assessment	Number
Non-UK qualification assessment	11
Further evidence of practice assessment	1
Assessment of clinical performance	1
Return to practice interview	18
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 2021-22 we sent out 30 'cease and desist' letters and we resolved 36 cases. There were two prosecutions as follows:

- Amanda Purcell was found guilty at Wigan Magistrates' Court on 21 June 2021, on two counts of using the osteopathic title while not registered with the GOsC. This is contrary to section 32(1) of the Osteopaths Act 1993. Ms Purcell received a conditional discharge for 12 months and was ordered to pay costs of £1,600 to the GOsC. She was also ordered to pay a Victim Surcharge of £21.
- Gerard Garrote was found guilty at Westminster Magistrates' Court on 5 May 2021, on one count of using the osteopathic title while not registered with the GOsC. This is contrary to section 32(1) of the Osteopaths Act 1993. Mr Garrote was fined £1,000 and ordered to pay costs of £960 to the GOsC. He was also ordered to pay a Victim Surcharge of £100.

Fitness to practise

The global pandemic continued to impact significantly on all parts of our business, and none more so than in the area of fitness to practise. Throughout the whole period of the pandemic and restrictions imposed, we continued to manage urgent hearings remotely, including hearings of interim suspension orders, reviews and some part-heard cases.

In December 2021, we conducted a general review of our Interim Remote Hearings Protocol to incorporate feedback, insights and build on the learning we have acquired since the beginning of the first lockdown in March 2020. We developed this understanding from:

- the experiences of participants of our remote and blended hearings
- carefully evaluating the experiences of remote hearings across other jurisdictions
- a literature review we conducted of existing protocols and guidance within other jurisdictions, including the civil and criminal courts, in particular the HMCTS (HM Courts and Tribunal Service) remote hearing evaluation of remote hearings during the COVID-19 pandemic, which was published in December 2021.

Because of the efficiencies and flexibility afforded by remote hearings, we anticipate that they will continue to be utilised for the foreseeable future, post pandemic. As a result of our review, we revised the Remote Hearings Guidance and Protocol which has been designed to set out a road map into

the future by providing the framework and our approach to managing remote hearings. A public consultation on this revised Remote Hearings Guidance and Protocol commenced in February 2021.

Sanctions imposed in cases considered by the Professional Conduct Committee 2021-22	Number of cases
Admonished	1
Conditions of practice	1
Suspended	4
Removed	2
Total	8

In 2021-22, we received 75 concerns. Of these, 49 were made formal.

During the course of the year, the GOsC's Investigating Committee reached a final decision in 26 cases. Of these, 17 were referred to a full hearing of the Professional Conduct Committee (PCC); in the other cases, it was determined that there was no case to answer.

Over the course of the year, the PCC concluded 19 cases; in 8 of those cases, a sanction was imposed against the osteopath (see table).

The majority of cases arise from concerns raised 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' The [Joint Regulators Whistleblowing Report 2021](#) can be found on our website.

We aim to ensure that all our investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of concerns is 26 weeks, and 52 weeks for the conclusion of the entire process.

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 2021-22, the median time for investigating a concern was 27 weeks, and the median time for concluding a hearing by the Professional Conduct Committee was 65 weeks.

On 29 March 2021, GOsC was granted permission to appeal to the Court of Appeal against the judgment of the High Court in the appeal case Wray v General Osteopathic Council [2020]. The appeal took place before the Court of Appeal at the Royal Courts of Justice in London on 14 October 2021. The reserved judgment was handed down on 17 December 2021.

Delivering a unanimous, wide-ranging judgment, Lord Justice Stuart Smith concluded that the Judge had erred in her interpretation of what happened before the Professional Conduct Committee (PCC). The judge in the High Court had concluded that the PCC's approach during the final hearing had been 'seriously irregular'. The Court of Appeal disagreed. His Lordship observed that the PCC had 'rightly afforded' the registrant the opportunity to put his case and present evidence. There was nothing unfair or wrong either in the questioning, or in the PCC's reliance on the answers given by the registrant.

