

General Osteopathic Council

Annual Report and Accounts 2016-17



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Council

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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.

In 2016 the Osteopaths Act was amended to provide us with three new objectives of:

- 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.

At 31 March 2017 there were 5,200 osteopaths registered with the GOsC.

2. Chair's statement



The 2016-17 year has seen the GOsC make the transition to a new, smaller Council consisting of ten members – five osteopaths and five lay – allowing us to sharpen our strategic focus. I am very pleased that our new members have settled in so well and that the Council continues to work as a high performing group.

Having a smaller Council requires the whole of the governance structure to work effectively. This year we made changes to our advisory committee structure, creating a new Policy Advisory Committee (the Committee also undertakes the functions of the statutory Education Committee). We have also been able to welcome to the Committee a number of observers with speaking rights from partner organisations, who have made a valuable contribution to our work, and ensure that the voice of osteopathy is clearly heard in our policy development.

Our focus on governance has involved two other areas. This year we have carried out a wide range of appointment activities, recruiting new members to replace the many who completed their terms of office at the end of March 2017. I want to place on record my thanks to these lay members and osteopaths who have worked so hard and contributed so much to the GOsC.

A final element in the governance jigsaw has been the successful application by the GOsC for registration as a charity, which was confirmed shortly after the year ended. The responsibilities of Council becoming charity trustees places an important focus on good governance and also reaffirms our role and charitable purpose as an organisation which is dedicated to serving the public interest.

I am also pleased to report that this focus on effective governance, supporting the hard work of the executive team, has resulted in the GOsC once again meeting all the PSA's standards of good regulation.

Finally, a comment on the year's political events and the upheaval that has arisen as a result. Along with other regulators, we had hoped that the year would bring opportunities for legislative reform that would enable us to modernise some of our outdated rules and processes. The way ahead for the regulatory sector remains unclear, but we are determined as a Council not to let this impede us, as we continue in our work of both protecting the public and supporting osteopaths.

Alison J White
Chair
18 July 2017

3. Chief Executive and Registrar's introduction

Five years ago we embarked on what we considered to be a very different approach to regulation and how we work with those we regulate. This was reflected in our last and current Strategic Plans, the establishment of the Osteopathic Development Group, and the way we have sought to work in partnership with others. I hope that you will also see that approach reflected in the content of this report.

As a regulator, our job, first and foremost, must be the protection of the health, safety and well-being of the public. But as is reflected in our new statutory objectives (set out on page 6), we are also here to promote and maintain confidence in the profession, as well as promote proper standards and conduct.

I have three reflections on these new objectives: first, they reflect the interests of the profession as well as the public; second, they can only be delivered through effective partnership with the profession; and third, they require us to think more imaginatively about what we do from day-to-day as a regulator.

Across healthcare professions, regulators are talking about 'upstream' regulation; considering how they can work with their registrants to try to prevent patient concerns arising in practice, rather than having to deal with problems after they have occurred.

In this report we detail some of our work to this end, including:

- Developing a new CPD scheme that is based on strengthening the professional community in osteopathy.
- Considering how we can support improved communication between osteopaths and patients, so that misunderstandings are minimised.



- Actively seeking a wide range of input to our review of the *Osteopathic Practice Standards* – at the earliest stage – from both patients and osteopaths.
- Inviting direct participation in our policy making process from our partners in the Osteopathic Development Group.

We also must understand that we live in an imperfect world, and that regulation is not a panacea, but we hope that what we are doing is helping to bring osteopaths, patients and the public along with us, as we try to improve standards of osteopathic treatment and care for the benefit of them all.

Tim Walker
Chief Executive and Registrar
18 July 2017

4. Our work in 2016-17

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2017.

In February 2016, the GOsC's Council approved a new three-year Corporate Plan which set out what the organisation aimed to achieve in the period 2016-19.

Within this plan we describe our aim as a regulator:

'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.'

This aim is underpinned by three high-level strategic objectives which set the course of the three-year planning cycle from 2016 to 2019:

- To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity.
- To encourage and facilitate continuous improvement in the quality of osteopathic healthcare.
- To use our resources efficiently and effectively, while adapting and responding to change in the external environment.

This report describes what we have achieved in the first year of this three-year plan.

Objective 1: Promoting public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity

Our job as a regulator is to protect the public. We do this by ensuring that only appropriately qualified individuals can practise as osteopaths, and that they meet the standards expected of them throughout their careers.

Education, training and professionalism

Over 95% of osteopaths registering in the UK obtain their qualifications from UK-based osteopathic educational institutions. One of our most important roles as a regulator is to ensure that these institutions provide high-quality education and training for osteopathic students.

In 2016-17, following visits undertaken by GOsC-appointed Visitors, Council renewed the recognition of osteopathic degree courses at the British School of Osteopathy and the College of Osteopaths.

The course provided by Oxford Brookes University came to a close in 2016, after thirteen years as a provider of a GOsC recognised qualification in osteopathy. While this was disappointing, we were pleased to be able to undertake an initial recognition review for a new course at the University of St Mark and St John (Marjon) in Plymouth due to commence in 2017.

We continued to monitor any conditions imposed following previous reviews, and

reviewed the annual monitoring reports which the GOsC requires of all osteopathic educational institutions. In conjunction with the Quality Assurance Agency for Higher Education (QAA), we also recruited and trained new education visitors.

This year we also commissioned a thematic review of teaching and learning relating to professional boundaries, and held a good practice seminar on the teaching of professionalism to osteopathic students. These two activities demonstrate our continuing commitment to working with the sector to strengthen collaborative activity, and to develop the capacity of the Council of Osteopathic Educational Institutions to support high standards in osteopathic education.

This year we also concluded our review of guidance on student fitness to practise and on health and disability. Following consultation, guidance was published for both students and for osteopathic educational institutions.

GOsC staff continued their programme of visits to osteopathic educational institutions, speaking to students (prior to their clinical training and before graduation) about their responsibilities as clinicians and as future regulated healthcare professionals. This year we presented at nine different institutions to over 220 final-year students.

Osteopathic educational institutions offering Recognised Qualifications

British College of Osteopathic Medicine
British School of Osteopathy
College of Osteopaths (validated by Middlesex University), Hertfordshire
College of Osteopaths (validated by Staffordshire University), Staffordshire
European School of Osteopathy
Leeds Beckett University
London College of Osteopathic Medicine (for medical doctors only)
London School of Osteopathy
Oxford Brookes University (course closed in 2016-17)
Surrey Institute of Osteopathic Medicine
Swansea University



Protecting and promoting registration

Controlling entry to the Register of osteopaths is central to the GOSc's regulatory role. The Register is available online at: www.osteopathy.org.uk/register-search and is updated daily.

As well as admitting new UK applicants to the Register, a significant part of our work in this area involves assessing applicants from overseas and those who are returning to practice after a period when they have not been registered.

