Council (Public)

Thu 15 May 2025, 13:00 - 16:00

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

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

Agenda

13:00 - 13:00
0 min

1. Welcome and apologies

Information *Joanna Clift*

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

13:00 - 13:00
0 min

2. Questions from observers

Information *Joanna Clift*

13:00 - 13:00
0 min

3. Minutes of the 126th public meeting of Council

Decision *Joanna Clift*

For approval

Public Item 3 - Unconfirmed Public Minutes of Meeting February 2025 - FINAL.pdf (24 pages)

13:00 - 13:10
10 min

4. Matters arising from 126th public meeting of Council

Information *Matthew Redford*

For noting

Public Item 4 - Matters arising - FINAL.pdf (2 pages)

13:10 - 13:15
5 min

5. Chair's Report

Information *Joanna Clift*

For noting

Public Item 5 - Chair's report May 2025 - FINAL.pdf (1 pages)

13:15 - 13:30
15 min

6. Chief Executive and Registrar Report

Decision *Matthew Redford*

For decision

Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (11 pages)

13:30 - 13:45
15 min

7. Assurance reporting

Information *Matthew Redford*

For noting

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

7.1. Business Plan monitoring report to 31 March 2025

Information *Matthew Redford*

For noting

Public Item 7 - Annex A - Business Plan Monitoring - to 31 March 2025 - FINAL.pdf (21 pages)

7.2. Financial report to 31 march 2025

Information *Darren Pullinger*

For noting

Public Item 7 - Annex B - Finance Report, March 2025 - FINAL.pdf (12 pages)

13:45 - 14:00
15 min

8. Fitness to Practise report and dataset

Information *Sheleen McCormack*

For noting

Public Item 8 - FtP Quarterly Report Q4 2024-25 - FINAL.pdf (6 pages)
Public Item 8 - Annex A - FTP dataset Q4 2024-25 - FINAL.pdf (9 pages)

14:00 - 14:15
15 min

9. New dashboard reporting

Decision *Matthew Redford*

For decision

Public Item 9 - New dashboard reporting - FINAL.pdf (11 pages)
Public Item 9 - Annex B - FTP Council stats dashboard (Q4 2024-25) - FINAL.pdf (4 pages)

14:15 - 14:30
15 min

Comfort Break

14:30 - 14:45
15 min

10. Health and Disability Guidance

Decision *Steven Bettles*

For decision

Public Item 10 - Student Health and Disability Guidance update - FINAL.pdf (5 pages)
Public item 10 - Annex A - consultation analysis and evaluation - FINAL.pdf (20 pages)
Public Item 10 - Annex B -Studying osteopathy with a disability or health conditions guidance for applicants and students - FINAL.pdf (29 pages)
Public item 10 - Annex C - Students with a disability or health condition Guidance for Osteopathic Educational Providers - FINAL.pdf (34 pages)
Public item 10 - Annex D - Equality Impact Assessment - FINAL.pdf (16 pages)

14:45 - 15:00
15 min

11. Registration Report

Information *Ben Chambers*

For noting

Public Item 11 - Registration report - FINAL.pdf (9 pages)

15:00 - 15:05
5 min

12. Policy and Education Committee minutes March 2025

Information *Patricia McClure*

For noting

Public Item 12 - Unconfirmed Policy and Education public minutes - March 2025 - FINAL.pdf (17 pages)

15:05 - 15:15
10 min

13. Any other business

Discussion *Matthew Redford*

15:15 - 15:20
5 min

14. Questions from observers

Discussion *Joanna Clift*

15:20 - 15:20
0 min

15. Date of next meeting 15 July 2025

Information *Joanna Clift*

15:20 - 16:00
40 min

16. Council reflection time

General Osteopathic Council

The 127th meeting of the General Osteopathic Council to be held in public on Thursday 15 May 2025 commencing at 13:00 and concluding at 16:00 before a closed session for Council.

	Item description	Purpose	Executive lead	Timing
	Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.			
1.	Welcome and apologies		-	13:00 - 13:10
2.	Questions from observers		-	
3.	Minutes of the 126th public meeting of Council	For approval	-	
4.	Matters arising	For noting	Chief Executive and Registrar	
5.	Chair's Report	For noting	Chair of Council	13:10 - 13:15
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	13:15 - 13:30
7.	Assurance reporting: A. Business Plan monitoring report to 31 March 2025 B. Financial report to 31 March 2025	For noting	Chief Executive and Registrar Head of Resources and Assurance	13:30 - 13:45
8.	Fitness to Practise report and dataset Annex A: FtP Dataset	For noting	Director of Fitness to Practise	13:45 - 14:00
9.	New dashboard reporting	For decision	Chief Executive and Registrar	14:00 - 14:15
Comfort break				**15 mins**

	Item description	Purpose	Executive lead	Timing
10.	Health and Disability Guidance	For decision	Head of Policy and Education	14:30 - 14:45
11.	Registration Report	For noting	Registration Manager	14:45 - 15:00
12.	Policy and Education Committee minutes, March 2025	For noting	-	15:00 - 15:05
13.	Any other business			
14.	Questions from observers			
Date of next meeting: **15 July 2025**				
Council reflection time: closed session			**Meeting ends latest 16:00**	

General Osteopathic Council

3

Meeting of Council

Minutes of the 126th Meeting of Council held in public on Thursday 6 February 2025 at Osteopathy House 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference.

Unconfirmed

Chair:	Jo Clift
Present:	Dr Daniel Bailey Harry Barton (Chair, Audit Committee) Elizabeth Elander (Chair, People Committee) Sandie Ennis Simeon London Professor Patricia McClure (Chair, Policy and Education Committee) Laura Turner (Council Associate) Gabrielle Anderson (Council Associate) Caroline Guy Gill Edelman Dr Christopher Stockport
In attendance:	Fiona Browne, Director of Education, Standards and Development Steven Bettles, Head of Policy and Education (online) David Bryan, Head of Fitness to Practise (Item 8) Lorna Coe, Governance Manager Sheleen McCormack, Director of Fitness to Practise Liz Niman, Head of Communication, Engagement and Insight Darren Pullinger, Head of Resources and Assurance Matthew Redford, Chief Executive and Registrar [**Matthew Redford left the room 1509 returned 1511.]** Nerissa Allen, Executive Assistant (Online) Tim Langman, Perspective Wealth Management (Item 9) Ria Corrigan, Senior Digital Communication Officer (Item 13)
Observer/s	Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR) (Online) Maurice Cheng, Institute of Osteopathy (in person) Professor Debra Towse (new Wales Lay Member from April 2025) (in person) Angela Stevenson, Osteopath (in person) Arwel Roberts (Council Associate from April 2025)

Lesley Pitts (Donald) Osteopath [**left 1325]**
Karen Smith, Osteopath
Ben Katz, Osteopath (in person)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:

    a. Professor Debra Towse who will join Council on 1 April 2025 as the new Lay Council member from Wales.
    b. Online and external observers.

2. Stakeholder observers:

    a. Dr Jerry Draper-Rodi, Director, NCOR
    b. Maurice Cheng, Chief Executive, Institute of Osteopathy (iO).

3. Apologies were received from:

    a. Elizabeth Elander

4. Special thanks were extended to:

    a. Simeon London and Elizabeth Elander whose last meeting it was and sincere thanks were extended to them both for their support and work on Council.

    b. Laura Turner, Council Associate whose last meeting it was and thanked her for all her contribution to Council.

    c. Chris Stockport who would also be finishing his tenure today. Having moved location, he no longer meets the criteria for Welsh Lay Member. The Chair thanked Chris for his contribution.

    d. Marcia Scott, Council and Executive Support Officer/EA to the Chief Executive and Registrar who would retire at the end of February. The Chair extended the Council's thanks to Marcia for everything she had done for Council and GOsC and noted how missed she would be.

Item 2: Questions from Observers

5. Maurice Cheng Chief Executive of the iO stated he was pleased to see Items 10 (Business Plan/Budget relating to the community's perception of GOsC) and 11 (Amendment to Section 32(1)) but that he wanted to urge a broadening of the brief in relation to both to assist in rebuilding the trust and respect of the osteopathy community in their regulator (GOsC).

6. The iO wanted Council to consider going further than only osteopathic techniques and consider adding the word osteopathic to ensure protection of title in more situations.

   In addition, the Chief Executive of the iO asked Council to consider further emphasis in the Business plan to focus on GOsC's reputation amongst its community arising from the perception survey which had highlighted some concerns in relation to the community's belief in its regulator.

7. There were no questions from online observers.

Item 3: Minutes

8. The minutes of the 125th public meeting, 20 November 2024, were agreed as an accurate record of the meeting.

Agreed: Council agreed the minutes of the 125th public meeting 20 November 2025.

Item 4: Matters arising

9. The Chief Executive introduced the report which asked that Council note the workstreams completed.

Noted: Council noted the matters arising from the meeting of Council 20 November 2024.

Item 5: Chair's Report

10. The Chair introduced the report and added some verbal updates.

11. The key points were:

    a. Chris Stockport the Welsh Lay Council member was leaving Council as due to a change of job and location he no longer met the criteria for a Welsh Member. When recruiting the Welsh lay member, the panel had other appointable candidates and had made a recommendation to the PSA and Privy Council that Professor Debra Towse be appointed. This had been agreed, effective from 1 April 2025.

    b. Two lay and two Osteopathic members of the Policy and Education Committee had been appointed.

    c. Interviews for two new registrant members to Council in November did not prove successful and the recruitment process would re-run early in 2025. This meant Council would have two registrant Council vacancies for a few months, as Simeon London and Liz Elander would finishing their second terms at the end of March 2025.

d. Progress had been made with the Patient Partner programme recruitment and more information would follow.

e. The Chair advised she had attended the London roadshow in November and the subsequent awards event.

f. The Chief Executive and Registrar and Chair held a bilateral with the iO CEO (Maurice Cheng) and the new President (Dan Collis) and would hold similar meetings three times a year.

g. The Chair and the Chief Executive and Registrar attended the Marx Memorial Lecture and the GMC's education conference and were both asked by the GMC Chief Executive to share the learnings on patient partner involvement from a governance perspective.

h. The Chair advised she would attend the OE conference in March.

i. The process of appointing a company to run the Board Effectiveness Review was underway. The review would commence in April and is expected to conclude in July 2025.

The following points were added by the Chair at the meeting:

a. The success of the Board Effectiveness Review will rely on the engagement Council members, Council associates and the executive.

b. In terms of stakeholder events, the HCPC had asked Chairs from health regulators to take part in a meeting regarding consent and patient safety with a view to releasing a good practice statement shared by those regulators.

Noted: Council noted the Chair's report.

Item 6: Chief Executive and Registrars Report

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

13. The following points were highlighted and expanded upon by the Chief Executive and Director of Education, Standards and Development:

a. Chief Executive and Registrar had been invited to chair a session at the Professional Standards Authority and Patient and Client Council event in Northern Ireland on *'Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff the public'.* This meeting was rescheduled due to bad weather.

b. GOsC had arranged to meet with osteopaths in Northern Ireland and invited colleagues from the Institute of Osteopathy and National Council for Osteopathic Research to attend also and this would be rescheduled in line with the PSA event in March.

c. There had been a lot of collaboration with regulatory partners

d. GOsC had continued to respond to the DJS registrants' perception survey and were reflecting on the 'tone of voice' across all communications.

   In relation to the point raised by the Chief Executive of iO at the start of the meeting the Chief Executive reassured him that there was a focus on responding to the DJS findings across all that GOsC does.

   In addition, there had been work undertaken with Susan Biggar in Australia around kindness in regulation which formed part of the work being done in response to the perception survey. Materials had been shared and there was a further commitment to continue the conversation from both the FtP and Education and Standards teams.

e. The Director of Education, Standards and Development advised that Paul Stern, who had been working with other regulators regarding AI, was invited to present at the Council of Deans on AI in Regulation alongside Jamie Hunt Head of Education in Health and Care Professions Council. Paul's presentation showed how osteopathy was leading in thinking in some of those areas particularly in terms of regulation. Congratulations were offered to Paul for the success of this noting he had some really passionate questions which he had responded well to particularly in relation to patient use and expectations.

f. A number of engagement meetings with colleagues across the healthcare sector to inform the work of GOsC and thinking had been held, including the General Medical Council Marx Memorial Lecture and Education Conference. There was also work regarding patient partnership, including with Henrietta Hughes, the first Patient Safety Commissioner for England.

g. There had been a considerable amount of non-executive recruitment. There was a need to re-run the campaign to find two new osteopath members of Council as the 2024 campaign was unsuccessful.

h. Council was requested to agree that Andrew Harvey, Chair of the Professional Conduct Committee, also continued as Chair of the Health Committee from 1 April 2025 to 31 March 2029.

i. Council was requested to agree the appointment of lay and osteopath members to the Policy and Education Committee from 1 April 2025 to 31 March 2028 and 2029 as set out in the email dated 30/01/2025.

Lay members:
Jayne Walters 4 years from 1 April 2025 to 31 March 2029
Kate Kettle 3 years from 1 April 2025 to 31 March 2028

Osteopath members:
Patrick Gauthier 4 years from 1 April 2025 to 31 March 2029
Andrew Macmillan 3 years from 1 April 2025 to 31 March 2028

Council Associate:
Arwel Roberts, 2 years from 1 April 2025 to 31 March 2027

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

a. It was highlighted that all the osteopath members of PEC were trained at the same school which raised a question of external perception in relation to fairness.

The Chief Executive noted that the size of the profession made these situations hard to avoid but assured Council that any conflict of interest would be managed in meetings accordingly.

b. Council asked the Chief Executive if there were any identifiable reasons for the lack of success in the campaign for osteopathic members of Council.

The Chief Executive advised that applicants had not performed well enough at interview. However, an on-line webinar had been arranged for the following week to talk about what it meant to be a Council member and set out what the purpose of GOsC was and 20 registrants were signed up with at least 4 from Scotland.

Sandie Ennis, who had sat on the panel –raised the question as to whether the GOsC role was fully understood, given the responses from candidates at interview

The Chief Executive advised it had been agreed by People Committee that in this round of recruitment, the successful candidates would be sent the general topics that the questions would cover, in advance of the interview so they had awareness of the general areas of questioning.

c. Council discussed the fact there had been challenges with recruitment of Registrant osteopaths historically and it was suggested that providing osteopaths who were 65/70% suitable with a short period of support and regarding e.g. governance and strategic thinking could be a solution.

The Chief Executive agreed that support for new Council members would be important but that it was not a profession specific issue and the PSA would be clear that any such approach would need to be consistent for lay and osteopath members.

d. Council noted it was positive to see the actions in response to the DJS perception survey. They noted that adding stats to show the uptake on the new communication channels (and using them to create KPIs in the Business Plan) would help Council understand what success looks like in terms of making progress with building trust and confidence in the regulator.

   The Head of Communication confirmed that the team would take that on board and would share stats where possible with the proviso that changing minds/perceptions was a longer process.

e. It was confirmed that the CEN document referenced in paragraph 31 regarding Osteopathy Europe, was the European standard that GOsC had previously helped create.

Noted: Council noted the content of the report.

Agreed: Council agreed to the appointment of the PEC appointments:

PEC Lay members:
Jayne Walters 4 years from 1 April 2025 to 31 March 2029
Kate Kettle 3 years from 1 April 2025 to 31 March 2028

PEC Osteopath members:
Patrick Gauthier 4 years from 1 April 2025 to 31 March 2029
Andrew Macmillan 3 years from 1 April 2025 to 31 March 2028

Council Associate:
Arwel Roberts, 2 years from 1 April 2025 to 31 March 2027

Agreed: Council agreed that Andrew Harvey continue as Chair of the Health Committee from 1 April 2025 to 31 March 2029.

Item 7: Assurance Report

15. The Chief Executive (Annex A) and the Head of Resources and Assurance (Annex B) introduced the item which provided a set of assurance reports to Council on the performance of the organisation.

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

    a. The Chief Executive noted that the detailed reports were in the annexes. There would be a new 'dashboard' approach as requested by Council which was in development. This would be considered by Audit Committee before being presented to Council.

Council commented that whilst the helicopter view of the Business plan was helpful members would still want to have the option to drill down into the detail. Members were reassured that the detail would still be available if needed.

b. The Chair summarised it would be helpful for Council to have a set of medium level KPIs to help measure progress against GOsC strategy and assess whether the organisation was reaching the agreed targets and outcomes.

c. Council requested an update on the timeline for the theory of change workstream, and clarification that it would assist with some measures that could be used to check progress against delivery of desired outcomes.

The Director of Education, Standards and Development advised that internal staff workshops would start June 2025 and would be reported at Council July or September Council meetings for further conversation.

d. Council noted the CRM project was amber in the Business Plan and requested an update.

The Chief Executive assured Council the project was progressing with no additional costs due to delays and confirmed that the configuration work was 95% complete. The delay related to the integration of the new CRM system with Ozone and the website but it was underway with an anticipated completion date of March 2025.

17. **Financial Report to 31 December 2024 (Annex B)**

18. **Key messages from the report were:**

a. Registration fees were on track to meet budgeted expectations.

b. Expenditure was around £2.33m and was £166k over budget for the nine-month period.

c. The Balance Sheet was in a strong position.

d. Cash at bank was around £105k lower than at year end; however, it was expected that the cash position would return to a similar level to the March 2024 position by the end of the financial year.