GOsC submitted that the High Court judgment, if left unchallenged, would stand as authority that would require regulatory committees to not only disregard a 'conviction' where the sentence is a conditional discharge for the purposes of regulatory proceedings but that the facts underlying the conviction would also be disregarded in any future proceedings.

The Court of Appeal concluded that the Judge was wrong to say that the PCC had no proven facts or prosecution case before it and no factual evidence capable of adding up to criminal conduct at all.

In its judgment, the Court of Appeal agreed with the substance of the GOsC arguments that the High Court had been wrong to criticise the way in which the PCC heard the case. Their Lordships underlined the importance of PCC panels seeking information through questioning and set out that the procedure followed by the PCC had not in any way been irregular or unfair to the registrant.

However, overall, the GOsC is deemed to have lost the appeal. This is because the Court of Appeal concluded that the High Court, notwithstanding its errors, had been entitled to form its own view of the conduct that had been admitted by Mr Wray, and to overturn the PCC's finding that he was guilty of unacceptable professional conduct.

Therefore, the appeal before the Court of Appeal was dismissed on this basis and GOsC was ordered to pay costs of £22,805.

Part of our reform programme over the past several years has included the introduction of the '[Threshold Criteria for Unacceptable Professional Conduct](#)' and '[Initial Closure Procedure](#)' which have brought step changes in our processes in the initial stages of our investigations. Whilst all members of the Investigating Committee have received training on these processes, it is essential that the training is augmented by up-to-date, accessible guidance which continues to further support Screeners in their decision-making role. Following a public consultation, we introduced key changes to our [Screeners guidance](#) in May 2021, including:

- a separate section on the application of the initial closure procedure
- generally refreshing the guidance on how to apply and incorporate the threshold criteria
- a section on 'regulatory concerns' and the documents that will be considered by the Screener.
- a separate section on interim orders.
- a Screener decision making flowchart.
- adding an appendix on the Initial Closure Procedure, the Threshold Criteria for Unacceptable Conduct and an amended template Screener's Report.

To further enhance the transparency of our work, this year we commenced a series of online webinars which set out to explain and demystify the fitness to practise process.

During the Fitness to Practise live webinars we have shared insights on fitness to practise and sought to demystify our processes for the profession and the public. We were delighted to welcome over 110 attendees at the webinar in September 2021. The sessions have been interactive, enabling attendees to put questions to the presenters and topics have been wide-ranging, covering the work of the Investigating Committee and Professional Conduct Committee.

We also launched a new Fitness to Practise ebulletin, entitled Focus on Fitness to Practise, in August 2021.

In the first edition we focussed on how a fitness to practise case is handled from receipt of a concern from a complainant up to the conclusion of a case at a hearing. We also look at a recent case considered by the Professional Conduct Committee relating to an allegation of breaching professional boundaries. We also responded to some of the feedback and questions we had received from our FtP webinar in March 2021.

We met with Victim Support in December 2021 and agreed to rename the service we provide to all witnesses going through Fitness to Practise investigations to the 'Independent Support Service'.

We considered this would improve accessibility of the service which is for all service users including complainants and registrants. We have undertaken a number of joint activities with Victim Support to help

increase awareness of the service including arranging for Victim Support to attend and engage with delegates at our next webinar due to be held in May 2022; and rebranding the leaflet/poster for the service that Victim Support provides, making it clearer that the support service is independent.

Operational efficiency, effectiveness and performance

In 2021-22 we have once again maintained the level of fees paid by registrants and we continue to focus on seeking efficiency savings across all our functions. By holding registration fees at their same level for eight years consecutively, this represents a decrease in the fee in real-terms. Across that period, taking into account the effects of inflation, the GOsC has absorbed £250,000 of lost income.

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews the work of all the healthcare professional regulators annually, was able to report that in 2020-21 the GOsC met all its standards of good regulation – for the eleventh year in a row. This year the performance review included new standards of good regulation assessed against a new evidence framework.

7. Our work across the four UK countries in 2021-22

The GOsC regulates the practice of osteopathy in the UK and to help us remain an effective regulator we need to engage with all four countries of the UK. This section of our Annual Report and Accounts highlights some of the work we have undertaken that relate to each of the four countries of the UK.