The number of registered osteopaths in the UK continues to grow. In 2016-17, there were 271 registrants joining the Register: a net growth of 98 or just under 2%. We expect this slight but steady growth to continue for the foreseeable future.

Place of training	Number joining the Register
British College of Osteopathic Medicine	26
British School of Osteopathy	85
College of Osteopaths	22
European School of Osteopathy	44
Leeds Beckett University	20
London College of Osteopathic Medicine	1
London School of Osteopathy	21
Oxford Brookes University	18
Surrey Institute of Osteopathic Medicine	16
Swansea University	9
Overseas applicants	9
Total	271

As at 31 March 2017, there were 5,200 osteopaths registered with the GOSc.

Gender	Number
Female	2,637
Male	2,563
Total	5,200

Geographical location of the profession	Number
England	4,454
Northern Ireland	24
Scotland	159
Wales	136
Rest of world	427
Total	5,200

Our team of trained registration assessors, all of whom are qualified osteopaths, undertook a total of 53 registration assessments in 2016-17.

Type of assessment	Number
Non-UK Qualification Assessment	19
Further Evidence of Practice Assessment	12
Assessment of Clinical Performance	9
Return to Practice Interview	13
Total	53

We continue to seek to improve our registration processes for osteopaths and to raise awareness of the importance of the Register.

A review has commenced of international registration to explore the possibility of a more streamlined application process for those qualifying overseas, particularly osteopaths from Australia and New Zealand where UK-qualified osteopaths already enjoy recognition for their qualifications.

We have started providing more feedback both to applicants and assessors at all stages of the international registration process, and have recruited and trained a new pool of assessors to support the registration team.

Over 1,900 osteopaths and osteopathic practices are now using our Registration Marks, introduced in 2014. As the take-up increases we have also started auditing osteopaths' websites to ensure compliance with their use and for old marks and GOSc logos to be removed.

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. Not all concerns raised with us require action, but in 2016-17 we sent out 69 'cease and desist' letters which resulted in 26 resolved cases. We also successfully prosecuted two individuals for claiming to be osteopaths.

Ensuring high standards of practice

Once an osteopath is registered with the GOsC, it is important that they remain up to date and fit to practise. At present, osteopaths are required to undertake 30 hours of continuing professional development (CPD) each year, of which 15 hours must include 'learning with others'.

During the course of each year, we aim to scrutinise 20 per cent of all osteopaths' annual CPD summaries to ensure that they comply with our CPD guidelines, and we aim to undertake a more in-depth review of 2 per cent of osteopaths who are asked to present more detailed evidence in support of their CPD activities.

After a significant period of consultation and development, we have commenced implementation of the new GOsC CPD scheme.

The new scheme consists of four components:

- 90 hours of CPD to be undertaken over a period of three years (of which 45 hours must be learning with others) across the four themes of the *Osteopathic Practice Standards*
- Undertaking an objective feedback activity to support CPD and practice
- A requirement to undertake CPD in relation to communication and consent
- Undertaking a peer discussion review at the end of the three-year cycle.

In 2016 we recruited 170 'early adopters' for the scheme who are already undertaking the new requirements, supported by the GOsC through an extensive programme of interactive 'webinars'. Their experience will be used to ensure the smooth roll-out of the scheme once it becomes compulsory in 2018. We have also

started the first stage of an evaluation which will be used to monitor take-up and effectiveness of the new CPD scheme.

We have also launched a dedicated CPD website <http://cpd.osteopathy.org.uk> which provides all the resources that osteopaths will need as they start to learn more about the new CPD scheme and undertake the activities required.

Caption for picture (above)

Dealing within concerns and complaints

It is our duty under the *Osteopaths Act* to investigate any concern raised with us about an osteopath. These concerns may be raised by a patient, a member of the public, or another osteopath or healthcare professional.

We will always discuss such concerns in confidence and help the individual decide whether or not they wish to make a formal complaint. In 2016-17, 55 formal complaints were made to us (a small increase over the previous year).

During the course of the year, the GOsC's Investigating Committee (described on page 42) completed consideration of 56 cases. Of these, 41 were referred to a full hearing; in the other 15 cases, it was determined that there was no case to answer.

Over the course of the year, the Professional Conduct Committee (described on page 42) concluded 27 cases; in 15 of those cases, there was a finding against the osteopath.

In 2016-17, one case was heard by the Health Committee (described on page 42).

Findings in cases considered by the Professional Conduct Committee 2016-17	Number of cases
Not proved	10
Admonished	9
Conditions of practice	1
Suspended	1
Removed	4
Total	25

It is important that the fitness process is scrupulously fair and easily understandable, both to complainants and to osteopaths. In May 2016 we published new guidance for witnesses in fitness to practise hearings. The guidance consists of an introductory video and leaflet to explain what happens before, during and after a hearing, to help witnesses to give their evidence.

Later on in the year we commenced work on materials to support osteopaths who may be subject to a complaint. The first of these, *Fitness to practise complaints procedure*, provides a general introduction to the complaints process. The second, *Hearings guidance for osteopaths*, provides more detailed guidance for the small number of osteopaths who are required to attend a hearing at the Professional Conduct or Health Committee. The final versions of these documents will be published early in 2017-18.

In 2016-17 we implemented a new Initial Closure Procedure for concerns that are raised with the GOsC. During the course of any year a wide range of concerns will be raised with us, and in some cases insufficient information is available to amount to an allegation under the GOsC's statutory rules.

It is important that a formal decision is made on whether to close such concerns without further action, and the new procedure ensures that this is both timely and conducted appropriately.

We aim to ensure that all our investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of complaints is 16 weeks, and for the conclusion of the entire process, 52 weeks. In 2016-17, the median time for investigating a complaint was 17 weeks, and the median time for concluding a hearing by the Professional Conduct Committee was 54 weeks.

As reported in last year's Annual Report, we have continued to have concerns raised with us about advertising by osteopaths. Advertising in the UK is subject to regulation by the Advertising Standards Authority (ASA), and we have sought to encourage the direction of these concerns either to the osteopaths themselves or to the ASA.

To support osteopaths in complying with the ASA's Committee of Advertising Practice Code, we worked with the ASA, and the Institute of Osteopathy to provide new guidance on advertising. The document *Osteopathy: ASA review and guidance for marketing claims for pregnant women, children and babies* was distributed to all UK osteopaths in November 2016.

The number of concerns received relating to advertising – except where they required a full investigation – is not included in the figures above. It should also be noted that the slight deterioration in the processing times for fitness to practise complaints in 2016-17 is, in part, accounted for by the high volume of concerns raised with the regulation department about advertising by osteopaths, over the past two years.

Objective 2: Encouraging and facilitating continuous improvement in the quality of osteopathic healthcare

Developing guidance and standards

We have continued to work throughout the year on the review of our core guidance for osteopaths, the *Osteopathic Practice Standards* (OPS).