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

a. The Head of Resources and Assurance advised Council that he had added percentages into the variances as requested at the previous Council meeting.

b. Council commented that there was a negative variance between actual costs and budget in the third quarter for Fitness to Practice and requested reassurance that this view was not overly optimistic noting that the gap could widen in the final quarter.

The Head of Resources and Assurance advised he was not aware of anything that would widen that gap and explained the usual approach was to take three quarters of the year's actual budget and then add on whatever was left of that to get the forecast amount. However, if it was known that more work had been done on a particular area at the start of the year, then the approach was to phase it. In either case, the spend was monitored month by month.

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

Item 8: Fitness to Practise Report and Dataset:

20. The Director of Fitness to Practice introduced the report and explained, for new members, that her team produced stats around Fitness to Practice and activities that were undertaken in regulation and the detailed dataset covered the previous quarter (October to end of December).

21. The key messages from the report were:

a. In the reporting period, there was a decrease in the number of concerns received (13) in comparison to the previous quarter (16).

b. As of 31 December 2024, 3 of the 18 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC) were listed. A breakdown of the cases awaiting hearing was in the quarterly dataset at Annex A.

c. In that quarter three cases were concluded, consisting of one PCC substantive hearing and two rule 8 meetings (consensual disposal). A further two cases went part heard.

d. Training had been scheduled for all committee members and legal assessors within the current quarter.

e. GOsC had published the annual Fitness to Practise report.

22. The Director of Fitness to Practice highlighted the age of the cases and pointed out that was mostly related to the continuing burden of third-party investigations (which ran concurrently with Fitness to Practice investigations) either run by the police, the CPS (where they had decided to charge a registrant and the matter was proceeding to a court case), or those smaller cases where it involved an investigation by the NHS that had not been disclosed to GOsC.

Around 47% of cases at Investigating Committee stage were third party. Those at Professional Conduct Committee stage were around 40%. The data showed there had been a jump in cases over the 52-week target for the end-to-end KPI (from when received the case to when concluded). As a regulator GOsC cannot be seen to prejudice a police investigation so a case could not progress until police had concluded or there had been an outcome in a court case.

23. The Head of Fitness to Practice made the following points in relation to the Fitness to Practice report and datasets:

    a. The number of cases made formal at the screener stage was lower because the majority of the cases received in that reporting period were towards the end of that quarter so hadn't been formalised in that time. It was expected they would be by the next reporting period and that KPI had in fact been well exceeded.

    b. At Investigating Committee Stage, 9 cases were considered in that period and the number of third-party cases as of 6 February had increased to 56%.

    c. At the Professional Conduct Committee stage a breakdown of cases awaiting hearing was provided on p5. The committee were awaiting the listing questionnaires which helped the team schedule the hearings.

    d. The sharp rise in the longevity of cases that was due to the number of third-party cases highlighted and the team were keeping a careful eye on that.

    e. The number of' breach of title' cases (where an individual who was not registered with GOsC but was practicing and was potentially breaching the title Osteopath) had reduced in that quarter.

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

    a. Council asked if the rise in the number of third-party cases suggested that GOsC were receiving a higher number of more serious complaints about osteopaths than it had previously.

       The Director of Fitness to Practice concurred there had been a consistent rise in sexual boundaries cases however commented that whilst these cases had come into sharper focus there had always been concerns about sexual boundaries and consent.

       The aftershock of the pandemic meant that the police, court system and NHS were overloaded and cases were proceeding more slowly which was a recurring theme. The impact was that GOsC had to wait until these cases were concluded.

b. The Head of Fitness to Practice was asked if there were any other factors they considered contributed to a rise in the number of these cases and they advised that the Me-Too Movement had been alluded to in some cases and appeared was underpinning the number of referrals to police.

   Some patients were referred to the police before any referral GOsC

c. Council asked whether the KPI for the age of cases would be met if the timeline was assessed from the point at which the third-party investigation was concluded and the GOsC process began.

   The Director of Fitness to Practice noted that the team had not looked at that before most likely because the PSA did not require it but concurred that it would provide useful information to Council about the effectiveness of case progression.

Noted: Council welcomed and noted the reports.

Item 9: Investment and Reserves annual review

25. The Chair welcomed the guest Tim Langman from GOsC's Financial advisers and asked the Head of Resources and Assurance to introduce the item.

26. **Key messages from the paper:**

a. It was considered good practice to hold reserves for unforeseen events and to invest excess funds in order to maximise assets. It was also good practice to review both reserves and investments on an annual basis, which Council would usually do at its February meeting.

b. Council had previously agreed a target reserves range of £350k-£700k, which was based on its assessment of risk and the possible financial impact. At the year ended 31 March 2024, funds held were above the target reserves range (£839k).

c. The investment portfolio was relatively stable at the time of reporting, having gained £61k (4.81%) in the year to date since March 2024. The market volatility during the period of the covid pandemic had calmed.

d. The most up to date investment valuation was £1.33m, as of 31 December 2024.

27. Tim Langman from Perspective Financial Group (advisors to Council and who deal with the fund managers on behalf of GOsC) was present at Council to report on the performance of the portfolio.

He advised that the fund had performed well the previous year at 8.97% against the benchmark of 8.9%. A potential change was strong returns across all asset classes: US up 24%; Japan 18%; global 15%; UK 9% and Europe 7%.

GOsC has a mixed portfolio probably around 65% equity, 35% bonds and cash. The bonds brought down performance (bonds performance was about 2/2.5% compared to property which was around 30%) but added in the cautious approach that GOsC had wanted i.e. moderate risk.

The Environmental Social and Governance checklist for the investment risk was used with a score of 75% which represented moderate risk.

28. Future options were discussed. 2025 had started volatile with Donald Trump, tariffs, debate on whether the UK would go back to Europe or USA regarding trade agreements. European and UK banks had cut interest rates to stimulate growth in markets. The view was that 2025 would not be as strong as the previous year but should still be a positive performance.

29. The Advisors had suggested to GOsC that it could potentially look at different fund managers noting that the current firm charges were relatively high annually at 1.85% meaning that GOsC would want to get a pretty positive performance each year to make sure the portfolio moved forward. It was suggested that GOsC could probably achieve the same if not better performance with a lower charged discretion fund manager.

30. Overall, it was noted that it had been a positive year. At the end of December, the fund was at £1.330m and as of yesterday it was £1.354.

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

    a. Council requested to clarify the recommendation that the investment should be via a fund route rather than a segregated portfolio.

       Tim Langman explained that it was about liquidity i.e. if needed to get money out quickly it would be possible to exit in 7-10 days. The majority of the portfolio was funds where the investor would try and track different asset classes and markets via those funds e.g. a US tracker fund. A segregated portfolio would probably consist of more direct equities.

       It was the advisors' suggestion that GOsC continue with its current approach which was balanced and spread the risk.

       The Chief Executive clarified that these key principles were designed and agreed by Council when it first set out the investment strategy in 2009. The fund route was considered lower risk rather than GOsC choosing where to invest.

b. Council asked what it meant in paragraph 21 where it said 'in terms of business development process' whether it was the investment strategy or the choice of funds. The Head of Resources and Assurance advised that he would look into that and respond.

c. Council was pleased that GOsC was looking at investments through the lens of ESG and wanted to clarify if the score meant there was clarity over 75.96% of the portfolio or if it meant that 75.96% of the portfolio was good from an ESG perspective.

   Tim Langman confirmed it meant that 75.96% of the portfolio was good.

d. In discussing agreement to the Executive taking decisions on alternative investment managers Council asked for assurance that full due diligence would be carried out in a similar way to when the previous decision had been made. The Chief Executive confirmed it would be done by the financial advisors.

e. Council also asked why the Executive wanted this delegated and whether it was a one-off request or ongoing.

   The Chief Executive explained that it would be a one off. The Executive was trying to free up Council time and to enable the Executive to move forward with activities however if Council needed more information to make a decision, then the Chief Executive would be happy to provide this.

f. Council clarified if it was being asked to reconfirm the target reserve range as £350k - £700K.

   The Head of Resources and Assurance confirmed that this was not being asked, it was a statement of what was in the accounting policy. Discussion followed regarding changing it to stating 'x percent' or 'x number of months salaries' like some other regulators but any such change would go through Audit Committee and at that stage Council were only being asked to note at the position.

Considered: Council considered the reserves position.

Agreed: Council agreed a new £100k reserve of innovation projects having established there would be Council oversight on any spend within this.

Considered: Council considered the GOsC investment position.

Agreed subject to: Council agreed that the Audit Committee should consider the recommendation to move to Cambridge with more information provided to them before it made a recommendation to Council in May.

Meeting broke for comfort break 1355-1416

Item 10: Business Plan and Budget 2025-2026

32. The Chief Executive introduced the business plan and explained the format was the same as the previous year i.e. a smaller and more focussed business plan

33. The key messages and following points were highlighted:

    a. The draft Business Plan for 2025-26 was presented at Annex A and represented the second year of the new Strategy, through to 2030.

    b. The 2025-26 budget had been balanced.

    c. An Equality Impact Assessment had been completed for the introduction of the Business Plan and Budget 2025-26 and was presented at Annex C.

    d. The Chief Executive summarised some the key activities including: seeking a change to Section 32(1) of the Act, the theory of change and the strategic outcomes, a range of activity around inclusivity, continuous improvement with internal audit and new initiatives like AI.

34. In discussion of the Business Plan the following points were made and responded to:

    a. Council asked why it was only Non-Executive Recruitment that was being looked at for inclusivity rather than all recruitment.

       The Chief Executive advised the independent review focus was making the Non-Executive Process as inclusive as possible and some outcomes would naturally filter through to all recruitment however as that work had not yet commenced it could be expanded to cover all recruitment.

    b. Council asked for the Theory of Change to be contextualised and to understand what the output would be plus the route for agreeing this through the governance structure.

       The Director of Education, Policy and Development explained that this was where the Executive had been considering the KPIs and how progress against strategy could be measured. As a starting point the Executive planned to look at outcomes, considering what they might expect to see if the strategy were being successfully delivered. That would then be tracked back through staff workshops looking at the inputs, outputs and outcomes so the executive would be able to align the business plan along those tracks so everything would have impact against the strategy.

       It was explained that it was still in its early stages and that workshops had been held with staff in the development of the business plan to make sure

everyone understood what outcomes were desired. However, it would still require more structure, thought and cross organisational work.

It was explained that the hope was to produce a paper for consideration for July Council or September strategy day rather than through a committee and that may be a workshop.

The aim was to have KPIs for Council to make it more accessible and understandable showing that GOsC was making the most efficient and effective use of resources and it would be more visible.

Council suggested that the work consider what the levers for change were, what results were expected and the impact those results would have e.g. 'by taking this action we believe it will make the biggest difference to registrant perception because X, Y and Z'.

c. Annex A P9 of the championing inclusivity there were gaps in the final 2 columns – 'implement health and disability guidance and EDI CPD. The Executive confirmed this would be updated.

d. The Chair of Audit commented that the business plan contained some large segments of work e.g. the website in Embracing Innovation and the measurable activities Long Term Financial and Asset Decisions and Strengthening Trust and suggested that an element of programme management to ensure that the individuals had capacity and experience to move forward at the right pace and have best chance of success would be beneficial.

The Chief Executive agreed that this was a helpful insight and that the Executive would reflect on that as well as how to articulate that in the plan.

e. Council asked if that document was agreed, it would then become a working document, rag rated to it could track progress.

The Chief Executive confirmed that it would.

f. Council commented that the procurement of appropriate models of AI for GOsC by June 2025 seemed quite early and there was no detail as to what models were proposed.

The Chief Executive agreed and advised that the business plan would be updated to reflect the fact it would a pilot.

35. The Head of Resources and Assurance introduced the Budget 2025-2026 and the key messages and following points were highlighted:

a. Subsequent to the Government's budget announcement an additional £33k NI had to be added to the figures.

b. Council was advised that some cost savings were expected e.g. the bringing of QA inhouse would create some savings and had been included in the figures.

c. It was advised that there were also some additional expenditures e.g. the Board Effectiveness Review and Internal Audit as well as provision for the Chief Executive and Chair to attend overseas conferences.

36. In discussion of the Budget 2025-2026 the following points were made and responded to:

a. Council questioned the amount of money budgeted for governance costs which were considered high and questioned what the increase in Council and Committee costs were attributed to as well as how material a miscalculation it had been.

The Head of Resources and Assurance advised that the interviewing for the internal audit tenders were underway and the costs would range from £15-£20kpa.

Council costs were slightly underbudgeted the previous year so had looked at the last 3 years actual costs to get a more realistic and prudent reflection of the costs for the 2025-2026 budget.

The Chief Executive also advised that the miscalculation of governance costs in the previous year had been significant but that the previous budget had not been written by the current Head of Resources and Assurance.

The Chief Executive advised that the responses from the Board Effectiveness Review and Internal Audit tender processes had not come in at the point the budget was written so the figures were based on a cautious approach and it was now known that there would be savings on those figures.

The cost of the Board Effectiveness Review would be around £30k.

Council asked if the Executive had benchmarked the cost of the Board Effectiveness Review against other regulators which the Chief Executive advised the amounts had not been shared however some of the organisations invited to tender had been recommended by other regulators.

The Chair added that having seen Board Effectiveness Reviews from both sides that this cost was not out of kilter.

Council asked why a review was being done at this stage and the Chief Executive explained that GOsC had not done one before, had had a significant turnover of members in 2024 and a new chair therefore it felt like a good time to fill that gap in the organisational governance.

Council discussed whether a governance review rather than a Board Effectiveness Review would have been a better scenario providing greater assurance.

The Chair advised that the specification of the tender included the successful incumbent talking to all parties to establish if there were any weaknesses within the governance structure, looking at the processes, Council and committees so that these could be addressed.

b. The Chief Executive stated if Council did not wish to proceed with the Board Effectiveness Review it was important to know at that stage because the tender process was already underway and that the Board Effectiveness Review tender documentation had been through People and Audit Committees the previous year. Moreover, as a regulator, GOsC asked registrants to undergo CPD and therefore it only seemed appropriate that it should reflect inwards and consider areas of improvement.

   The Chair noted that it was important that all parties went into the Board Effectiveness Review with an open mind so also checked that Council were happy to proceed which it was confirmed they did.

c. Council asked what the assumptions were behind the drop in QA costs which would be brought inhouse and if there were any startup costs included in those figures or if the £124k were enduring costs. (Table on top p3).

   The Head of Resources and Assurance clarified those costs started from July 2025 so some were based on external QA costs and the rest had been based on the 5- year plan in which start-up costs were included in the first year.

d. Council asked to clarify what 'costs associated with the assessment of return to practice registration' were.

   The Chief Executive explained that internationally qualified applicants have to go through a three-stage assessment route which they must pay for which covers the cost of registration assessors who assess their application including a final clinical competence examination. The narrative in the paper referred to a return to practice process; however, there are no costs for this. This is a process to support individuals who are rejoining the Register after a period of two years or more off the Register.

Council considered and agreed the following recommendations:

Considered: Council considered the Equality Impact Assessment.

Agreed: Council agreed the draft Business Plan 2025-26.

Agreed: Council agreed the draft budget 2025-2026

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

37. The Chief Executive introduced the item which was different from previous papers taking into account previous feedback not to overload Council with papers.

38. The key messages and following points were highlighted:

a. Section 32(1) of the Osteopaths Act 1993 set out provisions for the protection of title.

b. The term Osteopathic techniques was not covered by the provisions set out in Section 32(1).

c. This created a patient safety issue as unregistered individuals were using this terminology in their advertising and members of the public may have believed they were seeing a registered healthcare professional when they were not.

d. GOsC had engaged the Department of Health and Social Care in early conversations about changing Section 32(1).

e. A consultation was required alongside a justice impact test. The executive requested Council agreement to delegate to them the authority to proceed with seeking to amend Section 32(1) of the Osteopaths Act 1993.

f. Consultation document had not been provided in order to reduce level of detail and papers that went to Council.

g. Challenge from the Chief Executive of the IO that the consultation should include the word osteopathic and not just osteopathic techniques and the Chief Executive agreed that was a fair challenge.

h. Council was asked to agree to delegate authority for the executive to proceed with pre-consultation work.

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

a. Council asked for clarification of what pre-consultation was and the Chief Executive explained that it was informal conversations with stakeholders about issues that inform the consultation.

b. Council noted that the paper recommendation was to allow executive to proceed with seeking the amendment to Section 32(1) as opposed to consulting on the proposed changes. Chief Executive clarified it was to seek agreement to the consultation work and that the wording would be amended.

c. Council suggested looking at other healthcare practices e.g. cosmetic procedures carried out by non-regulated practitioners to support the case to strengthen Section 32(1).

d. It was also suggested that, when putting the case to the Department, it may be helpful to show actual cases that had been brought to the attention of GOsC but where action could not be taken because people were using the terms not protected by Section 32(1).

e. Council discussed that this showed positive action to registrants. It was suggested that the scope be widened e.g. where those that have de-registered but continued to practice referred to having undergone osteopathic training could be misleading. However, it was debated as to whether stating what training was undergone was a statement of fact or whether the inference was that individual was registered and therefore regulated.