England

This year we have continued to liaise closely with colleagues in NHS England and NHS Improvement, and Public Health England, to provide support for their response to the pandemic and the introduction of the vaccination programme.

We have met with Suzanne Rastrick, Chief Allied Health Professions Officer (England) and her Deputy, Beverly Harden, to discuss the impact of the pandemic, the vaccination programme and how GOsC could provide support and input from a regulatory perspective. We also discussed the status of osteopaths in England as Allied Health Professionals and the relationship between existing NHS competency frameworks and our review of the Graduate Outcomes and Standards of Education and Training. We are grateful to Beverly and her team for their considered response to our consultation.

During the reporting period, Sajid Javid was appointed as the new Secretary of State for Health and Social Care, and the Chair of Council, Dr Bill Gunnyeon wrote to the Secretary of State to highlight our support for the reform agenda and that we wished to see the reforms rolled out for all regulators as soon as practicable.

We have engaged with the Department of Health and Social Care (DHSC) around the legislative reform programme by responding to their consultation 'Regulating healthcare professionals, protecting the public'. We have also engaged with the DHSC, as they consider whether there should be a reconfiguration of the number of healthcare regulators. Our view remains that if there is to be any change in the number of regulators this must be for the benefit of patients and patient safety.

We have also engaged with the Department for Business, Energy and Industrial Strategy around their policy proposals specifically in relation to the recognition of overseas qualifications and the implementation of international recognition agreements (if required).

Scotland

In the year sent a briefing note to Carolyn McDonald, Chief Allied Health Professions Officer (Scotland) about the GOsC, our work and our response to the pandemic.

This year we met with colleagues from the Complementary and Alternative Medicines Services Team and Nursing Directorate (responsible for Allied Health Professions in Scotland).

The meeting was positive in that there was a recognition of the distinction between statutory regulation and complementary therapy (CAMS) oversight. It was confirmed there were no barrier to patients accessing osteopathy as funding decisions could be made locally. We were advised of their need

for more information about how osteopathy works and what it does in Scotland to help patients. To that end we have briefed the Institute of Osteopathy, the professional membership body, who are best placed to take this work forward as it falls within their remit.

We contributed to the Scottish Government's Patient Safety Commissioner consultation, which was arising following a recommendation in the Cumberlege Report, 'First do no harm'.

We have also been part of a wider working group contributing to the Professional Regulation Conference held annually in Scotland. The 2021 conference was cancelled due to the COVID-19 pandemic and the pressure the NHS was under; however, planning for the 2022 conference is well underway with GOSc scheduled to participate in one presentation and one panel discussion.

Finally, we joined the inter-regulatory Sharing Intelligence Forum and have become signatories on the Emerging Concerns Protocol Scotland

Wales

In the year sent a briefing note to Ruth Crowder, Chief Allied Health Professions Officer (Wales) about the GOSc, our work and our response to the pandemic.

A continuing focus for the GOSc is the Welsh Language Scheme and we again prepared and submitted our Annual Welsh Language Scheme Annual Report to the Welsh Government.

We received the Welsh Language Commissioners Assurance Report 2020-21 - 'Stepping forward'. The report considered the difficulties identified by public sector organisations as they responded to the pandemic as well as highlighting effective practice identified. The Commissioner identified that some organisations were able to ensure the Welsh Language remained central in planning during the pandemic but this was inconsistent and also that the gap between those who have sufficient arrangements in place and those who didn't widened during the pandemic.

In March 2022, we also attended the PSA conference 'Regulatory developments and the Welsh Context'.

Northern Ireland

In the year sent a briefing note to Jenny Keane, Chief Allied Health Professions Officer (Northern Ireland) about the GOSc, our work and our response to the pandemic.

Our main focus this year has been on the recruitment campaign required to identify a new Council member from Northern Ireland to replace Dr Joan Martin who, on 31 March 2022, completed her eight year term of office.

Unfortunately, our first recruitment campaign did not yield a successful candidate and so, we have restarted the campaign in early 2022. We thank the Department of Health and Social Care (Northern Ireland) for their support in this regard.