Our initial call for evidence resulted in over 350 responses, providing evidence from osteopaths and others on the effectiveness of the current standards and the areas where they help or hinder good practice. This initial work also provided confirmation that the approach to the review, agreed by Council last year, remains appropriate.

We have continued to develop revisions to the standards on the following basis:

- Considering the inclusion of a set of high-level over-arching values/principles.
- Retaining the existing standards with modifications where required.
- Revising and strengthening of the current guidance, incorporating revisions identified in the review.
- Developing a range of materials to support the standards including relevant external resources, case studies, and interactive educational material.

Our work on the revised standards has been supported by discussions with registration assessors and staff. In addition a stakeholder working group – including patient, professional and educational representation – has been undertaking detailed scrutiny of the standards. Consultation on the revised OPS will take place in 2017-18.

Improving quality and patient care

We have continued with our work on understanding the relationships between osteopaths' and patients' values and their

links to practice standards. This work is being undertaken in partnership with the Collaborating Centre for Values-based Practice in Health and Social Care, at St Catherine's College, Oxford.

As well as presenting the initial work at the annual Scottish Government regulatory conference and the Professional Standards Authority's annual research conference, we have agreed a joint programme of work around values with the General Dental Council. The aim of this project is to seek to identify the barriers to effective consultations in osteopathy and dentistry and develop communication tools that can support the professional-practitioner relationship.

We work closely with the National Council for Osteopathic Research to support osteopathic research development and to promote awareness of relevant research among osteopaths. As part of this work, we continue to provide access to a package of research journals to all registrants, as well as students in the last two years of their studies, including the *International Journal of Osteopathic Medicine*.

NCOR has also continued to assist the GOsC, the Institute of Osteopathy and the main providers of professional indemnity insurance to osteopaths, in compiling aggregate annual data on complaints, claims and concerns raised about osteopaths. This unique collaboration provides valuable insight to inform our work on professional standards and in education.

Developing the osteopathic profession

Our role encompasses the development as well as the regulation of UK osteopathy. We continue to work with leading osteopathic organisations on a shared agenda to further develop the profession. We contribute to this work where we can identify a tangible benefit to patient safety or the quality of patient care.

Along with the GOsC, the other members of the Osteopathic Development Group (ODG) are:

- The Council for Osteopathic Educational Institutions, representing all educational institutions offering osteopathic pre-registration courses.
- The Institute of Osteopathy (formerly the British Osteopathic Association), the professional association for UK osteopathy.
- The National Council for Osteopathic Research, the umbrella body responsible for fostering osteopathic research development.
- The Osteopathic Alliance, representing most of the independent osteopathic postgraduate development and training providers.

The ODG is continuing to work on eight core projects. In 2016-17, significant progress has been made in the following areas:

- Mentoring – a mentoring toolkit has been produced and a pilot of mentoring of principal/associate mentoring for recent graduates will take place in the first half of 2017-18.
- Advanced clinical practice – the research phase of the project has concluded and the team is now prioritising the area of paediatric practice for the development of a competency framework and approach to accreditation
- Leadership development – a total of 38 osteopaths have now completed a bespoke leadership programme which has been designed and delivered in conjunction with the Open University
- Patient reported outcome measure (PROM) – adoption of the tool and data collection continues across the profession.
- International collaboration – the new website www.osteointernational.uk bringing together a wide range of resources relating to osteopathy around the world, is being well used in the UK and abroad.

Information about the ODG and its work can be found at: www.osteodevelopment.org.uk

International activities

The GOsC continues to be engaged with in a number of important international activities. These include:

- Participation in meetings of the Forum for Osteopathic Regulation in Europe (FORE). In 2016-17 we have also been working to secure new arrangements for hosting the FORE secretariat and the possible future merger of FORE with the European Federation of Osteopaths.
- Participation in the regulatory forum organised each year as part of the Annual Conference of the Osteopathic International Alliance.
- Holding regular discussions with regulators in Australasia. In 2016 we also signed a new memorandum of understanding with the Australasian Osteopathic Accreditation Council, the Osteopathy Board of Australia, and the Osteopathic Council of New Zealand.

Caption for picture (above)

Objective 3: Using our resources efficiently and effectively, while adapting and responding to change in the external environment

Operational efficiency and effectiveness

In 2016-17 we have once again maintained the current level of fees paid by registrants and we continue to maintain a focus on seeking efficiency savings across all our functions.

We have made a number of changes within our staffing structure to improve capacity across the organisation. In regulation, the team has been expanded to enable a growing volume of complaints to be managed, and in professional standards we have strengthened the team to support ongoing work on CPD and the *Osteopathic Practice Standards*. We have also refocused the work of the communications team to optimise engagement with osteopaths and patients, and brought in new skills to our registration and resources team to make better use of information technology.

We continue to make information governance a high priority, and in 2016-17 we developed and rolled-out online information security training for all non-executives. We also commissioned an IT audit, the findings of which will be implemented in 2017-18.

Council agreed in November 2016 to undertake a tender process for new financial auditors. The process, which was overseen by the Audit Committee, resulted in the appointment in February 2017 of Crowe Clarke Whitehill for an initial period of two years.

Communicating and engaging with our stakeholders

Communication and engagement play an important role in our work, not only in explaining what we do but also in understanding public needs and ensuring that registrants are provided with appropriate support and information.

In 2016-17 we consulted publicly on:

- Draft guidance for students and for educational institutions on *Professional behaviours and fitness to practise* and *Students with a disability or health impairment* (see page 10).
- Guidance on *Voluntary Removal Applications* from the Register
- Guidance for osteopaths under investigation (see page 13).
- *Osteopathic Practice Standards* - call for evidence (see page 14)
- Discussion paper on possible revisions to the Indicative Sanctions Guidance.

In all of our consultations we seek to involve not just registrants but a full range of stakeholders and to make use of our Patient Partnership Group.

We continue to publish our registrant magazine, *the osteopath*, six times each year, along with monthly update e-bulletins for registrants. Social media – Facebook and Twitter – are playing an increasingly important part in our communication work, with each service reaching over 1,800 and 2,100 users respectively in 2016-17.

We meet regularly with a wide range of stakeholders, with the most significant meetings reported to Council in the Chief Executive's Report.

These meetings include those with local and regional groups, educational institutions, professional bodies and special interest groups, regulators, researchers and others, as well as presentations at a range of national and international conferences.

Promoting equality and diversity

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

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

Our Equality and Diversity Policy is available on our website at: www.osteopathy.org.uk/about-us/our-work/equality-and-diversity

We are required under the *Welsh Language Act 1993* to publish a Welsh Language Scheme and to report annually to the Welsh Language Commissioner. 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 have also been engaged in dialogue with the Welsh Language Commission and Welsh Government on proposed new Welsh Language Standards.