   The Director of Fitness to Practice advised that it would all depend on the particular facts of a case. The Fitness to Practice team do deal with deregistered people who still want to put the qualification by their name, there is a question regarding how they use this and other information on their websites to suggest they are a registered osteopath (therefore misleading the public) that could reach threshold for a Section 32 (1) case.

   The risk to patient safety was where people who said they were conducting osteopathic techniques because they were misleading the public as they knew about Section 32 (1) and the loophole that it covered the title not techniques. The legal advice received by GOsC was there was nothing that could be done where someone stated 'osteopathic technique' and there would need to be more to it than that. GOsC had several cases where there was evidence to support the change but the pre-consultation work would help build that body of evidence.

   It was noted that the issue regarding use of title in terms of 'osteopathic techniques' was widespread.

f. It was also suggested that those teaching osteopathic techniques should also be qualified and be an osteopath. It was highlighted how at the NMC there was a register for those teaching nursing as well as practitioners which demonstrated that those teaching met the accreditation standards for teaching that profession.

g. The Head of Communication pointed out the importance of recognising the value of regulation and the amount of work registrants put into being registered osteopaths.

h. Council discussed that, whilst GOsC could not promote osteopathy, it could promote the regulation of the profession and suggested that those who met the GOsC standards were required to publish that on their website (to make it clearer to the public the difference in being registered)

i. Council commented that as it could not delegate a change in the Act, it needed to ensure this would not become ultra-vires therefore, rather than amending the wording from 'seeking an amendment' to 'consulting on an amendment' the word delegate should be removed. Permission could be given for the Executive to go and consult on proposed changes but the ultimate decision regarding any proposed changes would come back to Council.

   It was confirmed the wording would be changed to Council were asked to agree that the Executive undertake pre-consultation and consultation activity in relation to amendment of Section 32(1) and then revert to Council.

Agreed: Council agreed to the executive undertaking pre-consultation and consultation activity in relation to amendment of Section 32 (1) and to revert to Council with the outcome.

Item 12: Annual NCOR Concerns and Complaints Report

40. Daniel Bailey clarified if he needed to step out given a conflict of interest. The Chief Executive clarified this was a report and not a decision where he could be conflicted was required.

41. The Director of Education, Standards and Development introduced the item. The report collated data from insurers to understand what patients had been complaining about and what actions would be taken to address them. Paragraph 5 contained GOsC reflections and it was pointed out that one new aspect was the increased number of findings of new or increased pain. The aim was to find out whether that was down to the registrant not communicating any risks or applying therapy too strongly.

42. The key messages and following points were highlighted:

a. Every year the National Council for Osteopathic Research (NCOR) produced a report on the type of concerns and complaints that had been made against osteopaths and osteopathic services. The report for 2013-2023 was annexed to the paper.

b. The report brought together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.

c. The updated data collection took place during January to December 2023, Key findings included:

   i. The number of concerns about osteopaths was 117, up on the previous year (103)

   ii. Areas of focus for this year should include:

      1. Forceful treatment n=5
      2. Treatment causes new or increased pain or injury n=25
      3. Failure to communicate effectively n=7
      4. Communicating inappropriately n=7
      5. Sexual impropriety n=15

d. GOsC continued to use this report to support osteopaths to practise in accordance with the Osteopathic Practice Standards with particular communications and policy priorities covering the areas of concern outlined in the report.

43. Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR) was invited to explain the report in more detail.

a. Data covered 2023 and was reported end of 2024 – 120 complaints with around a fifth were around new or increased pain.

b. One finding that had remained the same for a while was that an osteopath who had been practicing for more than 10 years was more likely to have a complaint against them. NCOR were monitoring this to understand more.

c. Male osteopaths were more likely to have a complaint made against them.

d. Dr Draper-Rodi noted that in the past changes in mandatory CPD requirements to address matters such as consent and communication had successfully led to a decrease in complaints on consent and communication.

e. The next report should have more understanding of specific aspects in order to help understand potential interventions.

Matthew Redford left the room 1509 returned 1511.

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

a. It was highlighted that in Table 3 of the report looking at the importance if targeting groups in the profession, it looked as if the percentage figures in relationship to the number of complaints received were broken down to a

ratio of number of people in the bands there was a difference. In that context there seemed to be a higher number of complaints in the 61-70 age band than any other but the percentage value suggested that was not the case. Wondered if that was a potential issue or influenced how might communicate with certain groups.

Dr Draper confirmed that he would need to look into it and respond accordingly.

b. In relation to the increase in number of new/increased pain complaints, Council asked if that was more recent or over the whole period of time report covered.

It was explained that it may have been hidden in the past but it did seem to be an increase. This could be as a result of the work done on consent and communication meaning things had been brought to light more than previously. There had been spikes in the previous year but caution was needed with small numbers which could mean that findings were by chance rather than showing a trend.

c. It was suggested that it would be useful to know if other healthcare professions were reporting an increase in post treatment pain.

Consider: Council considered the implications of the NCOR concerns and complaints report 2013-2023.

Agreed: Council agreed to publish the NCOR concerns and complaints report 2013-2023, subject to clarification that table 3 was accurate.

Item 13: Annual review of social media policy

45. The key messages and following points were highlighted:

a. The Charity Commission duties required GOsC to update the social media policy every year.

b. Three updates had been made to the wording that year to indicate that a review of the use of both Facebook and X (Twitter) was planned in 2025. A review would be undertaken to assess if they matched GOsC values.

c. A review of social media strategy had been included in the business planning for 2025-26 as a result of the review of the social medial policy, the DJS research and the Strategy 2024 to 2030.

d. Quality assurance process that the Comms team follow when posting on social media simple forward

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

a. Council asked if the second recommendation regarding X included looking at viable alternatives e.g. BlueSky.

   It was advised that once the Comms Team had looked at current channels and their mission statements, they would start looking at other options in a strategic way. They would take into consideration what key stakeholders (other regulators, students and registrants) used.

b. It was suggested that GOsC's values (quoted in paragraph 8), strategic themes and priorities should feature earlier in the document.

c. Council asked whether the IT Manager looked over the policy from a cyber security perspective and it was confirmed this would be considered.

d. It was suggested that in paragraph 20m some guidance or context around what being appropriately trained meant would be helpful for staff.

e. It was suggested that a definition of non-paid or paid for advertising (paragraph 21) would be helpful.

f. It was suggested that a standard statement for responding would be helpful in relation to scenarios where GOsC was tagged in a post hoping to draw attention to an issue that was not in line with the organisation's objectives. (paragraph 25)

g. It was suggested that, as in other organisations, the policy should state that staff or members could not comment at all on anything about the organisation in a personal capacity and could only say something if it had been approved by the organisation.

h. The Chair suggested members be given a 10-point plan of what could and could not do in connection with social media.

   The Head of Comms advised that the team were looking at the ambassadorial role so that was an area that would be considered as part of that work.

i. Council asked whether, as the staff in Fitness to Practice team would use social media in investigating osteopaths and that it might result in some material that would not be acceptable this should be referenced in the policy.

   The Director of Fitness to Practise advised that everyone had the right to freedom of expression under article 10 (European Convention on Human Rights) but that this was a qualified right, not an absolute right. Producing outward facing social media guidance was an area that the executive would need to look into.

j. Council asked how the Comms team would reach a balance in terms of using X and Facebook for effective communication versus the conflicts that could arise when reviewing their use.

It was confirmed that it was a priority for the team.

Agreed: Council agreed the Social Media Policy updates.

Noted: Council noted future plans in relation to the social media strategy.

Lesley Pitts (Donald) Osteopath [left 1325]

Item 14: Any other business

47. The Chair formally thanked Simeon London, Liz Elander, Laura Turner and Chris Stockport for their work on Council and thanked Marcia Scott (EA to Chief Executive and Registrar and Council) for her support over many years and wished her very well in her retirement.

Item 15: Questions from observers

48. An observer asked GOsC if it were appropriate to flag the Gateshead and South Tyneside coroner prevention of future deaths report regarding a case that involved a chiropractor, and whether that would be discussed at Council.

The Director of Education, Standards and Development responded that this was a report requiring a response from the General Chiropractic Council in relation to something that happened to a patient. GOsC were not required to respond as had not been named but there were implications that the Executive team would reflect on.

Date of the next meeting: Thursday 15 May 2025

Meeting closed at 1530 followed by 15 minutes Council reflection time.

General Osteopathic Council

4

Council
15 May 2025
Matters arising

Classification	Public
Purpose	For noting
Issue	This paper addresses any actions arising from the public minutes of Council of February 2025.
Recommendation(s)	To note the content of the report.
Financial and resourcing implications	None.
Equality and diversity implications	None.
Communications implications	None.
Annex(es)	None.
Author	Matthew Redford, Lorna Coe

Background

1. This paper addresses any matters arising from the 126th public minutes of Council not covered elsewhere on the agenda. The matters arising are set out below:

Minutes of the 126th public meeting of Council:

Item	Minute	Action	Outcome
Item 9: Review of investments and reserves	Paras 25 - 31 refer	Audit Committee were asked to consider a change of investment manager for the investment portfolio.	**Ongoing:** Audit Committee considered this at its meeting in March 2025 and will receive further reports during the year before a paper comes back to Council.
Item 11: Amending Section 32(1) of the Osteopaths Act 1993	Paras 37 - 39 refer	Agreed: Council agreed to the executive undertaking pre-consultation and consultation activity in relation to amendment of Section 32 (1) and to revert to Council with the outcome.	**Ongoing:** pre-consultation activity has been arranged with the consultation due for publication in June 2025.
Item 12: NCOR Concerns and Complaints Report	Paras 40 - 44 refer	Council agreed to the publication of the NCOR Concerns and Complaints Report	**Completed:** the report was published in April 2025.

Recommendation: To note the content of the report.

General Osteopathic Council

Chair's report to Council: May 2025 - for noting

Recruitment

- We will be interviewing for **two new registrant members** in May. We had a strong field of applicants for this recruitment. This is the re-run of our unsuccessful recruitment late last year.

- We have shortlisted for the two roles for our '**Patient Partner'** programme and will be interviewing in June.

Stakeholders

- **Institute of Osteopathy**
  - The CEO and I held a bilateral with the iO CEO (Maurice Cheng) and the new President (Dan Collis). There will be a new CEO announced shortly

- **Professional Standards Authority**
  - There was a Chairs roundtable on 14th May (verbal update).

- **General Chiropractic Council (GCC)**
  - The CEO and I are having a bilateral with the Chair and CEO of the GCC in May.

- **Institute of Regulation**
  - The CEO and I attended the annual conference in March.

Governance

- The Board Effectiveness Review is underway. We will receive the report for our Council in July.

- Council Appraisals have been scheduled for July.

- Myself and the Committee Chairs are meeting three times a year.

- I am very pleased that our new Welsh lay Council member, Debra Towse, has agreed to be the new Chair of People Committee, following the departure of Liz Elander.

September Council day

- The event on 17 September will cover:
  - Team building to introduce new members to the Council
  - A workshop held by Praesta to help us plan following the Board Effectiveness Review

General Osteopathic Council

Council
15 May 2025
Chief Executive and Registrar's Report

Classification	Public
Purpose	For decision.
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	1. To note the content of the report. 2. To note the decisions taken electronically by Council, outside of the normal meeting cycle, in relation to fitness to practise appointments to the Investigating Committee.
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equity, diversity, inclusion and belonging.
Communications implications	None.
Annexes	Committee for Standards in Public Life: 20 points for reflection
Author	Matthew Redford

Key messages from this paper:

- The report sets out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines include:

    - I attended and chaired a session at the Professional Standards Authority (PSA) and Patient and Client Council event in Northern Ireland on *'Improving workplace culture in heath and social care by listening and involving all healthcare professionals, staff the public'.*

    - I attended the Spring Conference of Osteopathy Europe and participated in a panel discussion around challenges for regulated and unregulated countries and presented on the statutory process for handling complaints made against osteopaths.

    - We have responded to a PSA consultation on revisions to the Standards of Good Regulation, a call for evidence from the PSA on reviewing Right-touch regulation and provided evidence to the PSA for a good practice report on Standard 3 of the Standards of Good Regulation, Equality and Diversity.

    - We continue to run non-executive recruitment campaigns specifically for two osteopathic Council members.

Introduction

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

Professional Standards Authority for Health and Social Care (PSA)

Standards of Good Regulation

2. Our performance review assessment for the year 2024-25 is underway and represents a monitoring year rather than an in-depth review. We expect our performance review report will be published towards the end of June 2025.

3. A PSA consultation on potential revisions to the Standards of Good Regulation has recently closed to which we submitted a response. The consultation sought views on whether there was potential to consolidate Standards of Good Regulation, to implement a new standard around governance and culture and whether there should be consideration of the approach taken by regulators towards Criminal Record Bureau checks.

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

4. On 28 February 2025, the PSA and PCC held a joint event on how to improve patient safety by embracing the public as assets and developing workplace culture. The event built on ongoing conversations across the system, including those hosted by PCC at the Northern Ireland Confederation for Health and Social Care (NICON). I attended the event alongside GOsC Council member, Patricia McClure.

5. The format of the event was two panel discussions followed by a Q&A session with participants. I was invited by the PSA to chair one of the two panel discussions, entitled '*Improving workplace culture in heath and social care by listening and involving all healthcare professionals, staff the public'.*

6. The PSA and PCC considered that the event will have significant relevance for a number of key focus areas across Health and Social Care (HSC) in Northern Ireland, including the Department of Health's openness work, the duty of candour and emerging issues from public inquiries. The event was aimed at leaders across the HSC, regulators, the voluntary and community sectors, representative bodies and members of the public, with capacity for 100 people

7. The event was positive and we made good contacts with the NI Department of Health, the new Chief Executive and Registrar of the Pharmaceutical Society of NI and the Chief Executive of the Patient Safety Learning.

PSA Right Touch regulation review

8. The PSA describe Right-touch regulation as the approach they apply in their work, which involves assessing the level of risk of harm to the public and deciding on the most proportionate and effective response to mitigate that risk—whether through regulation or other means.

9. It is ten years since the PSA published the latest version of Right-touch regulation and PSA are seeking to publish a revised version later in 2025. They issued a discussion paper that outlined some of the initial ideas for the changes needed and sought responses from regulators to inform the next version when published later this year.

PSA Best Practice review

10. The 2023-24 performance review year was the first year of the PSA's approach to assessing performance against Standard 3, equality, diversity and inclusion, of the Standards of Good Regulation.

11. One of the objectives for this new approach was to support regulators in their work to improve performance by highlighting areas of good practice. The PSA will

be publishing, in May 2025, a short report which collates the good practice PSA identified during the 2023-24 reviews.

12. The report will contain examples from our work around how we demonstrated good practice in taking action to secure appropriate external input - including from subject experts and underrepresented groups - into its EIAs and policy development work. Around this work it was noted that we have a Patient Involvement Forum which offers additional support to make this accessible; that we commissioned EDI expert input into our revision of guidance documents including the Graduate Outcomes and guidance for students on professional behaviours, and that we made small payments to enable participants with particular protected characteristics to contribute to the review of the Graduate Outcomes, as their views were under-represented in the pre-development feedback.

Institute of Osteopathy (iO)

13. Since the previous meeting of Council we have attended with the iO the East of England Osteopathic Conference on 1 March 2025. We valued the opportunity to engage directly with c.100 osteopaths.

14. The Chair of Council and I held a bilateral meeting with Maurice Cheng, Chief Executive and Daniel Collis, newly elected President. These ongoing dialogue meetings are an important feature in maintaining a healthy and constructive relationship. We have also been holding regular SMT to SMT meetings and meeting individually with members of the iO team on a range of issues to promote ongoing collaboration and learning whilst also maintaining distinct roles.

15. We have also been engaging the iO as they prepare for their two-day convention which will be held in November 2025. We look forward to presenting at convention and to having representation and engagement with the profession during the event.

Response to DJS perceptions research

16. As part of our work on improving the tone of voice we ran an all staff workshop on Tone of Voice which was organised and facilitated by Nockolds Solicitors and HR specialists at the end of April 2025. We will give a verbal update to Council on how the workshop went at the meeting.

17. For reference, Nockolds run the inter-regulatory corporate complaints forum and are retained by the General Optical Council as the chosen provider of the Optical Consumer Complaints Service (OCCS). They have experience of work around tone of voice through their work with the OCCS.

Institute of Regulation

18. Together with the Chair of Council, I attended the Annual Conference of the Institute of Regulation, which ran sessions on trust in regulation, innovating regulatory practice and regulatory leadership. The overall event was interesting with most benefit arising from being able to network with colleagues from across different regulatory sectors.

Committee of Standards in Public Life (CSPL): Recognising and responding to early warning signs in public sector bodies

19. In March 2025, the CSPL issued a report on a review it had undertaken to support public sector bodies to put in place the processes needed to recognise the early warning signs of emerging problems. The full report can be found here: https://www.gov.uk/government/publications/recognising-and-responding-to-early-warning-signs-in-public-sector-bodies-report.