8. Looking ahead: key activities for 2022-23

The Business Plan for 2022-23 sets out an ambitious programme of work matched against the GOsC's four strategic goals within the context of the coronavirus pandemic. We are maintaining our focus on our core statutory responsibilities, while continuing to demonstrate our innovative approach to regulation. 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.

- Engage with, and listen to, our stakeholders, before analysing and responding to their feedback across the full range of our work.
- Develop resources, support and guidance to apply the Osteopathic Practice Standards to real life situations, to develop professional judgement, and decision making.
- Continue to support the National Council for Osteopathic Research to increase research awareness and research activity to inform practice and patient care.
- Consider the prevalence of concerns, and information from fitness to practise and any implications for the sector connected to patient safety and the quality of patient care.

Strategic goal 2:

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

- Work with the education sector to facilitate strategic thinking and development.
- Continue to embed the OPS within education provision and within the student communities.
- Publish and disseminate revised Standards for Education and Training and Graduate Outcomes for Pre-registration Osteopathic Education.
- Explore the implementation of the principles of consent in the student environment.

Strategic goal 3:

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

- Ensure patients are at the centre of our regulatory approach across all parts of our business.
- Continue with our communications around fitness to practise to demystify and humanise our work in this area.
- Undertake a registrant and stakeholder perceptions survey to inform how they perceive us, their needs, and how we might better meet those needs.
- Undertake a patient perceptions survey to enable patients and the public to inform how they perceive us, their needs and how we might better meet those needs.

Strategic goal 4:

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

- Explore the impact of changes to thinking in patient safety to our approach to regulating osteopaths.
- Gather feedback from our staff through a staff survey and will develop an action plan to address any issues arising.
- Complete preparations for upgrading our IT systems.
- Implement the systematic collection and analysis of equality, diversity and inclusion data for registrants, staff and members of the governance structure.

9. Financial report and accounts for 2021-22

The financial report for the year 2021-22 reflects a return to more traditional activity as we emerge from the pandemic.

Introduction

The financial year 2021-22 saw the emphasis shift towards adapting to the “new normal”, identifying and retaining the process changes that worked well during the pandemic and which mitigated for the uncertain economic climate.

This financial year recognised the prerequisite of adapting to survive in a world of increasing turbulence, with various change drivers, both internal and external, a world where business as usual in fact, actually means change. In using the escalating dynamic environment as a disruptor for positive change, the concept of ‘value’ has taken on a greater emphasis.

For the General Osteopathic Council, we have continued to look at our approach to regulation in order to ensure that we continue to add value. Questions we continue to ask include:

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Last year we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2021-22 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through our goals in the Strategic Plan 2019-24 and our underpinning Business Plans which we develop each year.

The activities set out in the annual business plans are designed specifically to:

- empower and support our registrants, who operate predominately in the independent sector providing ‘hands-on’ patient care
- ensure collaboration with our partners across the regulatory sector
- strengthen our intent to place the patient at the heart of what we do
- ensure equality, diversity and inclusion is central to our work
- deliver our core statutory functions

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.
- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation and which are relevant and appropriate for our context.
- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we will ensure we are careful where our resources are deployed in order to be cost efficient and cost effective.

We consider our value proposition to have three components:

1. Ensuring public protection
2. Developing the profession
3. Delivering robust governance

Component 1: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2021-22, we spent £1.65m on our activities to ensure public protection (2021 - £1.64m).

This was equal to 60% of our total budget (2021 - 58%) and means that for every £570 registration fee we receive we spend £340 of that on ensuring public protection. (2021 - £330).

Component 2: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge
- contributing funding to the National Council for Osteopathic Research

- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals such as The Lancet and Manual Therapy
- a range of communication activities with a new emphasis on listening and engaging

In the financial year 2021-22, we spent £0.58m on our activities to ensure we developed and supported the profession (2021 - £0.71m).

This was equal to 21% of our total budget (2021 - 25%) and means that for every £570 registration fee we receive we spend £120 of that on developing the profession. (2021 - £144).