Improving governance and performance

The GOsC Council was reconstituted from 1 April 2016 with ten members – five lay and five registrants. We are pleased to report that the new, smaller Council has worked effectively in its first year of operation.

This year saw a large number of non-executives reach the end of their eight years of service to the GOsC, the maximum term under our rules. In 2016-17 we recruited two new members of Council, ten new fitness to practise committee members, and four new external members of our Policy Advisory Committee.

In order to support the appointment process we held a further open day for potential registrant applicants to support their ability to demonstrate the competencies required for applying for non-executive positions at the GOsC and elsewhere.

We were pleased that the Professional Standards Authority for Health and Social Care (PSA), which reviews annually the work of all the healthcare professional regulators, was able to report that once again the GOsC met all its standards of good regulation. The GOsC is the only regulator to have done so in each of the last seven years.

As part of the ongoing improvement of our governance processes Council agreed a new whistleblowing policy for staff and non-executives.

The GOsC applied for registration as a charity in July 2016. The Charity Commission granted the registration shortly after the end of the 2016-17 year.

5. Financial report for the year 2016-17

Financial commentary

Income and expenditure

The GOsC ended the financial year with a small deficit, £18,831, which arose after spending money designated from its reserves.

At the year end total income was £2,824,348. Registration fee income for the year was £2,735,411 and represented approximately 97 per cent of total income. The remaining income derived from advertising sales for *the osteopath* magazine and receipt of costs in respect of successful prosecution activity.

Expenditure for the year was £2,860,597 after designated spending. The designated spending included £13k on development projects and £25k on quality assurance expenditure which Council had approved in the prior year.

We anticipate the slight but steady growth in registrant numbers and income to continue in future years.

Regulation and development costs

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

Education and professional standards

The quality assurance of osteopathic educational institutions is the largest element of expenditure in this area of our work. Expenditure this year was £94,699, an increase of £47,697 on 2015-16, reflecting the cyclical nature of reviews of osteopathic courses. This included the spending of £25k from designated funds. The bulk of other expenditure in this area was on activity relating to the new continuing professional development scheme which incurred expenditure of £31,902.

Breakdown of expenditure across functional areas

	£	%
Education and professional standards	344,962	12
Registration	256,664	9
Fitness to practise, including legal	819,824	29
Communications, research and development	530,037	18
Governance	275,880	10
IT infrastructure	118,599	4
Administration and establishment	514,630	18

Registration

Registration costs increased in the year; the majority of non-staffing costs were incurred for registration assessments (£28,492), reflecting a small increase in overseas applicants. There was no registration appeal activity in 2016-17.

Fitness to practise and legal

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of GOsC expenditure. In 2016-17 total expenditure in this area increased slightly to £819,824 from £799,985 in the previous year. The costs of the Investigating Committee remained steady at £75,275 compared to £76,435 the previous year, while the costs of the Professional Conduct Committee increased from £369,917 to £399,210.

Communications, research and development

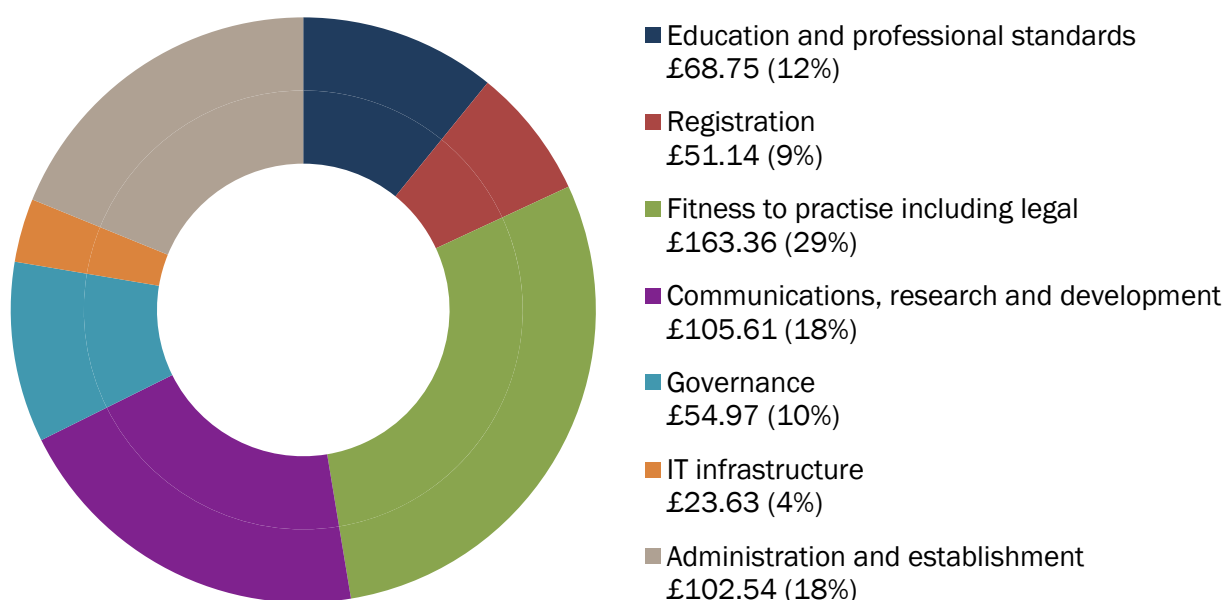
Costs of communications and engagement activities were slightly lower in 2016-17 at £530,037, against £553,434 in the previous year.

Administration and overhead costs

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

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount spent on each GOsC function during 2016-17.



Governance

Governance costs relate to Council members' allowances, committee expenses and the recruitment of new members. In 2016-17, (excluding associated staffing costs), overall governance costs for Council and committees, including reappointments, remained consistent with the prior year, £275,880 to £272,484. Within governance costs was a levy on all healthcare professional regulators for the operating costs of the Professional Standards Authority (PSA) – the GOsC contribution was £13,358.

IT infrastructure

Expenditure on IT infrastructure reflects the cost of the GOsC Register, the customer relationship management system, and other office services.

Administration and establishment

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank and interest charges, and depreciation.

Staffing costs

Staffing is the biggest single component of the GOsC's expenditure. In 2016-17 staffing costs, including recruitment and staff development, totalled £1,435,096. This represented approximately 50 per cent of overall expenditure. Contained within staffing costs were one-off redundancy payments which arose following an organisational restructure.

Reserves and investments

Reserves policy

The General Osteopathic Council (GOsC) holds reserves as part of good business practice to ensure that it has funds available in the event that 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 2016-17 is set out as follows.

All of the GOsC reserves are unrestricted funds. The GOsC has set aside £100,000 for the implementation of the new CPD scheme. We anticipate that these funds will be spent across a three year period.