20. The report highlight 20 points for reflection which it is hoped will assist consideration of whether improvements can be made to organisational processes and culture. The 20 points for reflection are annexed to this report.

21. As a leadership team we will be giving the report our consideration and reflecting, where appropriately, with Council and its Committees.

European matters

France, recognition of qualifications

22. We have previously reported to Council that we have been liaising with Phillipe Sterlingot, new President of the Osteopathic International Alliance, to try to better understand the process of UK graduates registering to practise in France, post Brexit, and with the UK having third country qualification status.

23. We have received the English translation of the French requirements, and have been mapping these to our own graduate outcomes to identify alignment and any gaps. We have agreed with Phillipe that we will write to him with the outcome of our review and to offer suggested ways of making progress.

Osteopathy Europe (OE)

24. I attended an online Osteopathy Europe members meeting in early 2025, which had the purpose of planning for the Spring Conference in Majorca, March 2025. The Spring Conference was well attended and I felt was a positive event. Headlines include:

- An update on activity around WHO, the Glossary Taskforce and WHO Global Report and Benchmark and Training.

- Understanding the position of Osteopathy in Spain.

- Updates from the Communication taskforce; Research Committee; Policy Committee and Education Committee.

- Discussion around the revision of CEN Standards and the timeline/approach for OE members to contribute to the revision.

- Following the presentation I delivered at on fitness to practise, Hanna Tomasdottir, (Denmark), President of OE, is interested in GOsC delivering a longer session, which might take the form of a recorded video that can be delivered to members of OE followed by a live Q&A, say 1 month later.

- Hanna and I spoke about the benefit there would be for her to appear on our GOsC podcast to explore issues around regulation in Europe and to demonstrate the value of GOsC being involved in OE and international conversations.

- Julie Ellwood, (Ireland) and Monica Noy, (Canada): following a panel discussion I participated in on the challenges in regulated and non-regulated countries, they were interested in learning from our experiences around vulnerable patients in a complaints process. A meeting with Sheleen, Julie and Monica happened on 1 May 2025.

- I agreed to send Tomas Colin, (Norway) and Chair of the Education Committee, a copy of the Graduate Outcomes and Standards for Education and Training as this would be beneficial for work the Committee are doing on CEN.

- Tomas also said that OE was thinking of establishing a committee consisting of regulated countries to help support OE work. While it is unclear at this stage what the purpose would be for this Committee, I have offered to discuss this with Tomas in due course.

Patient activity

25. As part of our recruitment strategy for the new patient partner programme we ran a webinar in March 2025 which attracted c.25 attendees. The recruitment campaign generated an excellent response rate with 12 applications being received.

26. On 24 March, we met with Dame Professor Robina Shah who is renowned for her work in patient advocacy, and inclusivity. Professor Shah shared learning from her role as Director of the Doubleday Centre, a network of UK medical schools that meets each quarter as a community of practice to promote and embed patient, carer and public involvement (PPI) in medical education. We had the opportunity to seek her feedback on how to facilitate an effective induction process for the Patient Partners Programme so that they can become embedded

in our work. Professor Shah is open to having further conversations with us about strategic patient engagement.

Scotland: Protecting Vulnerable Groups Scheme

27. In Scotland, a new legal requirement came into force on 1 April 2025 for all individuals carrying out regulated roles with children, protected adults or both to be members of the Protecting Vulnerable Groups scheme. There is a grace period for membership applications of 1 July. Beyond this it will be a criminal offence to carry out such roles without membership.

28. We wrote to osteopaths in Scotland advising of these changes and following feedback and further discussions with Disclosure Scotland, provided further follow up clarification of scheme requirements. We have also written to the insurers to clarify our position with regards to concerns raised during the grace period.

Wales: Licensing requirements for acupuncture or dry needling

29. New licensing requirements came into force in Wales at the end of November 2024 requiring anyone carrying out acupuncture (including dry needling), electrolysis, body piercing or tattooing in Wales to be licensed as an individual practitioner. Additionally, these activities can only be undertaken in approved premises. We had contributed to a consultation on these changes earlier in 2024.

30. We have written to osteopaths in Wales reminding them of their responsibilities to meet these requirements and updated the adjunctive therapies guidance page on our website detailing the new licensing requirements.

Artificial Intelligence

31. Given the rapid developments in artificial intelligence and its use in healthcare, we have, over the last 12 months, been developing our regulatory response to the use of AI by osteopaths in their practice. This has involved considerable engagement with different stakeholders, including osteopaths, pre-registration and post registration education providers and other regulators.

32. At March PEC, we presented a draft statement centred around osteopaths' responsibilities when using AI. The statement identifies key principles drawn from the Osteopathic Practice Standards that osteopaths should be considering if using AI in their practice.

33. PEC welcomed the statement and highlighted the urgency around publication given the speed at which AI was moving. It was agreed that the statement be issued as interim guidance and we will continue to consult on and update it, similar to the interim guidance issued during the pandemic. The statement was published in May.

34. Plans on how we integrate AI tools into our internal work are also in train and we will present further plans on this at July Council.

Internal Audit and Board Effectiveness reviews

35. Last year we launched tender exercises to appoint two organisations to undertake Internal Audit activity and to undertake a board effectiveness review. I am pleased to confirm the appointment of TIAA (internal audit) and Praesta (board effectiveness).

Appointment and reappointment activity

Council members, osteopathic, 2 osteopath positions

36. We have re-run the recruitment campaign for two osteopaths to join Council. We had a good application response rate and five candidates have been selected for interview. We will keep Council abreast of progress.

Investigating Committee, 2 lay and 3 osteopath vacancies

37. Council were asked to approve the following appointments electronically. The names are recorded here for the record.

Mickael Iqbal	Lay	01 April 2025	4 years	31 March 2029
Sandra Smith	Lay	01 April 2025	4 years	31 March 2029
Jennifer Fletcher	Osteopath	01 April 2025	4 years	31 March 2029
Chantal Prince	Osteopath	01 April 2025	4 years	31 March 2029

38. Members will note it was only possible to appoint two osteopaths to the three vacancies. A new recruitment campaign will be run later in the year. This campaign will need to be for two osteopaths as recently one member of the IC stepped down from their role.

External meetings – bringing insight into our business

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

    - Chief Executives of the Regulatory Bodies forum
    - Osteopathic Development Group (including ODG sub group on data insights)
    - Inter-regulatory forums including education, communications and engagement, research, EDI, governance and performance, Alliance UK Regulation in Europe and artificial intelligence and meetings with regulators on a variety of topics

- Regulator and Educator Liaison Meetings with members of the Council of Osteopathic Education Institutions
- Meetings with individual existing osteopathic educational providers
- Meetings with prospective osteopathic educational providers
- Meetings of the Trailblazer Group, chaired by osteopaths, Daniel McCarthy and James Gill and including representatives of osteopathic educational providers and the Institute for Apprenticeships and Technical Education (IFATE) developing the Osteopathic Apprenticeship Standard
- Jane Easty and Neil Hayden, Sutherland Cranial College
- Regular meetings with Mott MacDonald regarding quality assurance of education
- Quality Assurance Agency
- Professor Bill Fulford and Professor Ashok Handa of the Collaborating Centre for Values Based Practice
- Regular supervision meetings with Professor Louise Wallace and Professor Gemma Blackwell-Ryan for our PhD student Kathryn Parkin
- Dr Susannah Brockbank, Rhematologist and medical educationalist.
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Michael Evans, IT Consultant and BPI On Demand (Salesforce)
- Martin Chaney, IT Consultant (website development)
- Andrew Harvey, Chair of the Professional Conduct Committee
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Ongoing engagement with osteopaths including contributions to consultations and focus groups
- Ongoing engagement with patients including contributions to consultations and focus groups and a Patient Information Forum Development Day
- Praesta
- BlackRook Media
- All staff meetings and workshops

Recommendations:

1. To note the content of the report.

2. To note the decisions taken electronically by Council, outside of the normal meeting cycle, in relation to fitness to practise appointments to the Investigating Committee.

Committee for Standards in Public Life: 20 points for reflection

Building accountable organisations

1. How do you support your employees in understanding how their role, and the purposes of your organisation, serves the public?

2. Is it clear to your employees how decisions are made within your organisation and who is accountable for them?

3. What do you do to build strong relationships with those bodies that report to your organisation as well as those bodies you are accountable to?

Identifying and assessing risks

4. How do you know that the arrangements you have in place for the identification and mitigation of risks are effective?

5. How do you assure yourself that the data your organisation collects to assess its activities is of a high quality and that there is sufficient capability within the organisation to interpret the data intelligently?

6. How do you ensure your organisation views complaints as valuable feedback reflecting the public's experience of its service and uses that data to spot systemic issues and make improvements?

Speaking up

7. What do you do to build an open culture where people feel comfortable raising issues, asking questions and sharing their ideas?

8. How do you help your employees to understand that everyone in your organisation has a responsibility to speak up when they see something going wrong?

9. Are there clear and well-understood ways for people to raise concerns formally? How do you know these routes are trusted? How do you ensure that when people speak up, they are protected and not victimised?

Development and performance management

10. How does your organisation support the development of leaders who have the skills and confidence to handle a crisis appropriately?

11. How is listening to feedback and embedding learning incorporated into the process for assessing your organisation's executive and non-executive leaders?

Public scrutiny

12. Is your organisation as transparent as it can be when deciding what information to publish about its activities, including the provision of contextual detail where appropriate?

13. Could your organisation do more to engage proactively with the public and to understand the public's perspectives on how to improve your organisation's public services?

14. When things go wrong, how quickly do you acknowledge the failure and offer a meaningful apology?

Learning lessons

15. Does your organisation have mechanisms in place to support a robust corporate memory of why previous decisions were or were not taken?

16. How do you ensure that the lessons learned from evaluating projects and policies are shared within the organisation and that these lessons inform future decisions?

17. How do you ensure that your organisation regularly considers what it can learn from the successes and failures of other public bodies?

Board scrutiny

18. How do you ensure that your board receives the information it needs about risks and issues in a format that is most useful to board members, enabling them to evaluate the significance of that information?

19. How is your board encouraged to scrutinise robustly the decisions made by your organisation? Is it sufficiently curious? Does it listen to the views of public service users?

20. What do you do to ensure that your board has the right balance of skills, backgrounds, experiences and independence of judgement? Is understanding prospective board members' values and commitment part of the recruitment process?

General Osteopathic Council

Council
15 May 2025
Assurance reporting

Classification	Public
Purpose	For noting.
Issue	A set of assurance reports are provided to Council on the performance of the organisation.
Recommendations	To note the assurance reports set out at Annex A and B.
Financial and resourcing implications	The Business Plan monitoring report is attached at Annex A. The financial report for Quarter 4 of financial year 2024-25 is attached at Annex B.
Equality and diversity implications	These are dealt with within the Annexes.
Communications implications	None.
Annexes	A. Business Plan Monitoring Report to 31 March 2025 B. Financial report to 31 March 2025
Author	Matthew Redford

Key messages from this paper:

- Council receives a set of assurance reports at each meeting.
- These have previously been annexed to the Chief Executive and Registrar's Report; however, we have created a new agenda item specifically for assurance reporting to consider these items.
- A separate item on the May 2025 Council agenda considers a different approach t to performance reporting, using a dashboard, which could replace reports we present to Council throughout the business year.

Business Plan monitoring

1. The Business Plan monitoring report to 31 March 2025 is attached at Annex A.

Financial report

2. The financial report for the year to 31 March 2025, is at Annex B.

Recommendations:

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

GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2024 - March 2025

Monitoring Report as at 31 March 2025

GOsC BUSINESS PLAN 2024-25

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

- Strengthening trust
- Championing inclusivity
- Embracing innovation

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

Legend

Status
On track
Delayed
Cancelled/postponed

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Using the registrant and stakeholder perceptions survey to explore barriers to trust.	Present findings of the perceptions survey to Council with identified actions.	From May 2024	Chief Executive, Communications, Professional Standards, Fitness to Practise, Registration		Headlines from the survey reported to Council in Private session at the May meeting, with further update in July 2024. DJS presented the final report at the September 2024 Council Strategy day and our response was discussed and agreed. Action plans for prelaunch and launch completed, good progress on short term plans, medium term and longer term actions have also begun to be initiated. Ongoing updates are provided to Council in the Chief Executive and Registrar report.	
Further develop and implement plans for a collaborative Strategic Patient Partnership Programme at Council level.	Agree specification to measure success of pilot Begin recruitment of patient representatives to inform decisions but	July 2024 From November 2024	Professional Standards Professional Standards		Paper for consideration on the July 2024 Council agenda. Person specification and approach to recruitment to be agreed by People Committee during November. Patient webinar, recruitment open currently closes 13 March, interviews in June 2025. Appointment 1 September 2025 – first meetings from September.	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	without decision making rights.					
Enhance the experience of students, osteopaths and patients who engage with our services for example in registering, renewing registration and undertaking CPD and accessing or delivering high quality osteopathic care.	Developing our approach to student engagement through collecting and reviewing of insight and finalising a student engagement plan for 25/26	March 2025	Communications		A number of student focus groups have taken place and have informed the development of our student ebulletins which were sent out in February, April, June and October 2024. Analysis and insight is underway and will be further informed by student responses to the Registrant and Perceptions Survey. The analysis, insight and our response is planned for consideration by the Policy and Education Committee early in 2025. PEC March 2025 agenda discussion on student activity and pilot launch agreed.	
	Facilitating of three student focus groups to collect insight	April 2024	Communications		See above - complete	
	Publish three student ebulletins	May, Oct, December 2024	Communications		See above – complete and 4th student ebulletin also published in February 2025.	
	Undertake comprehensive tone of voice	March 2025	Communications, Registration		Renewal letters all updated. Next stage is to check the updates are having required impact.	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	review of registration renewal reminder letters (1st stage by summer 2024). Meaningful patient involvement in policy development and all consultations	All year to March 2025	Professional Standards		Initial feedback is positive. Further evaluation to be done. Discussions with Nockolds Solicitors were held and it was agreed that they would facilitate an all staff tone of voice workshop in April. Evaluation approach agreed. Patient focus groups have been undertaken to gather views and aid the development of the following pieces of work: • Our revised guidance on professional behaviours and student fitness to practise; • Our EDIB framework; • Our strategic patient partnership programme; • Our revised health and disability guidance. • CPD consultation (January 2025)	
	Publish evaluation and impact of patient	March 2025	Professional Standards, Communications		We also held a patient forum development day in February 2025 with the aim to show our appreciation for their input, build their skills and understanding of our work and gather their views to inform the redevelopment of our website. Feedback from attendees was very positive.	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	involvement to date. Encourage use of patient resources to support high quality care as part of implementing our EDIB guidance and through the CPD scheme.	March 2025	Professional Standards, Communications		Following PEC in October 2024 we published the evaluation in February 2025 and are in the process of taking forward the next steps outlined in our paper, following the findings in the report. Our Evaluation of our Values Resources was published in July and the communications plan is underway. We are working with the Collaborating Centre for Values based practice to consider wider dissemination.	
Publish an invitation to tender to scope out our new public website.	Invitation to tender published.	October 2024	Communications		A report was provided to Audit Committee in October and an update to Council in November 2024. A paper setting out the approach to procurement was on the February 2025 Council private agenda. GOC reviewed our materials to provide Council with assurance to proceed. This project is now proceeding and the ITT will be published next FY.	May 2025
To support students and osteopaths to	Publish NCOR Concerns Report collaborating	February 2025	Professional Standards		Data submission and template completion underway. Report on the February 2025 Council	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
practise to high standards in accordance with the Osteopathic Practice Standards	with NCOR, iO and insurers.				agenda. Updated NCOR report to be published on the website in April 2025.	
	Consult on and publish Guidance on Professional Behaviours and Student Fitness to Practise.	March 2025	Professional Standards		Agreed for publication by Council and published February 2025. The Professional Behaviours and Student Fitness to Practise guidance has been recommended to Council for publication.	
	Progress boundaries project including strengthening guidance publication of resources and guidance and ongoing sector work raising awareness of impact of boundary breachers and common messaging.	March 2025	Professional Standards		Stakeholder workshop held in March 2024. Analysis ongoing. Workshop with educators, students and Julie Stone in October / November 2024. Periodic promotion of resources and opportunities to learn about boundaries in student ebulletin and registrant ebulletin, and planned podcast and additional case studies. Inclusion of mandatory CPD on boundaries as part of CPD consultation. Consultation has now closed and findings will be considered by Policy and Education Committee in June.	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	Publishing CPD evaluation and updating CPD Guidance and resources. Ongoing quality assurance activity.	July 2024 and November 2024 All year to March 2025	Professional Standards Professional Standards		Our PhD student, Kathryn Parkin is currently undertaking a literature review on boundaries which will be completed towards the second half of the year. Findings from the CPD evaluation were published in September 2024. A CPD consultation based on the findings of the evaluation was published on 6 December to 3 March 2025. It was supplemented by a number of focus groups that took place in February and March 2024. Council agreed RQ in May 2025. PEC approved a number of RQ specifications in June 2024 for visits planned later in the year. The QA team are undertaking ongoing dialogue with OEIs. GOsC / OEI (RELM) meeting held in May 2024 / September 2024 and February 2025. Agenda included focussing on the visit process, qualities and behaviours to inform Visitor Training which took place in July.	