Component 3: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee and the Remuneration and Appointments Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2021-22, we spent £0.53m on our activities to ensure we delivered robust governance (2021 - £0.48m).

This was equal to 19% of our total budget (2021 - 17%) and means that for every £570 registration fee we receive we spend £110 of that on delivering robust governance. (2021 - £96).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ² £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.65m (2022)	60% (2022)	340 (2022)
	1.64m (2021)	58% (2021)	330 (2021)
Developing the profession	0.58m (2022)	21% (2022)	120 (2022)
	0.71m (2021)	25% (2021)	144 (2021)
Delivering robust governance ³	0.53m (2022)	19% (2022)	110 (2022)
	0.48m (2021)	17% (2021)	96 (2021)

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 surplus of £112,005. This was as a result of cost cutting measures to mitigate for economic uncertainties, in addition to transitioning to more financially viable processes,

At the year-end, total income was £2,883,984. Registration fee income accounted for approximately 99% of total income. Registration fees have once again been maintained at their current level – the eighth year in a row, which represents a reduction in real terms. The remaining income came from areas such as registration assessments, 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 £2,775,306 after designated spending. In the reporting year our expenditure levels varied compared to past years as some activities could continue to be carried out remotely, while we saw a return to some in-person activity in other areas.

² Excluding investment losses and/or charges

³ Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts.

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 2021-22 is set out as follows.

The Balance Sheet shows total reserves of £2,904,918. All of the GOsC reserves are unrestricted.

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

- increased volume of concerns
- 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 2021-22, the Council is holding reserves equal to £1,072,575, which has been calculated as follows:

	£
Reserves held	2,904,918
Restricted reserves	–
Designated reserves	(182,093)
Operational fixed assets	(1,650,250)
Reserves remaining	1,072,575

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

Reserves are currently outside of the target range. The trustees will consider the level of reserves and how these may be used in the 2022-23 financial year. The trustees have concluded that the accounts should be presented on a 'going-concern' basis.