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

- Increased volume of complaints
- Judicial reviews or legal appeals
- Uninsurable losses, e.g. 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 2016-17, the Council is holding reserves equal to £631k, which has been calculated as follows:

	£
Funds held	2,528,171
Restricted funds	-
Material funds designated or committed	(100,000)
Operational fixed assets	(1,796,898)
Funds remaining	631,273

Reserves held are currently within the target range and therefore no remedial action is required by Council in the forthcoming financial year.

Reserves position

The Balance Sheet shows total funds of £2,528,171.

General Reserves total £2,428,171, an increase of £6,169 over the previous year. In June 2013, Council agreed that it would consider providing funding from reserves for projects proposed by the Osteopathic Development Group (see page 15). A total of £13,250 was incurred during the year. Council also designated £100,000 for the implementation of the new CPD scheme.

The funds have not yet been utilised as it was possible to incorporate spending on the CPD scheme within the operational budget this year. Last year Council also agreed that £25,000 would be designated from the General Reserve for the anticipated accreditation of a recognised qualification at a new osteopathic educational institution in 2016-17. This was spent in the year and so the designated fund has been released.

Investment strategy

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 income and retained earnings. Investments include cash deposits where monies are not required for short term working capital.

The GOsC has an investment of £500,000 in a medium-risk, diversified portfolio. The fund was transferred to Brewin Dolphin from Standard Life towards the end of the financial year.

A further £500,000 cash deposit is held with Secure Trust Bank in a 120-day notice account.

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
- 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*.

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.

Council confirms that:

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

Approved by Council on 18 July 2017 and signed on their behalf by:

Alison J White
Chair

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

We have audited the financial statements of the General Osteopathic Council (GOsC) for the year ended 31 March 2017 which comprise the income and expenditure account, the Balance Sheet, the cash flow statement, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including FRS 102, *The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the GOsC's members, as a body, in accordance with the terms of our engagement letter. Our audit work has been undertaken so that we might state to the GOsC's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the GOsC and the GOsC's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Council and auditor

As explained more fully in the Statement of Council's responsibilities set out on page 222, Council is responsible for the preparation of the financial statements which give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at: www.frc.org.uk/auditscopeukprivate

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the General Osteopathic Council's affairs as at 31 March 2017 and of its deficit for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.

Crowe Clark Whitehill LLP
Registered Auditor

18 July 2017

Statement of income and retained earnings

Year to 31 March 2017

	Notes	2017 £	2016 £
Income, excluding interest receivable	1	2,824,348	2,709,358
Expenditure, including designated spending	2	(2,860,597)	(2,729,722)
Operating deficit		(36,249)	(20,364)
Interest receivable and similar income	5	13,721	12,887
Deficit on ordinary activities before taxation		(22,528)	(7,477)
Taxation	6	2,744	2,577
Deficit after taxation		(25,272)	(10,054)
Other comprehensive income			
• investment: movement in fair value		6,441	7,516
Total comprehensive income for the year		(18,831)	(2,538)
Reconciliation of funds			
Total funds brought forward		2,547,002	2,563,246
Total funds carried forward		2,528,171	2,547,002

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

There is no difference between the deficit before taxation and the retained deficit for the period stated above, and their historical cost equivalents.

A Statement of Changes in Equity is not required as the only changes to the GOsC's equity during the period have arisen from the deficit in year and prior year adjustments.

Statement of financial position

As at 31 March 2017

	Notes	2017 £	2017 £	2016 £	2016 £
Non-Current Assets					
Tangible fixed assets	7		1,776,717		1,819,397
Intangible fixed assets	7		20,181		27,201
Current Assets					
Debtors	8	397,198		327,858	
Investment (portfolio)		573,094		568,524	
Investment (120-day bond)		570,512		559,840	
Cash at bank and in hand		209,992		219,119	
		1,750,096		1,675,341	
Creditors					
Amounts falling due within one year	9	(1,019,523)		(974,937)	
Net Current Assets					
			731,273		700,404
Total assets less total liabilities					
			2,528,171		2,547,002
Reserves					
General Reserve	11		2,428,171		2,422,002
Designated Funds:	11				
• New CPD implementation			100,000		100,000
• Recognised Qualification accreditation			-		25,000
Total Reserves					
	11		2,528,171		2,547,002

Approved by the members of Council on and signed on their behalf by:

.....
Alison J White
Chair

Dated
18 July 2017

The notes to the accounts on pages 29-36 form part of these financial statements.

Statement of cash flows

Year to 31 March 2017

	2017 £	2016 £
Cash flows from operating activities		
Net income / (expenditure)	(18,831)	(2,538)
Adjustments for:		
• Amortisation of intangible assets	7,020	27,297
• Depreciation of tangible assets	42,684	45,637
• (Gain) / loss on investments	(14,379)	(1,508)
• Interest received	(13,721)	(12,887)
• Decrease/(increase) in trade and other debtors	(80,012)	33,484
• Increase/(decrease) in trade and other creditors	44,586	76,920
Net cash generated from operating activities	(32,653)	12,565
Cash flows from investing activities		
Dividends, interest from investments	13,721	12,887
Proceeds from sale of investments	557,291	-
Purchase of investments	(547,486)	-
Net cash from investing activities	23,526	12,887
Change in cash and cash equivalents in the period	(9,127)	25,452
Opening cash	219,119	193,667
Closing cash	209,992	219,119

Principal accounting policies

Year to 31 March 2017

Basis of accounting

The General Osteopathic Council (GOsC) was established under the *Osteopaths Act 1993* and is domiciled in the United Kingdom. The GOsC is required to maintain adequate financial records and it does so through preparing accounts which are laid before each House of Parliament.

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.

These financial statements have been prepared on a going concern basis in accordance with applicable United Kingdom accounting standards, including Financial Reporting Standard 102 – *The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland* (FRS 102).

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 in accordance with FRS 102, 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.

The GOsC has split the cost of land and buildings based on an estimate derived from a valuation of Osteopathy House which was obtained in the previous reporting year. This has been used to determine that element of freehold property that is not subject to depreciation.

Intangible fixed assets

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

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

Tangible fixed assets

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

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

Land is not depreciated.

Income

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

Investments

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 income and retained earnings. Current asset investments include cash deposits where monies are not required for short term working capital.

Expenditure

All expenditure is accounted for on an accruals basis as soon as a liability is considered probable. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Staff costs attributable to more than one cost 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 assets of the scheme are held separately from those of the GOsC in an independent fund. The employer's contribution for the year is charged to salaries in the income and expenditure account.

Fund accounting

The General Reserve consists of unrestricted funds that are available for use at the Council members' discretion in furtherance of the objectives of the GOsC. Designated funds are unrestricted funds set aside at the discretion of the Council members for specific purposes.

Cash

Cash comprises cash sums held on deposit with recognised banks.

Going concern

In the financial year ended 31 March 2017, a small deficit was incurred after designated spending from reserves. Reserves have been accumulated over previous financial periods to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements.

Financial instruments

The GOsC only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable, loans from banks and other third parties and loans to related parties.