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
					5 OEIs have had visits in this year. Reports are being prepared for consideration by the PEC. The in house QA project is on track.	

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Collect, analyse, publish equality, diversity and inclusion data to demonstrate changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics. Coe Lorna 08/05/2025 16:45:57	Publish information, throughout the year, including but not limited to: - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or	From April 2024	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources		Equality Impact Assessments are produced for all policies and processes, with staff having been trained on their completion earlier in 2024. The annual Equality and Diversity report is made to Council in July 2024, and is presented alongside a new Equity, Diversity, Inclusion and Belonging Framework. EDIB data report on governance and appointments went to People Committee in March 2025 Student enrolment and progression data analysis went to PEC in March 2025	

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	mitigations put in place.					
Promote inclusivity in osteopathic education and practice for students, patients and osteopaths.	Publish draft health and disability guidance for consultation.	July 2024	Professional Standards, Communications		This is covered within the July 2024 Council papers.	
	Publish final version of health and disability guidance.	March 2025	Professional Standards, Communications		Final version considered by PEC in March 2025 and is on the May Council agenda for consideration.	
	Promote Equality, diversity, inclusion and belonging guidance and resources and encourage inclusion as part of the CPD scheme.	All year to March 2025	Professional Standards, Communications		CPD consultation launched December 2024 and concludes March 2025. Research report on finding going to June PEC. Drafting of basis of EDIB workbook started in April 2025). Other CPD objective activity and concerns and complaint workbooks need to be updated to reflect EDIB	
					Web pages about support for osteopaths including signposting to promote resources to	

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	Signpost, develop and promote resources to support registrants wellbeing. Promote use of patient values resources.	All year to March 2025 All year to March 2025	Professional Standards, Communications Professional Standards, Communications		support health and well being have been developed and are due for publication shortly. Ongoing promotion of resources. We are also working with the Collaborating Centre on Values based practice to promote more widely.	
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Publish a new Equity, Diversity, Inclusion and Belonging Framework 2024-30.	August 2024	Chief Executive, Communications		Contained within the July 2024 Council papers. We have continued to promote EDI awareness days on social media. We have also initiated a new approach on social media where we invite insight, this was trialled in relation to the topic of neurodiversity.	
Conduct a comprehensive review, and make	Revise, consult and publish relevant Fitness	From July 2024	Regulation		Completed.	

Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
amendments, of all Fitness to Practise guidance both at the initial stages and hearings stage of the Fitness to Practise process to ensure the guidance adequately address allegations that involve racist and discriminatory behaviours.	to Practise guidance.					

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Conduct a comprehensive review of the GOsC Threshold Criteria for Unacceptable Professional Conduct taking into account developments within wider regulation and regulatory reform and feedback from Internal and External Stakeholders.	Revise, consult and publish the GOsC Threshold Criteria for Unacceptable Professional Conduct.	From July 2024	Regulation		As part of this review, we have commissioned an external audit of all cases and concerns closed by Screeners and the Investigating Committee involving the threshold criteria over the period 1 April 2023 – 30 August 2024 to feed into this review. The External Audit was approved by the Audit Committee at its meeting on 24 October 2024 and took place in early 2025. The results were reported back to Audit Committee and an update is provided in the FTP report to the May 2025 Council meeting. In summary, there were no patient protection concerns identified.	
Implement a new CRM system within GOsC and ensure a smooth transition for	New CRM system implemented and assurance reports provided to Audit Committee and Council.	December 2024	Chief Executive, Communications, Registration, IT		We are in the implementation phase of the project. There has been a delay as a result of needing to ensure our current website provider supports the project. The comms plan has been drafted and will be completed once the final decisions are made and the details are clear.	June 2025

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
internal and external users.						
Support workforce and retention with the profession to support osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards	Support research to better understand factors impacting on recruitment and retention in osteopathy.	July 2024	Professional Standards, Regulation, Registration		Research agreed (three projects commissioned) Update paper went to PEC March 2025. Specialist data advice was needed for clarification of data consents.	
	Complete research into experiences of transition into practice.	July 2024	Professional Standards		Research completed and considered by Policy and Education Committee in June.	
	Discuss findings with sector and collaborate on recommendations.	November 2024	Professional Standards		Extensive 1:1 meetings have been held with stakeholders to agree the desired outcome and format of workshops. Joint principles for the workshop have been agreed with the iO and stakeholders. Sector workshops planned in June and ultimately development of specific GOsC guidance to support transition depending on outcome of workshops.	
		July 2024				

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	Agree role and approach to recognition of professional qualifications. Progress discussions to raise awareness of osteopathic qualifications and regulation and to explore barriers to recognition.	March 2025 November 2024	Professional Standards, Registration, Chief Executive Professional Standards, Chief Executive		We met with the iO and COEI in July 2024 who agreed our approach to engage European regulators and professional bodies and more broadly, reconnect internationally. We have undertaken a comparison of French educational requirements with our own, and have used this to engage with our French counterparts. We will continue to engage to improve recognition processes for UK trained osteopaths in France. We have also met with an Italian contact and reconnected with international counterparts at Osteopathy Europe and through the Osteopathic International Alliance conference in October 2024.	
	Refining and publishing data on enrolment, progression in education and joining and leaving the	March 2025	Professional Standards		We are working with a Data Protection legal expert to progress this work and participating in the Osteopathic Development Working Group with stakeholders. In the meantime, the analysis of enrolment and progression data was considered by PEC in March 2025.	

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	register to provide an authoritative source of data for the wider health sector about the osteopathic workforce. Explore readiness of current quality assurance model to assess different models of delivery of osteopathic education.		Professional Standards		Ongoing as part of in house quality assurance work. Regular updates are being considered by the PEC.	
Scope and develop a financial, asset and environmental strategy which underpins GOsC business continuity and sustainability.	Financial, asset and environmental strategy agreed by Council following in-year engagement.	From July 2024	Chief Executive, Resources		Audit Committee considered the principles on which the plan should be developed alongside the type of evidence to underpin the plan. Discussions have taken place with Council in November 2024 and again in February 2025. PC paper, OH to be discussed. Engagement with staff – how?	

Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Timeline**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Review the impact of artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation.	Scoping report. Immediate implications, recommendations and actions Longer term recommendations and actions	July 2024 November 2024 March 2025	Professional Standards Professional Standards Professional Standards	 	Policy and Education Committee considered a paper on AI at its June 2024 with a further update in October 2024. Work is ongoing and we are still in the process of gathering information and engaging with stakeholders including OEIs and regulators. A draft statement was presented to PEC in March 2025 to support osteopaths when using AI in their practice. It was agreed that subject to some minor changes, to publish this as soon as possible. The statement will be published in May 2025. Ongoing engagement will continue.	
Enhance how we develop and use our people (executive and non-executive) so we maximise the talent at our disposal.	Develop a People Strategy which is grounded in its use of data and insight.	November 2024	Chief Executive, Human Resources, Professional Standards		Initial discussion held at People Committee in June 2024 with future papers to be presented to the Committee for agreement. People Framework – October 2024. On pause.	March - June 2025

Annex A to 7

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

In 2024-25 we expect to:

Metric	Status	Narrative, if relevant
Process c5,500 registration forms (UK and International applicants and annual renewal of registration forms) and c5,000 reminder notices.		5,484 renewal of registration forms processed to end March 2025. 4,471 fee reminders (28-day). 780 (14-day fee and renewal form).
Support c220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).		259 new applications fully processed at end March 2025. 7 international applications fully processed at end March 2025.
Receive c200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c75 fitness to practise cases being opened, of which c30 will be referred for investigation leading to c12 being referred for a final determination hearing.		As of 31/03/2025: 214 queries/concerns received 75 opened as an FTP case, of which 26 currently referred for Investigation 8 substantive hearings heard and 6 cases disposed of by Rule 8 process (consensual disposal)
Undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.		Ongoing.
Holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.		We have continued to meet with COEI as a group (3 Regulator/Educator Liaison Meetings), and with education providers on a 1:1 basis. We continue to offer engagement with all new students (in person or online) to introduce them to regulation and professionalism, and to any other student year group as requested by the provider/s. We have held an educator focused boundaries event (November 24).
Respond to c2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c60 policy and ethical queries related to our standards; c4,600 registration queries and c650 student queries.		1,981 queries received at end March 2025. 94 ethical queries related to the application of the OPS at end March 2025. 1,077 registration queries received at end March 2025. 348 student queries received at end March 2025.

Metric	Status	Narrative, if relevant
Send out 12 monthly ebulletins to registrants achieving an open rate of c60%.		April - 71% May – 66% June – 63% July – 71% August – 64% September – 63% October – 65% November – 64% December – 53% January 25 – 58% February – 57% March – 57%
Send out 4 quarterly English language student ebulletins to 446 students (penultimate and final year) achieving an open rate of c40%.		June – 51% (254 recipients) October – 49% (164 recipients) December – 50% (193 recipients) February 2025 – 64% (313 recipients)
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.		June – 38%. October – 27% December – 21% February 2025 – 55%
Receive and fulfil 150 requests for personalised Registration Marks		114 requests received at end March 2025
Attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.		32 events attended by end December, with a total of 514 osteopaths and other stakeholders attending In addition, in March, we engaged with additional stakeholders and osteopaths through our participation in further meetings and events in the East of England; Majorca, London and Belfast. We also attended the PSA Regulating in the Welsh Context as an online event.
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.		6 patient engagement events held as at end March 2025. 181 individual touch-points with patients including where patients provide follow-up ideas to our work between 1 April 2024 and end March 2025.

Metric	Status	Narrative, if relevant
Receive and process c300 applications for non-executive vacancies relating to Council, Policy and Education Committee, Investigating Committee and Professional Conduct Committee.		At end June 2024, we received 163 applications for vacancies on Council and Professional Conduct Committee. At end December 2024, we received 179 applications for PEC, IC and CA recruitment campaigns. We held a Council Associates webinar, September 2024 – 10 attendees (38 registered interest). In February, we held a Council recruitment webinar – 11 attendees; and a Council Patient Partner recruitment webinar – 24 attendees.
Host 2 recruitment webinars attracting c200 attendees including c80 osteopaths and engage with c150 interested applicants for our independent fitness to practise panel positions.		We held 2 recruitment webinars for our FtP panel positions: PCC webinar, April 2024 – 93 attendees. IC webinar, July 2024 – 63 attendees
Continue to regularly receive feedback after our webinars and events that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic		From those who responded, 95% rated the PCC webinar as very useful with 100% rating the webinar as delivering what was expected. From those who responded, 92% said the IC webinar delivered what was expected and 83% rated the webinar as very useful.
Ensure Council and Committee scrutiny and oversight of our work through servicing 15 meetings.		Council and Committee meetings have been held throughout the business year.
Provide training, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.		Future training, development and strategy events planned. Fitness to Practise training days held in January and March 2025.
Provide training and development opportunities for our staff team.		Ongoing throughout the year.

Annex B to 7

Financial Report 2024-25 (12 months to March 2025)

PLEASE NOTE THAT THESE FIGURES ARE DRAFT WHILST THE YEAR END AUDIT IS IN PROGRESS

Key messages from the report:

- Total income is around £3.03m and is £160k over budget for the year.
- Expenditure is around £3.07m and is £206k over budget for the year. As previously mentioned to Council, the budget for 2024-25 approved in May 2024 was under-estimated, and members can be assured that the budget for 2025-26 is more reflective of the actual spend in each area.
- The Balance Sheet remains strong, and we can face future challenges from a position of financial health.
- Cash at bank is currently around £449k lower than at year end; this reflects the increase in costs for our expenditure. A higher proportion of our income is received earlier in the financial year which is why we see a gradual decrease towards the end of the year.

Background information

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

5. The financial quarters are as follows:

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

6. This financial report covers the 12-month period ending 31 March 2025, which marks a full financial year. Please note that these figures are unaudited and subject to change as we move through the year-end audit process.

7. The structure of this report is:

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

Summary of financial position

8. At the end of the 12-month period to 31 March 2025, the income and expenditure account shows a deficit position (before designated spending from reserves) of £102k. Spending from reserves budgets in the 12-month period is £220k.

Income

9. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.

10. At 31 March 2025, total income totalled around £3.03m, which is approximately £160k above budget for the same period. Registration fees accounted for 98% of the total income received. Bank interest, investment gains, and other income accounted for around 2% of income in the same period.

Expenditure

11. After the 12-month period we have recorded actual expenditure (not including designated spending from reserves) of around £3.07m. This is approximately £206k over budget for the same period.

Income and Expenditure Account (top-level summary)

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

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	**Budget**	**Variance**	
			£	**%**
Income				
Registration fees	2,961,625	2,840,000	121,625	4
Registration assessments	7,965	-	7,965	100
Other income	60,498	30,000	30,498	102
Total	**3,030,088**	**2,870,000**	**160,088**	**6**
Expenditure				
Employment costs	1,729,787	1,752,864	23,077	1
Education and professional standards	248,950	162,500	(86,450)	(53)
Communications, research and development	87,693	93,000	5,307	6
Registration administration	12,317	8,000	(4,317)	(54)
IT infrastructure	132,879	87,000	(45,879)	(53)
Fitness to practise, including legal	366,209	360,000	(6,209)	(2)
Governance	239,040	165,000	(74,040)	(45)
Central resources	255,340	237,500	(17,840)	(8)
Total	**3,072,215**	**2,865,864**	**(206,351)**	**(7)**
Surplus before designated spending	**(42,127)**	**4,136**	**(46,263)**	
Designated spending	220,524	-	(220,524)	
Surplus after designated spending	**(262,651)**	**4,136**	**(266,787)**	

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

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

Balance Sheet

14. The Balance Sheet for the period ended 31 March 2025 shows total reserves of £2.62m (including designated funds). Cash held in hand and at bank totals £278k with a further £1.32m in the managed investment portfolio. The balance sheet below reflects the March 2025 valuation of the investment portfolio

15. The Balance Sheet as at 31 March 2025 is set out below:

	31 March 2025			31 March 2024	
	£	£		£	£
Non-current assets					
Assets (fixed/intangible)		1,717,043			1,547,271
Investment (portfolio)		1,317,560			1,269,682
Current assets					
Debtors	461,569			407,610	
Cash in bank and in hand	277,969			726,897	
	739,538			**1,134,507**	
Liabilities					
Creditors within one year	(1,154,362)			(1,069,030)	
	(1,154,362)			**(1,069,030)**	
Net Current (Liabilities)/Assets		**(414,824)**			**65,477**
Provisions		-			**-**
Total assets less total liabilities		**2,619,779**			**2,882,430**
Reserves					
General reserve		2,144,090			2,386,217
Designated funds		475,689			496,213
Total Reserves		**2,619,779**			**2,882,430**

Balance Sheet explanatory notes

Debtors

16. Debtors have increased to £462k from the year end position of £408k. This is predominately due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

Creditors

17. Creditors have increased to £1.15m from the year end position of £1.06m. This is predominately due to the movement in the deferred income balance, which reflects an increase in registrants paying their fees early along with an overall increase in registrants.

Designated reserves update

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

Reserve	Reserve at March 2024	New allocation in year	Spend in year	Reserve at March 2025
IT investment [1]	152,093	-	-	152,093
Values project	10,000	-	10,000	-
Registrant perceptions	34,120	-	30,348	3,772
General legal reserve	150,000	-	86,969	63,031
NCOR infrastructure costs	150,000	-	26,500	123,500
Website development	-	200,000	63,995	136,005
IO Convention 2023	-	-	2,712	(2,712)
Total	496,213	200,000	220,524	475,689

NB: We have capitalised the spend in the year on the new CRM system, and will amortise the cost of this over its useful life once it has been implemented.

Cash flow and investments

19. Council closely monitors its cashflow and reserves. The following section provides an overview of the cash flow position and current cash flow projection.

20. The cash at bank balance has decreased to £278k from the year end position of £727k. The main reason for this is due to the non-linear nature of registration renewals; now we have passed the peak of renewals (those registrants who pay a lump sum rather than by direct debit), cash spend on invoices and other expenses starts to overtake registration fee income.

Investment portfolio

21. At 31 March 2025, the investment portfolio stood at £1.32m. Withdrawals from the portfolio would need approximately 10 day's notice, although our expectation is that we will not need to draw down on the investment this year.

Charity Commission reporting

22. As well as being a statutory regulator, GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.

23. We did not need to make a report to the Charity Commission during financial year 2024-25. The annual report submission to the Charity Commission was completed in November 2024.

Departmental Expenditure Accounts

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

Employment costs

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
Salaries & Pensions	1,664,850	1,674,864	10,014	1
Staff development & training	21,801	30,000	8,199	27
Recruitment	17,106	25,000	7,894	32
Temporary staff & other employment costs	10,332	5,000	(5,332)	(107)
Health Insurance Premium	9,360	11,000	1,640	15
Death in Service Premium	6,338	7,000	662	9
Total	**1,729,787**	**1,752,864**	**23,077**	**1**

25. The fourth quarter position shows a total expenditure of £1.73m, against a year-to-date budget allocation of £1.75m. The underspend is predominately due to salaries & pension costs, along with staff development and training, and recruitment.