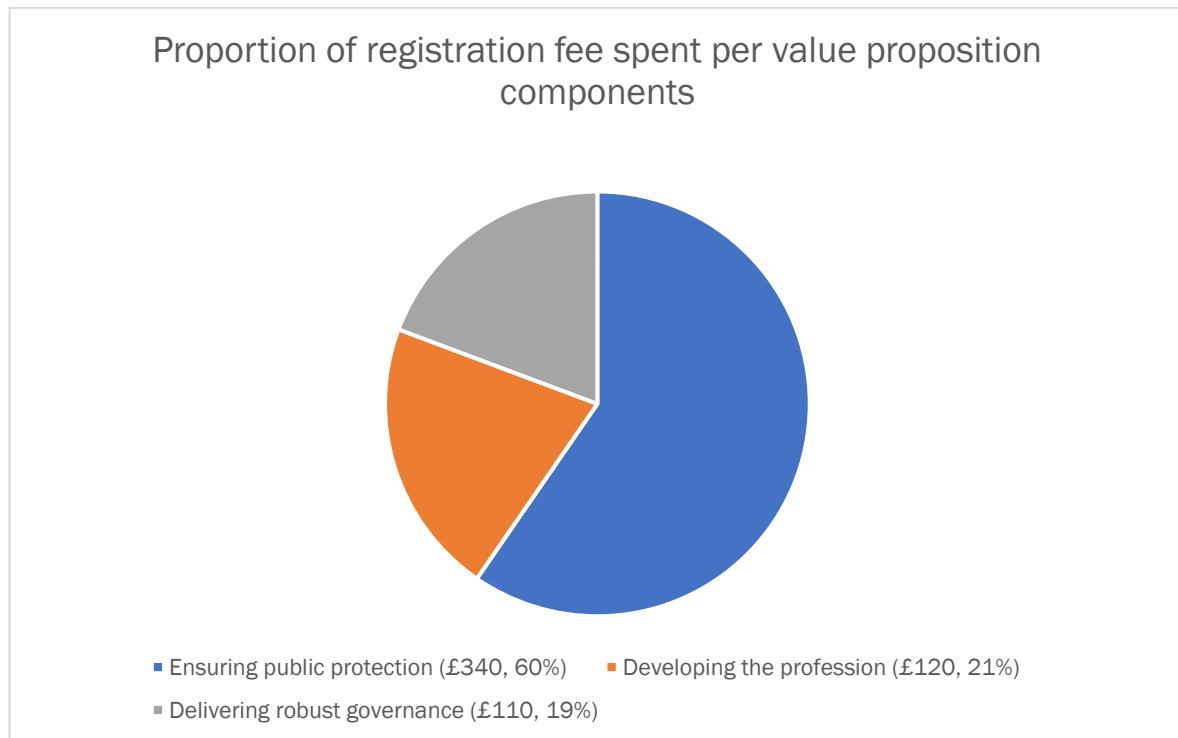
Investment strategy

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 £1,249,568 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 to show the amount of spend across the GOsC value proposition in 2021-22.



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 14 July 2022 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 ('the charity') for the year ended 31 March 2022 which comprise Statement of Financial Activities, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements, including 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).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its income and expenditure, 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

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. 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, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 this gives rise to a material misstatement in the financial statements themselves. 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 requires 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 and proper accounting records have not been kept by the charity; 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 Acts 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.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charity operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and

disclosures in the financial statements. The laws and regulations we considered in this context were the Charities Act 2011, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charity's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charity for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Health and safety legislation, Taxation legislation, and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory

correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

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.

Crowe U.K. LLP
Statutory Auditor

London

14 July 2022

Statement of Financial Activities

As at 31 March 2022	Notes	2022 £	2021 £
Income from			
Charitable activities	2	2,868,947	2,905,977
Investments	3	15,037	14,168
Total		2,883,984	2,920,145
Expenditure on			
Charitable activities	4	2,775,306	2,846,006
Total expenditure		2,775,306	2,846,006
Net income/(expenditure) before gains/(losses) on investments		108,678	74,139
Net gains/(losses) on investments		3,327	221,978
Net (expenditure)		112,005	296,117
Reconciliation of funds			
Total funds brought forward		2,792,913	2,496,796
Total funds carried forward	14	2,904,918	2,792,913

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 2022	Notes	2022 £	2021 £
Non-current assets			
Intangible assets	8	6,709	10,710
Tangible assets	8	1,643,541	1,660,396
Investment (portfolio)	9	1,249,568	1,234,760
Total Non-current assets		2,899,818	2,905,866
Current assets			
Debtors	10	384,449	611,659
Cash in bank and at hand		825,254	401,168
Total current assets		1,209,703	1,012,827
Current liabilities			
Creditors: amounts falling due within 1 year	11	(1,139,103)	(1,060,280)
Total current liabilities		(1,139,103)	(1,060,280)
Net current liabilities/assets		70,600	(47,453)
Provisions	13	(65,500)	(65,500)
Net assets		2,904,918	2,792,913
Represented by:			
Unrestricted reserves			
- Designated reserves		182,093	182,093
- General reserves		2,722,825	2,610,820
Total reserves	14	2,904,918	2,792,913

Approved and authorised for issue by the members of Council on 14 July 2022 and signed on their behalf by:

.....

Dr Bill Gunnyeon
Chair

Cash Flow Statement

Year to 31 March 2022	Notes	2022 £	2021 £
Reconciliation of net (expenditure) to net cash flow from operating activities:			
Net (expenditure) for the reporting period (as per the statement of financial activities)		112,005	296,117
Depreciation		67,057	69,781
Losses/(gains) on investment		(14,943)	(221,978)
Dividends, interest and rents from investments		94	189
Decrease/(Increase) in debtors	10	227,210	(233,656)
(Decrease)/increase in creditors	11	78,823	167,279
Net cash provided by/(used in) operating activities		470,246	77,732
Cash flows from investing activities			
Dividends, interest and rents from investments		94	189
Purchase of tangible fixed assets	8	(46,201)	-
Investment portfolio top-up		(53)	(2,381)
Net cash (used in) investing activities		(46,160)	(2,192)
Change in cash and cash equivalents in the reporting period		424,086	75,540
Cash and cash equivalents at the beginning of the reporting period		401,168	325,628
Cash and cash equivalents at the end of the reporting period		825,254	401,168
Cash at bank and in hand		825,254	401,168

Notes to the financial statements – Year to 31 March 2022

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 other than the provision concerning the potential

for additional payments to panellists arising from an ongoing employment tribunal case featuring the NMC.