Notes to the accounts

Year to 31 March 2017

1 Income

The GOsC's income and deficit before taxation were all derived from its principal activity; registration fees are the primary source of income. Income was received from the following sources:

	2017 £	2016 £
Registration fees	2,735,411	2,650,326
Magazine and leaflets	34,705	29,368
Recoverable costs	1,487	620
Grant funding (Department of Health)	9,952	-
FORE secretariat	25,024	25,735
Performance assessments	3,111	2,507
Miscellaneous	14,658	802
Total	2,824,348	2,709,358

2 Expenditure

Expenditure for each function in the year was as follows:

	2017 £	2016 £
Education and professional standards		
Employment costs	205,770	216,915
Working groups (OEI)	1,007	44
Quality assurance (including funding from reserves)	94,699	47,002
Continuing professional development	31,902	12,955
<i>Osteopathic Practice Standards</i>	1,769	9,445
Student fitness to practise	2,915	7,783
Values project	5,000	-
Osteopathic pre-registration education	1,600	1,987
Publications and subscriptions	300	68
Total	344,962	296,199
Registration		
Employment costs	225,502	163,356
Registration documentation	2,670	4,791
Appeals	-	-
Registration assessments	28,492	29,100
Total	256,664	197,247

	2017 £	2016 £
Fitness to practise, including legal		
Employment costs	314,716	272,485
Statutory committee costs:		
• Investigating Committee	75,275	76,435
• Professional Conduct Committee	399,210	369,917
• Health Committee	8,156	53,861
• Section 32 cases	2,410	969
• Law library subscription	2,033	4,418
Other legal costs	18,024	21,900
Total	819,824	799,985
Communications, research and development		
Employment costs	309,368	291,638
Publication production	77,266	78,117
Engagement activities	49,521	63,425
Website	14,526	29,197
Development projects (funded from reserves)	13,250	17,335
Promoting registration	-	282
Publications and subscriptions	115	1,439
Research		
• National Council of Osteopathic Research	26,569	33,219
• <i>International Journal of Osteopathic Medicine</i>	39,422	38,782
Total	530,037	564,351
Governance		
Employment costs	105,948	80,406
Honorariums/responsibility allowances	95,794	114,750
Tax liability on Council expenses	8,569	9,562
Council costs including reappointments	29,692	35,719
Other committee costs	22,137	22,681
PSA levy	13,358	9,124
Internal operations, including training	382	242
Total	275,880	272,484
IT infrastructure		
Employment costs	46,556	30,521
IT infrastructure provision	64,570	65,067
IT audit	7,000	-
IT sundries	474	393
Total	118,600	95,981

	2017 £	2016 £
Administration and establishment		
Employment costs	158,490	140,645
Non-attributable employment costs	68,745	53,090
Premises	133,233	125,030
Office administration	63,738	71,151
Audit (external)	18,900	23,765
Financing	20,365	26,639
Depreciation	49,707	72,934
Publications and subscriptions	1,452	1,138
Total	514,630	514,392
TOTAL EXPENDITURE	2,860,597	2,729,722

3 Employees and staff costs

Staff costs during the year were as follows:

	2017 £	2016 £
Wages and salaries	1,146,523	1,005,087
Social security costs	117,105	105,868
Other pension costs (see note 4)	102,723	85,011
	1,366,351	1,195,966
Recruitment	23,492	26,320
Training and development	29,187	16,458
Other	16,066	10,313
Total	1,435,096	1,249,056

Termination payments of £42,289 were made in the year (2016 - £nil)

The average number of employees, on a full-time equivalent basis and by department, of the Council during the year ended 31 March 2017 was:

	2017 number	2016 number
Education and professional standards	3.80	4.20
Communications, research and development	5.00	5.00
Registration and resources	7.60	5.40
IT infrastructure	0.60	0.60
Fitness to practise, including legal	6.60	6.40
Governance	2.00	2.00
Total	25.60	23.60

Executive remuneration

The key management team comprises the Chief Executive and Registrar, Head of Policy and Communications, Head of Professional Standards, Head of Registration and Resources, and Head of Regulation.

The total emoluments for these individuals were £513,889 (2016 – £499,819).

The employment costs of the Chief Executive and Registrar at 31 March 2017 were:

	£
Salary	126,821
Employer National Insurance contributions paid in the year	15,839
Employer pension contributions paid in year	12,682

Detailed below is a schedule showing the number of GOsC staff who are earning above £60,000:

	2017 number	2016 number
£70,000 - £80,000	4	4
£120,000 - £130,000	1	1

Expenses claimed by members of the Senior Management Team were:

	2017 £	2016 £
Tim Walker, Chief Executive and Registrar	524	854
Fiona Browne, Head of Professional Standards	301	39
Matthew Redford, Head of Registration and Resources	63	16
Brigid Tucker, Head of Policy and Communications	359	185
Sheleen McCormack, Head of Regulation	-	-

4 Pension costs

The contributions paid in the year in respect of the Council's pension scheme were £102,723 (2016 – £85,011).

5 Interest receivable and similar income

The interest receivable and similar income in the year was as follows:

	2017 £	2016 £
Interest receivable	13,721	12,887
Total	13,721	12,887

6 Taxation

The tax charge was as follows:

	2017 £	2016 £
Current tax:		
Corporation tax at 20%	2,744	2,577
Tax on investment income	2,744	2,577

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

7 Tangible and intangible fixed assets

Tangible fixed assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2016	17,424	45,531	3,806	2,244,172	2,310,933
Additions	-	-	-	-	-
Disposals	-	-	-	-	-
At 31 March 2017	<u>17,424</u>	<u>45,531</u>	<u>3,806</u>	<u>2,244,172</u>	<u>2,310,933</u>
Depreciation					
At 1 April 2016	14,420	43,573	1,699	431,844	491,536
Charge for the year	3,002	884	615	38,183	42,684
Disposals	-	-	-	-	-
At 31 March 2017	<u>17,422</u>	<u>44,457</u>	<u>2,314</u>	<u>470,027</u>	<u>534,220</u>
Net book value					
At 31 March 2017	<u>2</u>	<u>1,074</u>	<u>1,492</u>	<u>1,774,145</u>	<u>1,776,713</u>
At 31 March 2016	<u>3,004</u>	<u>1,958</u>	<u>2,107</u>	<u>1,812,328</u>	<u>1,819,397</u>

Intangible fixed assets

	Computer software and development £	Total £
Cost		
At 1 April 2016	259,856	259,856
Additions	-	-
Disposals	-	-
At 31 March 2017	<u>259,856</u>	<u>259,856</u>
Depreciation		
At 1 April 2016	232,655	232,655
Charge for the year	7,020	7,020
Disposals	-	-
At 31 March 2017	<u>239,675</u>	<u>239,675</u>
Net book value		
At 31 March 2017	<u>20,181</u>	<u>20,181</u>
At 31 March 2016	<u>27,201</u>	<u>27,201</u>

8 Debtors

	2017 £	2016 £
Fee debtors	212,881	189,310
Prepayments and accrued income	172,720	117,792
Other debtors	11,597	20,756
Total	397,198	327,858

9 Creditors: amounts falling due within one year

	2017 £	2016 £
Deferred income	764,608	726,672
Trade creditors	104,207	96,950
Accruals	106,357	89,019
Department of Health – grant funding	-	9,952
Other creditors	3,713	3,915
Income tax and social security	38,503	32,518
Corporation tax creditor	2,135	15,911
Total	1,019,523	974,937

10 Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members was £93,188 including responsibility allowances. In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £18,484.