Education and professional standards

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
Quality assurance	232,427	144,500	(87,927)	(61)
Research projects	11,229	15,855	4,626	29
Osteopathic Practice Standards	4,282	2,145	(2,137)	(100)
Publications & subscriptions	1,012	-	(1,012)	(100)
Total	**248,950**	**162,500**	**(86,450)**	**(53)**

26. The fourth quarter position shows a total expenditure of £249k, against a year-to-date budget allocation of £163k. The overspend is predominately due to QA work, and is over budget for the year. Once the QA process is brought in-house later this calendar year, we expect to see a significant reduction in costs in this area.

27. Our target reserves level of £350k-£700k helps us to cover additional unexpected costs like the QA overspend above, and any cost savings made in future years (or in other departments) helps to boost the reserves balance.

28. There is an underspend of just under £5k on Research projects, however there is an additional £30k in the separate reserves allocation for Registrants Perceptions Surveys.

29. The budget for 2025-26 has been set at £155k. Whilst this is lower than the spend for the 2024-25 year, we are expecting a significant reduction in QA costs once that it brought in-house.

Communications, research, and development

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	Budget	Variance £	Variance %
Expenditure				
Digital	23,631	32,500	8,869	27
Publications	13,771	25,000	11,229	45
Engagement and events	11,597	7,000	(4,597)	(66)
Research				
IJOM	38,694	28,500	(10,194)	(36)
Total	**87,693**	**93,000**	**5,307**	**6**

30. The fourth quarter position shows a total expenditure of £88k, against a year-to-date budget allocation of £93k. There are two underspends, in Digital and Publications; and two overspends, in Engagement and Events and IJOM (the International Journal of Osteopathic Medicine).

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

32. The budget for 2025-26 has been set at £91k. This is largely in line with the spend in 2024-25, with an increase for new projects such as WhatsApp integration on the website, which has been a successful addition.

Registration administration

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	Budget	Variance £	Variance %
Income				
Registration assessment income	7,965	-	7,965	100
Total	**7,965**	**-**	**7,965**	**100**
Expenditure				
Registration assessments	12,317	8,000	(4,317)	(54)
Total	**12,317**	**8,000**	**(4,317)**	**(54)**
Net expenditure	**4,352**	**8,000**	**3,648**	**46**

33. The third quarter position shows a total net expenditure of £4k, against a year-to-date budget allocation of £8k. The cost of registration assessments is largely offset by the fee-paying applicants applying for registration assessments.

IT infrastructure

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
CRM and infrastructure	75,577	57,000	(18,577)	(33)
IT Security	28,537	10,000	(18,537)	(185)
Software - Licensing	18,434	15,000	(3,434)	(23)
Other IT costs	6,251	-	(6,251)	(100)
IT Consultancy cover	4,080	5,000	920	18
Total	**132,879**	**87,000**	**(45,879)**	**(53)**

34. The fourth quarter position shows a total expenditure of £133k, against a year-to-date budget allocation of £87k. The overspend is predominately due to spending on CRM & Infrastructure costs and IT Security. The IT Security costs include penetration testing on the GOsC website and external infrastructure.

35. Other IT costs include expense such as computer sundries and small equipment costs for staff working in the office and remotely. Budget has been included for this in FY2025-26.

36. The budget for 2025-26 has been set at £125k, which is a sizable increase on the previous year. This more accurately reflects the IT spend, especially on things like CRM, infrastructure and cyber security.

Fitness to practise, including legal

	Year to Date 1 April 2024 – 31 Dec 2024			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
Statutory committee costs:				
• Professional Conduct Committee, incl. Health Committee	212,939	200,000	(12,939)	(6)
• Investigating Committee	152,502	159,000	6,498	4
Section 32 cases	768	1,000	232	23
Total	**366,209**	**360,000**	**(6,209)**	**(2)**

37. The fourth quarter position shows a total expenditure of £366k, against a year-to-date budget allocation of £360k. There is an overspend of £6k in costs across the various committees in the year.

38. Due to the overspend in the department, the Executive made a decision to utilise £60k of the legal reserve fund to strengthen this departmental budget. The figures are shown after this adjustment. The budget for 2025-26 has been increased to £400k which is more reflective of the spend on Regulation.

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

40. As of 30 April 2025, the following hearings and meetings for the next six months are scheduled:

May 2025	**June 2025**
x2 1-day IC meetings x1 3-day PCC hearing x1 5-day PCC resumed hearing x1 1-day PCC review hearing	x1 2-day PCC hearings x1 7-day PCC hearing x1 5-day PCC hearing
July 2025	**August 2025**
x2 1-day IC meetings x1 4-day PCC hearing x1 2-day PCC hearing	x1 1-day IC meeting
September 2025	**October 2025**
x1 1-day IC meeting	x1 1-day IC meeting

41. The IC annual training day was held in March 2025. This included four new IC panel members. There will be an induction day for the new panel members, at a date to be confirmed.

Governance

	Year to Date 1 April 2024 – 31 March 2025			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
Honorariums & responsibility allowances	111,780	112,116	336	0
Council and committee costs, incl. reappointments	102,221	36,884	(65,337)	(177)
PSA levy	14,294	15,000	706	5
Tax liability (expenses)	10,036	1,000	(9,036)	(904)
Equality & Diversity	709	-	(709)	(100)
Total	**239,040**	**165,000**	**(74,040)**	**(45)**

42. The fourth quarter position shows a total expenditure of £239k, against a year-to-date budget allocation of £165k. This is primarily due to overspends on Council costs and appointments, and other committee costs. A lot of work has been undertaken to appoint Council and Committee members, which is generating the increase in costs, with some campaigns needing to be re-run after unsuccessful appointments. We are not expecting such a large spend next year. The tax paid on Council member expenses is also over budget; the budget for FY2025-26 has been revised accordingly.

43. The total budget for 2025-26 has been set at £260k. This reflects more accurately the spend in the Governance function, and includes additional budget for Internal Audit, Board Effectiveness, and a Skills Audit. We have also included £10k for the tax liability in relation to members' expenses.

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

45. Honorarium and responsibility allowances of £112k represent 47% of the total expenditure for the twelve month period.

Central resources and financing

	Year to Date 1 April 2024 – 31 Dec 2024			
	Actual	**Budget**	**Variance**	
			£	**%**
Expenditure				
Premises	82,032	63,500	(18,532)	(29)
Depreciation	56,355	60,000	3,645	6
Office administration	42,912	50,000	7,088	14
Financing	33,944	38,000	4,056	11
Financial audit fee	26,280	24,000	(2,280)	(10)
International conferences	7,970	-	(7,970)	(100)
Publications and subscriptions	5,847	2,000	(3,847)	(192)
Total	**255,340**	**237,500**	**(17,840)**	**(8)**

46. The fourth quarter position shows a total expenditure of £255k, against a year-to-date budget allocation of £238k. The £19k overspend on Premises is due to an increase in Council Tax for the office building, along with other increases in energy and other utilities, and some unplanned remedial works.

47. There was some new spend in the year in relation to overseas conferences attended by the Chief Executive and Registrar and Chair of Council. Budget has been included for the FY2025-26 to include this.

48. The budget for 2025-26 has been set at £243k. This is largely in line with the budget and actual spend for the 2024-25 year, but a more thorough process has been undertaken to ensure no line items have been missed or included inaccurately.

49. The two principal areas of expenditure within the Central resources department (not including depreciation or financing) are the cost of premises including rates and service contracts (£82k), and office administration including insurance, postage, and photocopying (£38k). These two areas represent 49% of the total expenditure for the twelve month period.

General Osteopathic Council

Council
15 May 2025
Fitness to Practise report

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

Key messages from the paper:

- In this reporting period, there was a marked increase in the number of concerns received (23) in comparison to the last quarter (13).

- As of 31 December 2024, we have listed 5 of the 30 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A (page 6).

- During the reporting period three cases were considered by the PCC including one review hearing, one rule 8 consideration and the conclusion of a part heard PCC substantive hearing.

- An audit of all concerns and cases closed by Screeners and the Investigating Committee involving the threshold criteria over the period 1 April 2023 – 30 August 2024 took place in February 2025. No public protection concerns were identified from the cases reviewed by the auditor. The other key findings from the report are summarised within this paper.

- We hosted three training events during the reporting period including the annual training days for the IC and the PCC together with an induction day for new PCC members.

- We commenced a section 32 protection of title prosecution proceedings against one individual, Gareth Milner. The trial has been set for May 2025.

Fitness to practise case trends

1. In this reporting period, the Regulation Department received 23 concerns, with eight formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 15 concerns and eight formal complaints were opened.

2. Of the 23 concerns; nine related to a transgression of boundaries, three related to conduct not linked to treatment, two related to driving offences, seven related to inadequate treatment and two a lack of insurance.

3. Of the eight formal complaints, these related to; breach of boundaries (4), conduct not linked to treatment (2) and inadequate treatment (2).

4. As previously reported to Council, we have continued to encounter delays in the progress of some cases because of on-going challenges predominantly related to third-party investigations. During the reporting period 29% of our total caseload is currently with third parties, a decrease from the previous quarter (41%).

5. We continue to experience ongoing difficulties in engaging with complainants which has also had an impact on our ability to progress some cases expeditiously.

6. During the reporting period there was one application to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO). There was one ISO application to the Professional Conduct Committee (PCC). Both applications related to the same high-profile case. We were able to progress this matter to an ISO being imposed within three weeks of receipt of the concern. The PCC ISO was made within seven weeks from receipt of the concern.

7. During the reporting period three cases were considered by the PCC which includes one review hearing, one rule 8 consideration (which was referred to a hearing) and the conclusion of a part heard PCC Substantive hearing where the PCC admonished the Registrant.

Fitness to practise case load and case progression

8. As at 31 March 2025, the Regulation Departments fitness to practise caseload was 78 cases (59 formal complaints and 19 concerns). In comparison, the Regulation department's fitness to practise caseload as of 31 March 2024, was 72 fitness to practise cases (56 formal complaints and 16 concerns).

9. Performance against the performance targets for this reporting period, is as follows:

Case stage	**Key Performance Indicator**	**Performance Target**	**Median figures achieved this quarter**
Screening	Median time from receipt of concern to the screener's decision	9 weeks	9 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	52 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	82 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A

10. In this reporting period the Screener KPI was met at nine weeks.

11. The IC KPI was not met in this quarter. The reasoning for this is that half of the cases considered by the IC were third party cases. Although it is positive that these cases have now progressed for IC consideration, this inevitably had a negative impact on the overall output against the KPI.

12. We held more IC meetings in one quarter and considered the most individual cases in a quarter since 2018. However, due to the high referral rate of cases referred by the IC to the PCC during the quarter (82%), there is now an associated increased number of cases at the PCC stage – 30 cases, a rise from 18 as reported in Q3.

13. The median output of the PCC cases was 82 weeks. This related to one concluded case that was previously part heard. This was a third party case.

14. Five out of the 30 cases at the PCC stage have been listed for a substantive hearing. A detailed breakdown of these cases is set out in the dataset in the Annex to this paper. We expect to schedule more hearings over the coming weeks.

Third party investigations - data comparison

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

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	6 weeks	6 weeks	0 (0%)
IC stage	40 weeks	27 weeks	9 (38%)
PCC stage	97 weeks	77 weeks	13 (43%)
Total	**46 weeks**	**30 weeks**	**22 (29%)**

External Audit of Initial Stages decisions

16. Last year GOsC commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as regulator. DJS Research Perception Report was published on 1 October 2024, with one of the recommendations being that we review and adjust the tone of communications (e.g. insurance, registration, fitness to practise). As this has dovetailed with the planning stage and development of FtP external audit criteria, we included the tone and content of GOsC

communications within the review criteria the legal auditor used in assessing the cases.

17. The Audit took place over February 2025 and was completed on 5 March 2025. The key findings are summarised as follows:

- No public protection concerns were identified from the cases reviewed.
- The tone and content of correspondence with participants in the FtP process was professional, respectful and helpful. However, the auditor recommended that communications could convey more empathy towards the position of the individual receiving a decision. There was also scope to further simplify and use plainer language if the GOsC wished.
- In all the Screening cases where a lay screener reviewed the osteopathic screeners' decision to close the case, the lay screener agreed with the osteopath screener and provided no further comment at all on the decision. This risked, giving the appearance of 'rubber stamping'.
- There was an absence of any reference in the IC written decisions to the Osteopathic Practice Standards (OPS).
- Overall, on a general review of the threshold criteria the categories and issues covered by the current threshold criteria were comprehensive, a few criteria are narrowly drafted and could benefit from a more detailed explanation.

18. The Executive has identified the following actions:

- We have a follow up meeting arranged with the Auditor to discuss in more depth how the threshold criteria and guidance can be further developed to enhance decision-making and reasoning.
- As part of our response to the findings of the DJS research into the perceptions of registrants, GOsC is working with Nockolds Solicitors and HR specialists to help us with our tone of voice work. An initial pre-planning session took place on 25 March 2025 with a cross organisational workshop scheduled to take place on 30 April 2025.
- Amending the template Screener's Report to make clear that Lay Screeners must provide reasons for their decision where they agree as well as where they disagree with the Osteopath Screener's decision.

Training for all committee members and legal assessors

19. We held the annual training day for PCC members on 13 January 2025 which included a session on Equality and Diversity, Unacceptable Professional Conduct

(UPC) and Professional Incompetence, the remote hearing guidance and protocol and remote hearings experience and insights from the current PCC chair.

20. On 14 January 2025, we held the PCC's annual training day. The agenda included an interactive session guided by Professor Louise Wallace from the Open University regarding their 'Witness to Harm' research. This session provided PCC panellists with insight and understanding about the project findings and how members of the public experienced the fitness to practise process - more generally across all healthcare regulators - and how best to support individuals who go through the process. There was also a presentation from the GOsC's Independent Support Service. Both sessions were well received and encouraged many questions and interest in both subjects. We also had an in-depth caselaw update for PCC members delivered by Capsticks Solicitors.

21. The Regulation department also held the annual IC training day on 11 March 2025. The agenda for the day included a session on the role of a screener and threshold criteria, a session on what is meant by 'Case to Answer' and a similar case law update provided by Capsticks Solicitors.

Section 32 Prosecution

22. Under section 32 of the Osteopaths Act 1993, it is a criminal offence for anyone who is not on the GOsC's register to describe themselves (either expressly or by implication) as an osteopath.

23. We have commenced prosecution proceedings against an individual named Gareth Milner for unlawfully describing himself as an osteopath after he had previously left the GOsC's Register. The trial has been set for 22 May 2025 at City of London Magistrates' Court. The GOsC had previously prosecuted Mr Milner for the same offence in March 2021.

Section 32 training

24. We held an inhouse training event for the Regulation team on the section 32 procedure. The training session spanned from first receipt of a concern to prosecution and the trial process. This was delivered by James Norman, Barrister at 5 Paper Buildings

Recommendation:

To note the report.

Annex A to 8

Fitness to practise dashboard 01 January 2025 to 31 March 2025 (Q4)

Case progression – at a glance

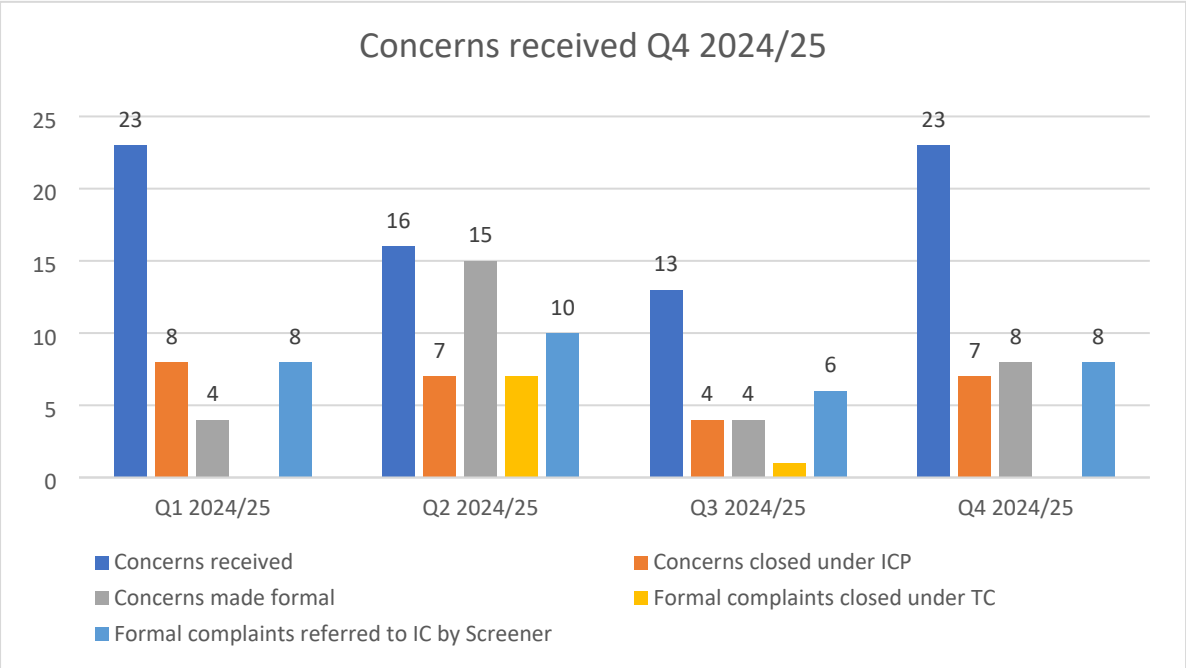
- We have received 23 new concerns during the reporting period, a sharp ibcrease form the previous quarter (13 concerns).
- The Investigating Committee (IC) met remotely on five occasions and considered 17 cases.
- During this reporting period the Professional Conduct Committee (PCC) concluded two cases, with another being referred to a substantive hearing (rule 8 consideration).