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
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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.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date

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 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:

	2022 £	2021 £
Registration fees	2,867,347	2,889,942
Other income	1,600	16,035
Total	2,868,947	2,905,977

3. Income from investments

	2022 £	2021 £
Interest from investments	15,037	14,168
Total	15,037	14,168

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct costs £	Support costs £	Total 2022 £	Total 2021 £
Charitable activities				
Education and professional standards	474,157	207,469	681,626	652,722
Registration	263,513	243,551	507,064	475,862
Fitness to practise	816,741	288,652	1,105,393	1,096,660
Communications and research	318,856	162,367	481,223	620,762
Total	1,873,267	902,039	2,775,306	2,846,006

5. Support costs

	Management	Governance	Admin	IT	Total 2022	Total 2021
	£	£	£	£	£	£
Support costs						
Education and professional standards	79,764	34,618	63,995	29,092	207,469	151,158
Registration	93,637	40,639	75,125	34,150	243,551	268,726
Fitness to practise	110,977	48,164	89,037	40,475	288,653	226,737
Communications and research	62,424	27,092	50,083	22,767	162,366	193,147
Total	346,802	150,513	278,240	126,484	902,039	839,768

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

	2022 £	2021 £
Governance costs		
Council members fees (including National Insurance)	99,383	99,201
Other governance costs	51,130	22,245
Total	150,513	121,446

Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £96,750 including responsibility allowances (2021 - £96,562). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £4,889 (2021 - £0).

Name	Position	Location	Honorarium £	National insurance £
Bill Gunnyeon	Chair	Scotland	27,000	2,505
Joan Martin	Member	Northern Ireland	7,500	–
Deborah Smith	Member	Bedfordshire	7,500	–
Denis Shaughnessey	Member	Hampshire	7,500	–
Sarah Botterill	Member	Wales	7,500	–
Simeon London	Member	Scotland	7,500	–
Elizabeth Elander	Member	Cheshire	7,500	–
Daniel Bailey	Member	Wolverhampton	7,500	–
Caroline Guy	Member	Isle of Wight	7,500	–
Deborah Bowman ¹	Member	London	9,750	128
Total			96,750	2,633

¹Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee

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

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 £123,904 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £1,972

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Policy Education Committee, Audit and Remuneration and Appointments Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £8,262 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £6,723

Net expenditure after charging

	2022 £	2021 £
Net expenditure for the year stated after charging		
Fees paid to Crowe UK		
- External audit	22,630	15,500
Depreciation of assets	67,057	69,781

7. Employees and staff costs

Staff costs during the year were as follows:

	2022 £	2021 £
Staff costs		
Salaries	1,197,239	1,202,311
Employer's National Insurance	131,802	116,594
Pensions	116,264	114,208
Total	1,445,305	1,433,113

In the financial year 2021-22, redundancy and severance costs of £0 (2021-£19,800) were incurred.

	2022	2021
Average staff numbers		
Chief Executive and Registrar's office	3	3
Education and professional standards	5	5
Registration and resources	6	6
IT	1	1
Fitness to practise	7	7
Communications	4	5
Total	26	27

Key management personnel remuneration

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

The total emoluments for the key management personnel were £357,213 (2021 – £346,361).

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

	2022 £	2021 £
£70,000 – £80,000	0	0
£80,000 – £90,000	0	2
£90,000 – £100,000	2	0
£100,000 – 110,000	0	0
£110,000 – 120,000	1	1
£120,000 – £130,000	0	0

Pension costs

The employer contributions paid in the year, in respect of individual staff pensions, was £116,264 (2021 – £114,208).