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. Members of these committees claimed daily attendance fees which totalled £135,705, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £61,497.

External members of other committees

In the reporting year, a daily attendance fee of £306 was paid to external members of the Education and Registration Standards, Osteopathic Practice, Audit and Remuneration and Appointments Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £8,120, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £1,565.

11 Reserves

	At 1 April 2016 £	Deficit for the year £	Gross transfers between funds £	At 31 March 2017 £
General Reserve	2,422,002	(18,831)	25,000	2,428,171
Designated funds:				
• New CPD implementation	100,000	-	-	100,000
• Recognised Qualification accreditation	25,000	-	(25,000)	-
Total	2,547,002	(18,831)	-	2,528,171

The designated fund of £100,000 is to support the implementation of the new CPD scheme which builds upon the existing CPD model. The fund will be used for engagement activities and for developing online resources.

12 Capital commitments and contingent liabilities

Capital commitments that are contracted but not provided for at 31 March 2017 amount to £nil (2016 – £nil). There were no contingent liabilities at 31 March 2017 or 31 March 2016.

13 Related party transactions

Tim Walker, the GOsC Chief Executive and Registrar, is Chair of the Board of Trustees of the National Council of Osteopathic Research (NCOR). This post is unremunerated.

In the year expenditure relating to NCOR was £26,569 (2016 - £33,782)

14 Controlling parties

In respect of the GOsC, the Council are considered to be the ultimate controlling party.

6. Key activities for 2017-18

The 2017-18 year will be the second year of the three-year Corporate Strategy for 2016-19. Our Business Plan for 2017-18, anticipates the following activities:

Continuing professional development (CPD)

- Continuing to work with a range of individual osteopaths and stakeholders on the 'early adoption' of the new CPD scheme.
- Preparing for the profession-wide implementation of the new CPD scheme in 2018, including consulting on new statutory CPD rules.

Osteopathic Practice Standards

- Undertaking a public and profession-wide consultation on revised *Osteopathic Practice Standards* and preparing for their implementation in 2018-19.
- Continuing to develop new supporting guidance and learning materials for osteopaths to support the use of the revised *Osteopathic Practice Standards*.

Osteopathic education

- Identifying best practice in osteopathic education, including following up our thematic review on boundaries.
- Working with the Quality Assurance Agency on the quality assurance of existing and proposed new recognised qualifications.

Registration

- Undertaking a review of assessments and charges for overseas applicants, and exploring options for mutual recognition of qualifications.
- Investigating and where necessary prosecuting individuals who incorrectly describe themselves as osteopaths.
- Ensuring that the new CPD scheme works seamlessly with existing registration processes and IT systems.

Development of the profession

- Working with the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and the National Council for Osteopathic Research to further develop osteopathic practice.

Fitness to practise

- Publishing new guidance and improving the use of Rule 8 which allows cases to be concluded without the need for a formal hearing.
- Consulting on and implementing new Indicative Sanctions Guidance.
- Establishing a new Decision Review Group, working with colleagues from other regulators, to share best-practice and improve fitness to practise processes.

Research

- Commissioning a literature review on sexual boundaries (jointly with the General Chiropractic Council) and considering the need for further research.
- Undertaking a joint project with the General Dental Council looking at how patient and practitioner values can impact on shared decision making and providing support for good practice.
- Continuing to support the National Council for Osteopathic Research to develop research capacity within the osteopathic profession.

Communications and engagement

- Undertaking major consultation and engagement campaigns to support the review of the *Osteopathic Practice Standards* the implementation of the new CPD scheme.
- Continuing to work with our Patient and Public Partnership Group and other patients groups to provide effective input to our work.
- Supporting the communication, consultation and engagement work of our partners in the Osteopathic Development Group.

Finance and governance

- Reviewing and updating our Equality and Diversity Policy.
- Meeting the new governance and reporting requirements resulting from our registration as a charity.
- Continuing to working with the Department of Health (England) and other regulators to improve the statutory framework for the regulation of osteopaths.

7. How we are run

Council

The 2016-17 GOsC Council consisted of 10 members – five osteopaths and five lay – 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*.

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

Members of Council are appointed by the Privy Council. Appointments require the GOsC to follow a recruitment procedure that is scrutinised by the Professional Standards Authority for Health and Social Care (PSA). Each year, every Council member (and other non-executives) takes part in a performance appraisal with the Chair of Council (or relevant committee chair).

Members of Council in 2016-17

Chair (lay)
Alison J White
Lay members
Sarah Botterill
Dr Bill Gunnyeon
Dr Joan Martin
Dr Denis Shaughnessy
Osteopath members
John Chaffey
Dr Jorge Esteves (resigned 31 December 2016)
Kenneth McLean
Haidar Ramadan
Deborah Smith

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

Committees of Council

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

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

The work of each Committee is set out below.

Policy Advisory Committee

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

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

- The standards required for initial registration and appropriate means for assessing those standards.
- All matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
- Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
- The management, investigation and adjudication of concerns about the fitness to practise of registrants.
- Matters relating to the exercise of powers under section 32 of the act (protection of title).
- 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

Members of the Policy Advisory Committee 2016-17

John Chaffey	<i>osteopath</i>
Dr Bill Gunnyeon (Chair)	<i>lay</i>
Dr Joan Martin	<i>lay</i>
Kenneth McLean	<i>osteopath</i>
Alison J White	<i>lay</i>
External members	
Jane Fox	<i>lay</i>
Bernardette Griffin	<i>lay</i>
Robert McCoy	<i>osteopath</i>
Liam Stapleton	<i>lay</i>
Co-opted member	
Manoj Mehta	<i>osteopath</i>

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

Audit Committee

The role of the Audit Committee is to provide oversight 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 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.

Members of the Audit Committee 2016-17

Dr Denis Shaughnessy	lay
Dr Jorge Esteves (until 31 December 2016)	osteopath
External members	
Martin Owen	lay
Chris Shapcott (Chair)	lay

Remuneration and Appointments Committee

The Remuneration and Appointments Committee oversees appointment, performance and remuneration policy in relation to Council and other non-executives and staff of the GOsC, and makes recommendations to Council. Non-executives include all members of Council and statutory and non-statutory committees.