Referrals Received	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Formal complaints referred to IC by Screener	8	10	6	8
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	29	36	34	24
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	18	17	19	32
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	4	4	3	5
PCC/HC Cases part heard (as at end of quarter)	0	0	2	1
Formal complaints open (as at end of quarter)	51	66	57	56
Cases that need review hearings (as at end of quarter)	3	4	4	3

Age of Caseload from Date Received	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
52 weeks – 103 weeks	22	14	20	19
104 weeks – 155 weeks	5	4	10	10
156 weeks and above	1	1	1	3

New Referrals

- We have received 23 new concerns during the reporting period.
- Seven cases were closed under the Initial Closure Procedure (ICP).
- None were closed under the threshold criteria.
- There were 15 cases considered by screeners, eight of these were referred to the IC.



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

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

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

Allegations in formal complaints	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Conduct	4	15	4	6
Conviction	0	0	0	1
Competency	0	0	0	0
Adjunctive therapies	0	0	0	0
Health	0	0	0	1
Total	**4**	**15**	**4**	**8**

Key Performance Indicators

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

Performance at a glance

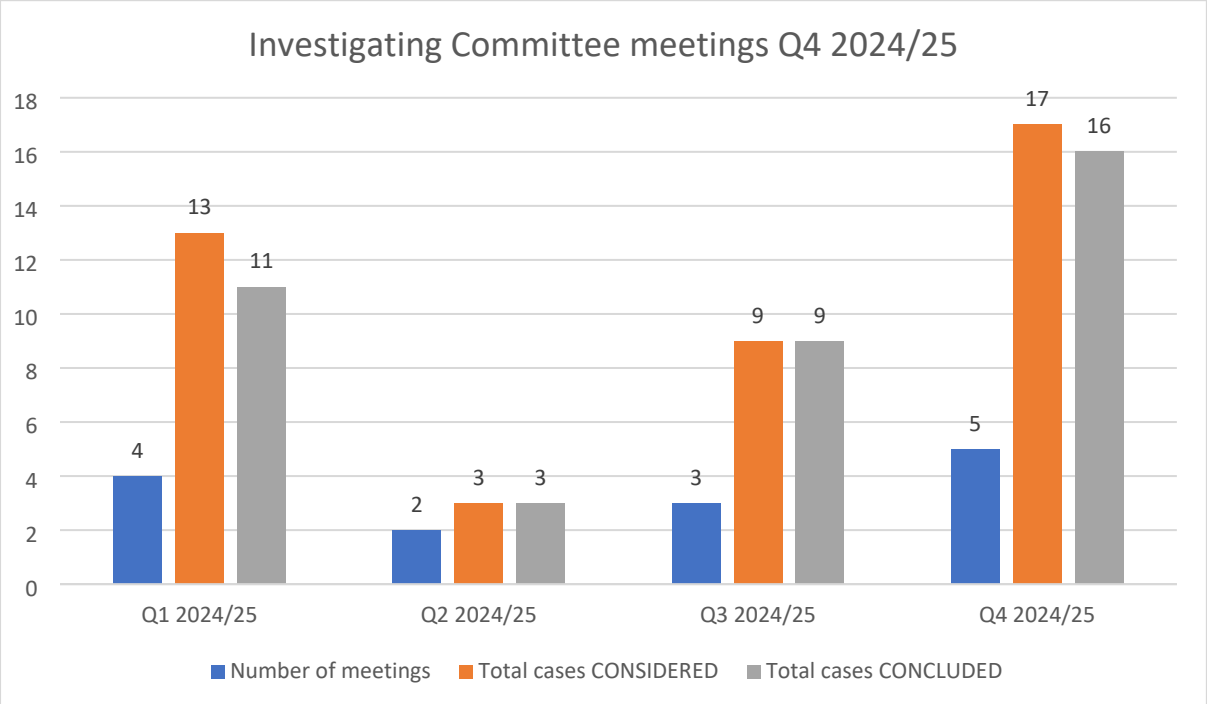
Case stage	Key Performance Indicator	Performance Target	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Screening	**Median time from receipt of concern to the screener's decision**	**9 weeks**	8 weeks	9 weeks	4 eeks	8 weeks
Investigating Committee	**Median time from receipt of concern to final IC decision**	**26 weeks**	40 weeks	31 weeks	48 weeks	52 weeks
Professional Conduct Committee	**Median time from receipt of concern to final PCC decision**	**52 weeks**	145 weeks	58 weeks	67 weeks	82 weeks

Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Median	8 weeks	9 weeks	4 weeks	9 weeks
Longest case	21 weeks	68 weeks	27 weeks	24 weeks
Shortest case	1 week	1 week	0 weeks	1 week
Time from receipt of complaint to final IC decision (26 weeks)	**Q1 2024/25**	**Q2 2024/25**	**Q3 2024/25**	**Q4 2024/25**
Median	40 weeks	31 weeks	57 weeks	52 weeks
Longest case	65 weeks	40 weeks	217 weeks	123 weeks
Shortest case	9 weeks	28 weeks	13 weeks	6 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	**Q1 2024/25**	**Q2 2024/25**	**Q3 2024/25**	**Q4 2024/25**
Median	108 weeks	26 weeks	29 weeks	49 weeks
Longest case	219 weeks	76 weeks	32 weeks	49 weeks
Shortest case	27 weeks	13 weeks	16 weeks	49 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	**Q1 2024/25**	**Q2 2024/25**	**Q3 2024/25**	**Q4 2024/25**
Median	145 weeks	58 weeks	67 weeks	82 weeks
Longest case	227 weeks	120 weeks	94 weeks	82 weeks
Shortest case	57 weeks	39 weeks	52 weeks	82 weeks
Median time to interim order committee decision:	**Q1 2024/25**	**Q2 2024/25**	**Q3 2024/25**	**Q4 2024/25**
From receipt of referral	57 weeks	NA	NA	3 weeks
From decision that there is information indicating the need for an interim order	6 weeks	NA	NA	2 weeks

Investigating Committee

- The IC met remotely on five occasions during the reporting period and considered 17 cases. This is the highest number of cases considered in one quarter since Q3 in 2018-19.
- The KPI at this stage of the process was not met during this quarter. Of the 17 cases considered by the IC, eight were third party cases, with another case being particularly complex.
- The number of cases at the IC stage have reduced from 34 to 24 cases.
- 9 of the 24 cases (38%) at the IC stage are currently recorded as third party.
- The IC considered one Interim Suspension Order (ISO) application during the reporting period.



Investigating Committee Decisions	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
No Case to Answer	6	0	4	1
No Case to Answer with advice	0	0	0	1
Referred to PCC	5	3	5	14
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	2	0	0	1
Stayed	0	0	0	0
Rule 19 agreed	0	0	0	0

Professional Conduct Committee

- During the reporting period three cases were considered by the PCC, including one review hearing, one rule 8 consideration and the conclusion of a part heard PCC Substantive hearing. The PCC also considered one interim suspension order application, which was granted.

- The number of cases at the PCC stage has sharply increased from 18 to 30 over the quarter. This reflects the high number of cases considered by the IC, as 14 cases were referred to the PCC during the reporting period.

- 43% of cases at the PCC stage are, or were, third party cases which is an increase from 39% at the end of the previous quarter.

- There are currently 30 cases at the PCC. The breakdown of which are as follows:

    - Five cases have been listed for a hearing

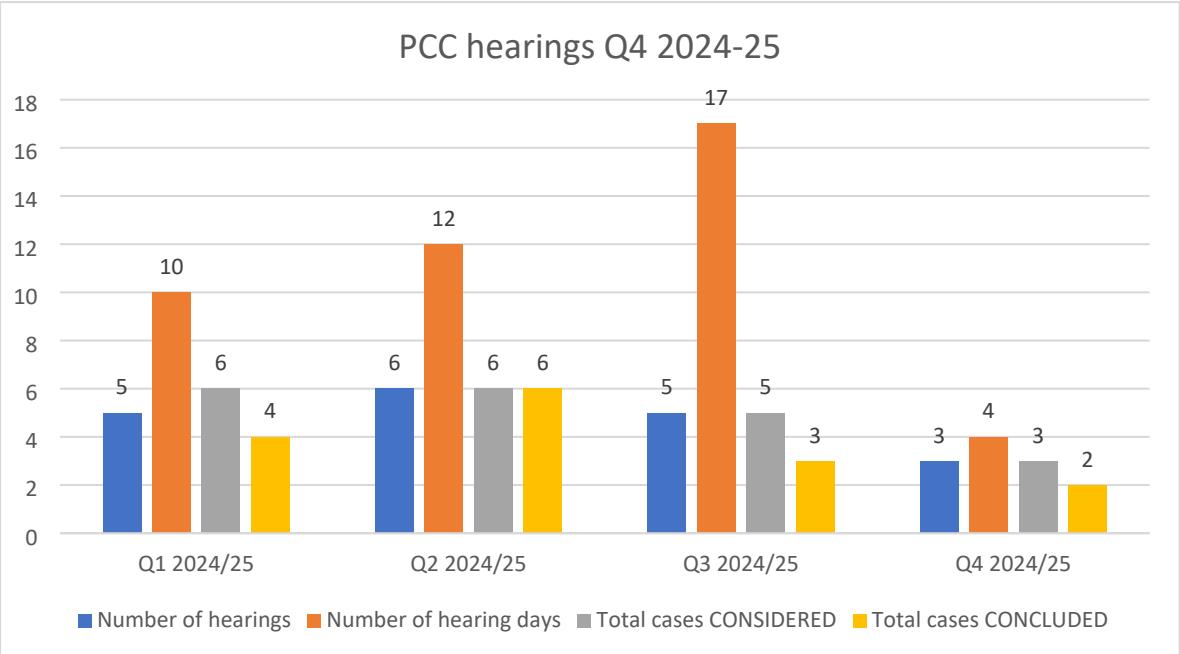
    - One case is currently still being investigated by the police

    - One case is at the Crown Court for sentencing

    - 14 cases were referred to the PCC during this reporting period and we are actively progressing these cases in accordance with the Standard Case Directions

    - In a further nine cases we are either looking for dates to list the hearing with all the parties or in the process of serving the case on the registrant

Professional Conduct Committee Hearings	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Number of hearings	5	6	5	3
Number of hearing days	10	12	17	4
Total cases CONSIDERED	6	6	5	3
Total cases CONCLUDED	4	6	3	2



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

Health Committee

- The Health Committee (HC) considered no hearings during the reporting period.

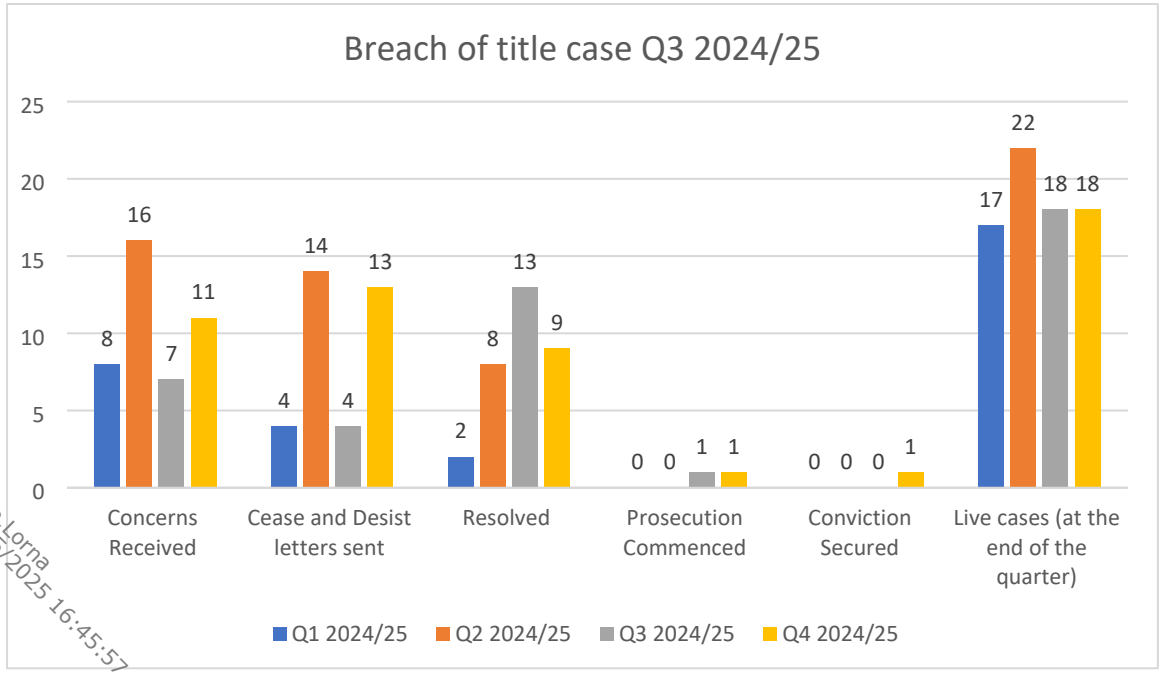
Interim Suspension Orders

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

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

Protection of Title

- There are currently 11 active Section 32 investigations as at 31 March 2025, which is a decrease from 18 recorded in the previous quarter.



Protection of Title	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Concerns Received	8	16	7	11
Cease and Desist letters sent	4	14	4	13
Resolved	2	8	13	9
Prosecution Commenced	0	0	1	1
Conviction Secured	0	0	0	1
Live cases (at the end of the quarter)	17	22	18	18

Appeals

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

Total number of registrant appeals in the quarter which are:	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Ongoing	0	0	0	0
Opened	0	0	0	0
Concluded	0	0	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	**Q4 2023/24**	**Q2 2023/24**	**Q3 2023/24**	**Q3 2023/24**
Upheld and outcome substituted	0	0	0	0
Upheld and case remitted to regulator for re-hearing	0	0	0	0
Settled by consent	0	0	0	0

Voluntary Removal

- We received one voluntary removal application in the reporting period. Although this was granted this fell outside of the reporting period.

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

Council
15 May 2025
New dashboard reporting

Classification	Public
Purpose	For decision
Issue	We are looking to streamline information presented to Council through the introduction of new dashboard reporting.
Recommendation	To agree to move to new dashboard reporting from July 2025.
Financial and resourcing implications	The dashboards would contain financial reporting on the GOsC performance against agreed budgets.
Equality and diversity implications	The dashboards would take an inclusive approach with written and visual information contained within them.
Communications implications	The new dashboard reporting would take effect from the July 2025 Council meeting.
Annex	A. Draft Assurance reporting dashboard B. Draft Fitness to Practise dashboard
Author	Matthew Redford, Darren Pullinger, Sheleen McCormack, David Bryan, Steven Bettles, Paul Stern, Amanda Chadwick, Ben Chambers.

Key messages from the paper:

- In order to ensure Council continues to focus on strategic matters we are seeking to streamline the information presented through the introduction of new dashboard reporting.

- The introduction of dashboard reporting would be in two areas

    - Assurance reporting [covering data on matters related to business plan activities, financial, registration, HR].

    - Fitness to Practise.

- The introduction of the dashboard reporting would significantly reduce the volume of papers presented to Council, although the detail would be available for scrutiny if required.

- The draft dashboards were presented to Audit Committee in March 2025 for comment. The attachments to this paper reflect feedback received.

Background

1. The following information is presented to Council.

At every meeting	Every six months	Once a year	Never
Business Plan monitoring (average 20 pages) From November 2024 Council	Registration report (average 8 pages) From November 2024 Council	Performance measurement report (average 9 pages) From July 2024 Council	HR reporting (no datasets are provided to Council as this is seen by People Committee)
Financial reporting (average 12 pages) From November 2024 Council			
Fitness to Practise dataset (average 9 pages) From November 2024 Council			

Discussion

2. In order to help Council focus on strategic decisions and to avoid drifting into operational detail, we are seeking to implement new dashboard reporting. It is suggested that we can consolidate all reporting, excluding Fitness to Practise, into one Assurance dashboard keeping the Fitness to Practise dashboard separate because of its importance to our core statutory responsibilities.

3. Examples of the two dashboards are at Annexes A and B.

4. Both dashboards would present data in a more visual manner for Council members. The detail which is currently presented to Council would still need to be produced by the Executive and would form ongoing discussions at monthly Senior Management Team (SMT) meetings and at SMT/Heads of function meetings.