8. Intangible and Tangible Fixed Assets

Intangible assets

	Total £
Cost	
At 1 April 2021	279,856
Additions	–
Disposals	–
At 31 March 2022	279,856
Depreciation	
At 1 April 2021	269,146
Charge for the year	4,001
Disposals	–
At 31 March 2022	273,147
Net book value	
At 31 March 2021	10,710
At 31 March 2022	6,709

All intangible assets related to Computer Software.

Fixed Assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2021	18,208	109,693	55,339	2,244,172	2,427,412
Additions	–	40,804	5,397	–	46,201
Disposals	–	–	–	–	–
At 31 March 2022	18,208	150,497	60,736	2,244,172	2,473,613
Depreciation					
At 1 April 2021	18,071	78,997	47,174	622,774	767,016
Charge for the year	137	17,615	7,118	38,186	63,056
Disposals	–	–	–	–	–
At 31 March 2022	18,208	96,612	54,292	660,960	830,072
Net book value					
At 31 March 2021	137	30,696	8,165	1,621,398	1,660,396
At 31 March 2022	–	53,885	6,444	1,583,212	1,643,541

9. Investments

	2022 £	2021 £
At the start of the year	1,234,760	1,010,777
Investment addition	–	–
Income reinvested	13,411	13,979
Fees taken	(13,546)	(11,974)
Gain/(loss)	14,943	221,978
Total portfolio	1,249,568	1,234,760

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities £754,951 bonds £303,587 and other assets including cash £191,030

10. Debtors

	2022 £	2021 £
Trade debtors	264,455	516,393
Prepayments and accrued income	113,920	95,075
Other debtors	6,074	191
Total debtors	384,449	611,659

11. Creditors

	2022 £	2021 £
Trade creditors	115,923	108,567
Deferred income	898,605	823,574
Accruals	78,636	78,451
Other creditors	618	12,923
Other tax and social security	45,321	36,765
Total creditors	1,139,103	1,060,280

12. Deferred income

	2022 £	2021 £
As at 1 April	823,574	798,288
Amount deferred during the year	898,605	823,574
Amount released to the financial statements	(823,574)	(798,288)
Total deferred income	898,605	823,574

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. Provisions

The charity had the following provisions during the year:

	2021 £
At 1 April 2021	65,500
Additions	–
Utilised in the year	–
Reversals	–
At 31 March 2022	65,500

The provision has been made in relation to potential additional panellist cost, reflecting our prudent estimate of the potential wider impact of an employment tribunal claim, involving the Nursing and Midwifery Council, for additional sums by a fitness to practise panellist.

Panellists sit on our fitness to practise panels and are independent members. This claim relates to whether the panellist is a worker, with entitlement to holiday pay. The case has been heard, judgement remains outstanding, and the provision has been made to cover potential costs which GOsC might incur as a result of the wider employment tribunal claim.

14. Reserves

	At 1 April 2021 £	Income £	Expenditure £	Transfer £	At 31 March 2022 £
Reserves	–				
General reserves	2,510,820	2,887,311	(2,723,701)	48,395	2,722,825
Designated reserves					
- CPD	107,093	–	–	(30,000)	77,093
- IT investment	75,000	–	–	–	75,000
- General Legal costs	100,000	–	(51,605)	(48,395)	–
Values Project	–	–	–	30,000	30,000
Total reserves	2,792,913	2,879,311	(2,775,306)	–	2,904,918

The designated reserves relate to the implementation of the new Continuing Professional Development (CPD) scheme (£77,093), investment in IT to streamline our activities (£75,000) such as the upgrade of our CRM system, and the Values Project (£30,000) which will allow for the implementation and evaluation of shared decision making resources which will support osteopaths with undertaking CPD. General legal costs incurred expenditure of £51,605, the remaining designated reserve of £48,395 was transferred back to general reserves.

Prior year comparative

	At 1 April 2020 £	Income £	Expenditure £	Transfer £	At 31 March 2021 £
Reserves					
General reserve	2,314,703	3,142,123	(2,846,006)	(100,000)	2,510,820
Designated reserve	182,093	–	–	100,000	282,093
Total funds	2,496,796	3,142,123	(2,846,006)	–	2,792,913

15. Related party transactions

There were no related party transactions in the year.



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