Members of the Remuneration and Appointments Committee 2016-17

Sarah Botterill	lay
Haidar Ramadan	osteopath
Deborah Smith	osteopath
Alison J White (Chair)	lay
External member	
Ian Muir	lay

Council members' attendance at Council and committee meetings

Name	Council	Audit	Policy Advisory	Remuneration and Appointments
Alison J White	4/4		3/3	2/2
Sarah Botterill	4/4			2/2
John Chaffey	4/4		3/3	
Dr Jorge Esteves	2/3	1/2		
Dr Bill Gunnyeon	3/4		3/3	
Dr Joan Martin	4/4		2/3	
Kenneth McLean	4/4		3/3	
Haidar Ramadan	4/4			2/2
Dr Denis Shaughnessy	4/4	3/3		
Deborah Smith	3/4			2/2

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

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 of typically three or five members to consider complaints and referred cases.

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

Investigating Committee

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

Members of the Investigating Committee 2016-17

Helen Bullen	<i>osteopath</i>
Miles Crook (resigned November 2016)	<i>osteopath</i>
Adam Fiske	<i>osteopath</i>
Caroline Guy	<i>osteopath</i>
Eleanor Harding	<i>lay</i>
Gillian Hawken	<i>lay</i>
Laura Heskins	<i>lay</i>
Jim Hurden	<i>osteopath</i>
James Kellock (Chair of Investigating Committee)	<i>lay</i>
Yvonne McNiven	<i>osteopath</i>
James Olorenshaw	<i>osteopath</i>
Sarah Payne	<i>lay</i>
Jacqueline Telfer	<i>lay</i>

Health Committee and Professional Conduct Committee

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

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

Members of the Health and Professional Conduct Committees 2016-17

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

Claire Cheetham	<i>osteopath</i>
Richard Davies (Chair of Health Committee)	<i>lay</i>
Tracy Davies	<i>osteopath</i>
Philip Geering	<i>lay</i>
Professor Brian Gomes da Costa	<i>lay</i>
Jean Johns	<i>lay</i>
Anthony Kanutin	<i>osteopath</i>
Andrew Kerr	<i>osteopath</i>
Corinna Kershaw	<i>lay</i>
Barry Kleinberg	<i>osteopath</i>
Morag Mackellar	<i>lay</i>
Colette Neville	<i>lay</i>
Mark Osborne	<i>lay</i>
Jacqueline Salter	<i>osteopath</i>
Andrew Skelton	<i>lay</i>
Nicholas Woodhead	<i>osteopath</i>
Judith Worthington (Chair of Professional Conduct Committee)	<i>lay</i>

Non-executive remuneration and expenses

Council members' remuneration and expenses

Name	Position held	Location	Honorarium £	Responsibility allowance £	Expenses £
Alison J White	Chair	Hertfordshire	25,500	Nil	659
Sarah Botterill	Member	Wales	7,500	Nil	2,046
John Chaffey	Member	Hertfordshire	7,500	Nil	633
Dr Jorge Esteves	Member	Oxfordshire	5,625 ¹	Nil	-
Dr Bill Gunnyeon	Member	Scotland	7,500	2,063 ²	3,360
Dr Joan Martin	Member	Northern Ireland	7,500	Nil	7,010
Kenneth McLean	Member	Scotland	7,500	Nil	4,479
Haidar Ramadan	Member	London	7,500	Nil	-
Dr Denis Shaughnessy	Member	Hampshire	7,500	Nil	-
Deborah Smith	Member	Bedfordshire	7,500	Nil	296
Total			91,125	2,063	18,483

¹Resigned 31 December 2016

²Chair of the Policy Advisory 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.

Other non-executive remuneration and expenses

Name	Committee	Location	Fees £	Expenses £
Martin Owen	Audit Committee	London	612	7
Chris Shapcott	Audit Committee	London	2,000	-
Bernardette Griffin	Policy Advisory Committee (PAC)	Worcestershire	918	77
Robert McCoy	PAC	Kent	1,224	139
Liam Stapleton	PAC	Leicestershire	918	438
Jane Fox	PAC	Derbyshire	918	457
Manoj Mehta	PAC	Middlesex	918	21
Ian Muir	Remuneration and Appointments Committee	Berkshire	612	47
Helen Bullen	Investigating Committee (IC)	Surrey	3,204	147
Adam Fiske	IC	Sussex	2,292	330
Caroline Guy	IC	Republic of Ireland	3,054	2,827
Eleanor Harding	IC	Cleveland	3,285	2,226
Gillian Hawken	IC	Surrey	3,666	325
Laura Heskins	IC	South Yorkshire	2,061	669
Jim Hurden	IC	Suffolk	3,054	334
James Kellock	IC	London	6,171	31
Yvonne McNiven	IC	Scotland	3,051	29
James Olorenshaw	IC	East Sussex	1,830	263
Sarah Payne	IC	Belgium	1,143	232
Jacqueline Telfer	IC	Lancashire	2,823	1,034
Claire Cheetham	HC/PCC	Essex	2,751	504
Richard Davies	Health Committee/Professional Conduct Committee (HC/PCC)	Wales	3,900	740
Philip Geering	HC/PCC	London	5,583	102
Professor Brian Gomes da Costa	HC/PCC	London	3,516	50
Jean Johns	HC/PCC	Northern Ireland	6,570	2,589
Anthony Kanutin	HC/PCC	Essex	9,062	749
Andrew Kerr	HC/PCC	Cheshire	7,875	1,961
Corinna Kershaw	HC/PCC	Wales	7,740	1,154
Barry Kleinberg	HC/PCC	London	2,601	184
Morag Mackellar	HC/PCC	Scotland	1,605	490
Colette Neville	HC/PCC	West Sussex	5,349	823
Mark Osborne	HC/PCC	Essex	3,900	357
Jacqueline Salter	HC/PCC	West Midlands	10,537	1,734
Andrew Skelton	HC/PCC	Nottinghamshire	9,440	3,549
Nicholas Woodhead	HC/PCC	Nottinghamshire	4,509	974
Judith Worthington	HC/PCC	Leicestershire	15,135	8,280
Total			143,825	33,873

Expenses shown in the table above were paid directly to committee members. Those expenses paid to suppliers to cover travel and accommodation costs total £29,189.

The GOsC Executive team

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

The average number of full-time equivalent staff in 2016-17 was 25.60.

The Chief Executive and Registrar in 2016-17 was Tim Walker and he was supported through the year by the Senior Management Team:

- Fiona Browne, Head of Professional Standards
- Sheleen McCormack, Head of Regulation
- Matthew Redford, Head of Registration and Resources
- Brigid Tucker, Head of Policy and Communications

Details of Executive remuneration and expenses can be found in Note 3 to the Accounts on pages 30-31.

GOSC advisers

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