5. Council can be assured that we are not reducing the level of scrutiny within the organisation, as members would be able to seek additional detail if required to help them discharge their statutory responsibilities.

6. Specifically in relation to Fitness to Practise we suggest that to supplement the introduction of a dashboard which would reduce information provided at each meeting, we could provide an annual, deeper-dive dataset at the November meeting where the Chairs of the Fitness to Practise panels also present their annual reports.

7. Our current reporting to Council means we provide members with c.190 pages of information across the course of a business year. The dashboard reporting would reduce that to slightly over 30 pages.

8. We presented the draft dashboard reporting to Audit Committee in March 2025 for their review. Using feedback we received, we have populated the dashboards with live information (as at 31 March 2025) so that Council can better assess the implementation of the dashboards.

9. If the dashboards are agreed, we propose their introduction from the July 2025 Council meeting.

Recommendations: To agree to move to new dashboard reporting from July 2025.

DRAFT GOSC ASSURANCE DASHBOARD – QUARTER 4: JANUARY 2025 – MARCH 2025

BUSINESS PLAN PERFORMANCE REPORTING:

STRENGTHENING TRUST			
Number of agreed activities - 5	**Activities on track - 4**	**Activities deferred - 1**	**Activities cancelled - 0**

Relevant comments:

- Publication of an ITT for a new website deferred to post year-end.
- Activity of track includes: implementing actions arising from the DJS report, developing our new Patient Partner Programme, enhance the experience of those who engage with our services and to support students and osteopaths practice in accordance with the OPS.

CHAMPIONING INCLUSIVITY			
Number of agreed activities - 4	**Activities on track - 4**	**Activities deferred - 0**	**Activities cancelled - 0**

Relevant comments:

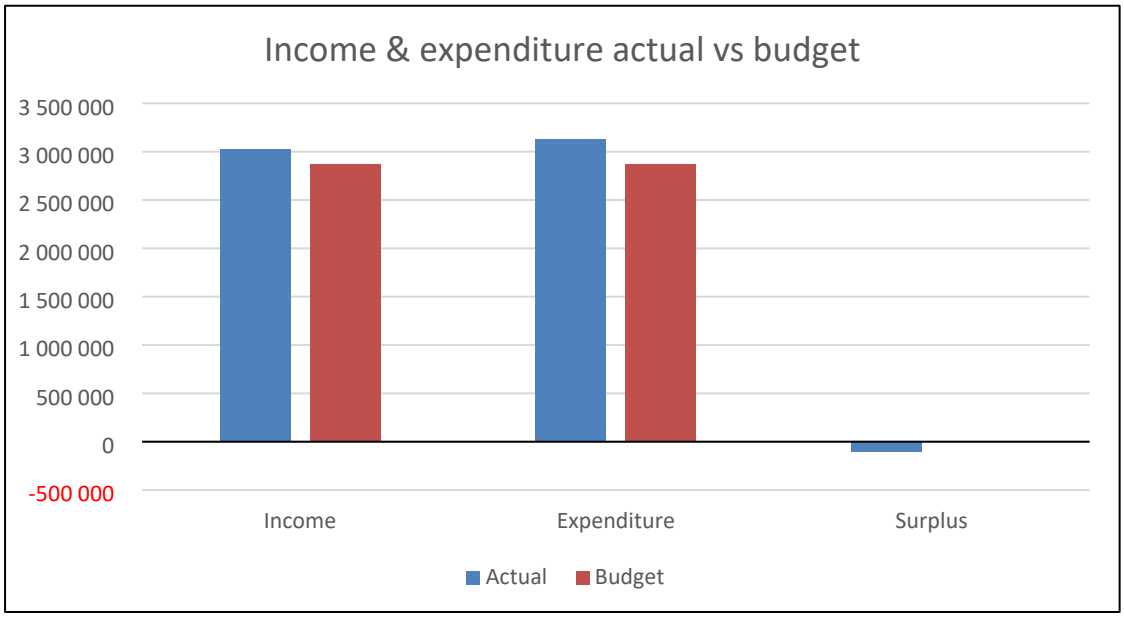
- All activities are on track including: collecting, analysing and publish EDI monitoring data, promoting inclusivity in osteopathic practice and education, promoting our Equality Duty responsibilities and conducting a comprehensive review of all guidance at the initial stages and hearings stage of the FTP process.

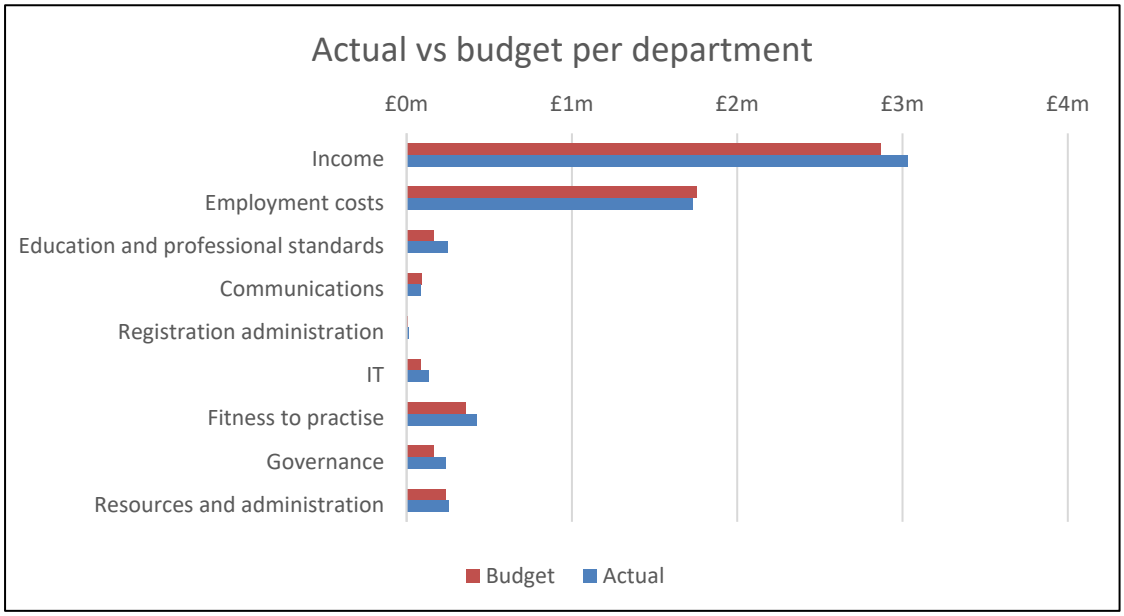
EMBRACING INNOVATION			
Number of agreed activities – 6	**Activities on track - 4**	**Activities deferred - 2**	**Activities cancelled - 0**

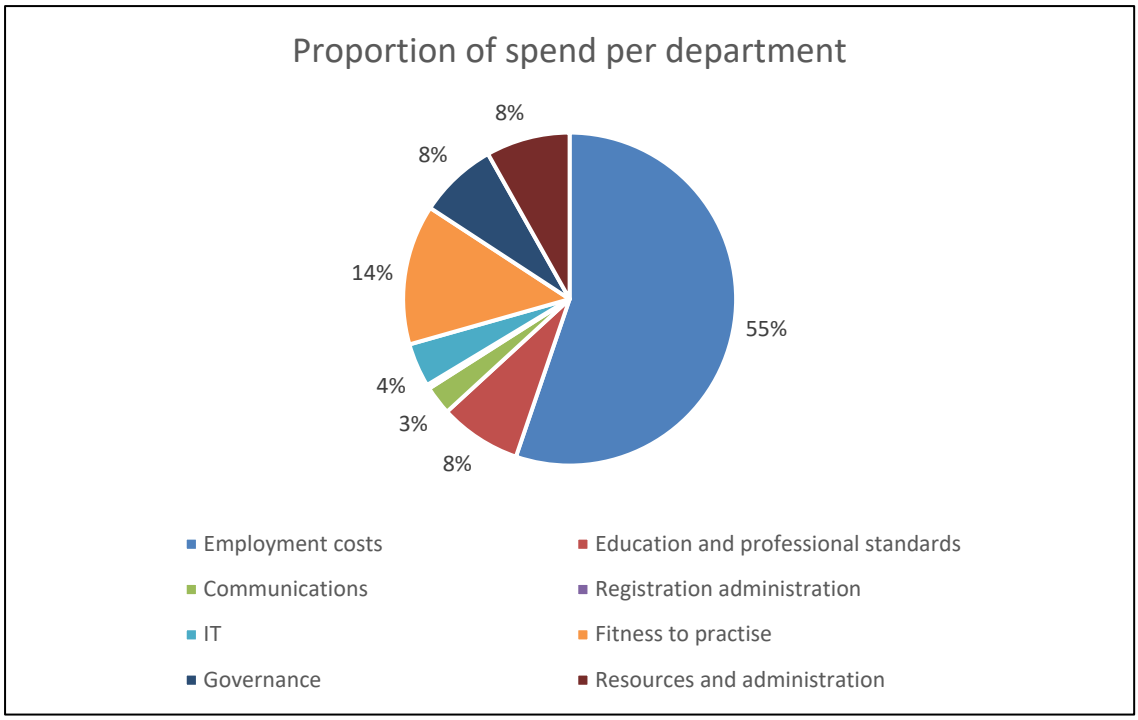
Relevant comments:

- CRM implementation: 97% build and testing completed; planned launch date of December 2024 delayed.
- Draft People Framework discussed by People Committee, October 2024. Work paused to allow resources to focus on Non-Executive recruitment including re-runs of unsuccessful campaigns.
- Activity on track includes: conducting a comprehensive review of GOsC Threshold Criteria, developing a financial and asset strategy and reviewing the impact of artificial intelligence on osteopathic education.

FINANCIAL PERFORMANCE REPORTING:



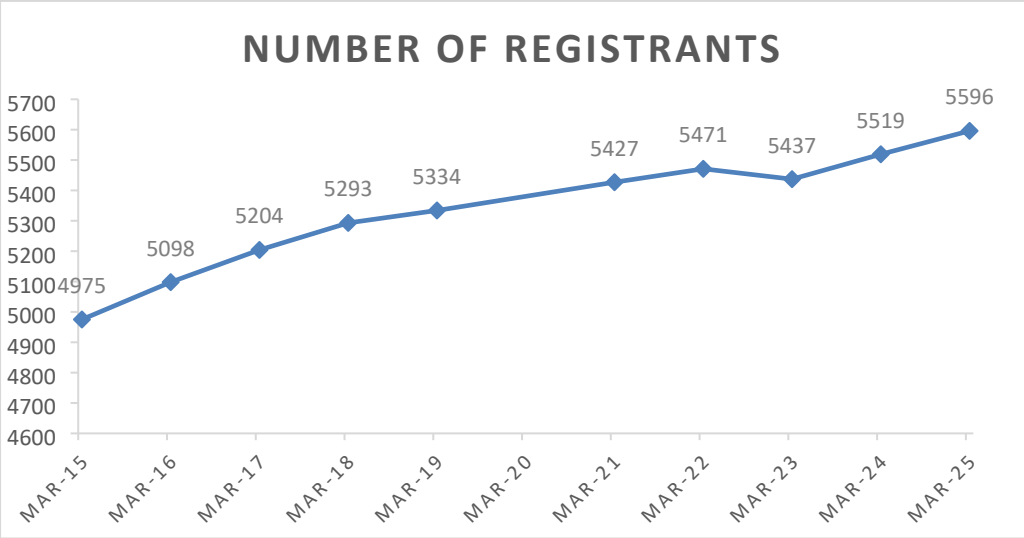


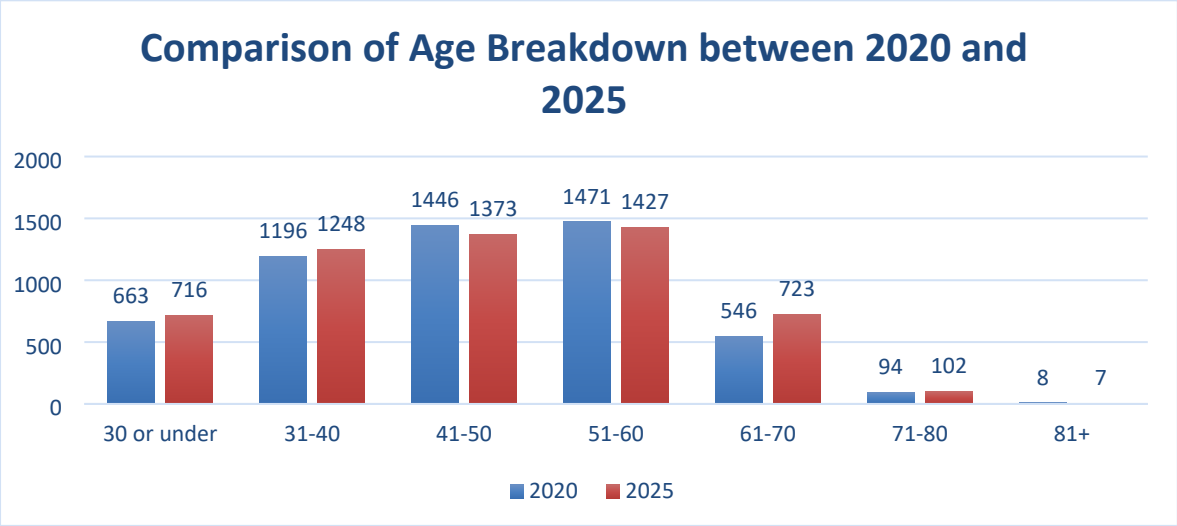


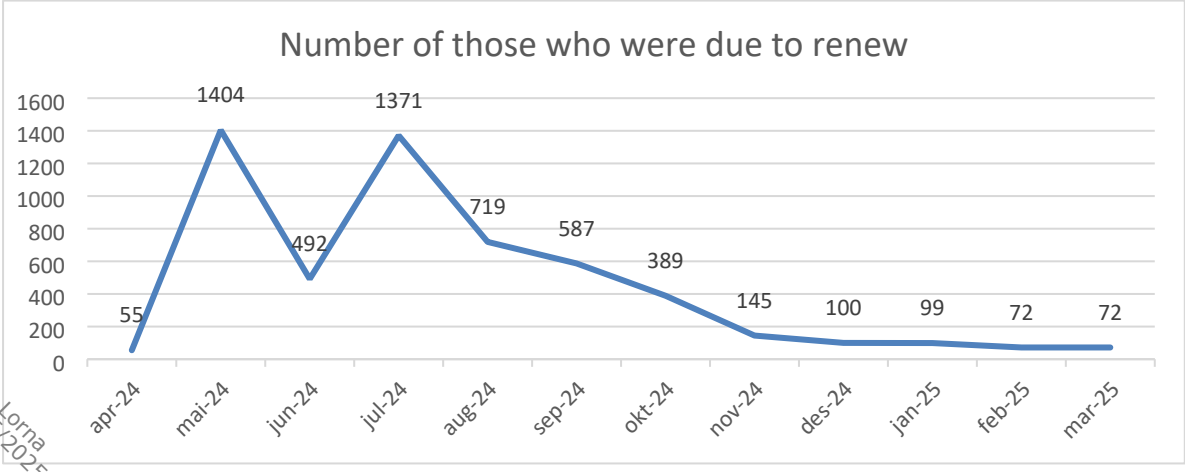
Financial narrative:

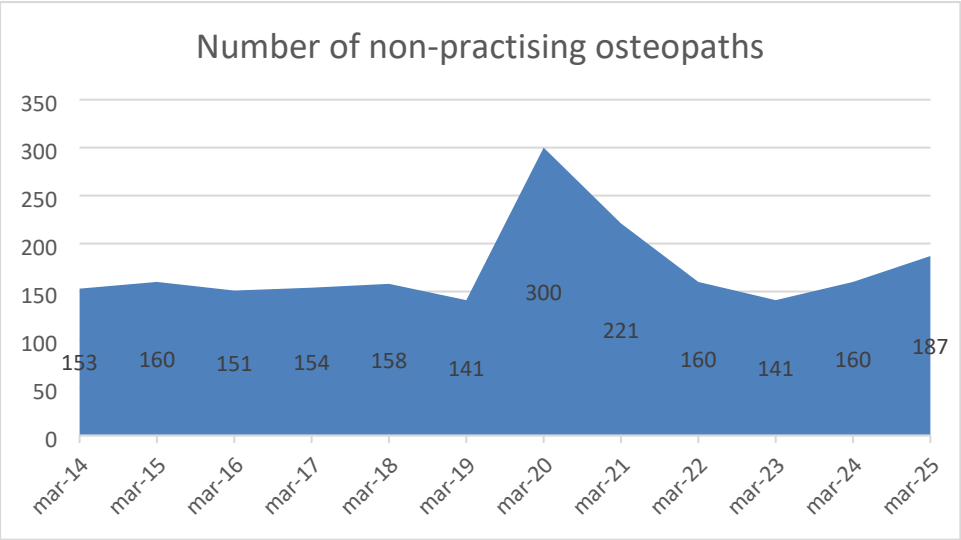
- Income £160k over budget for the year at £3.03m.
- Total expenditure £206k over budget at £3.07m.
- Staff costs (including salaries, pension, NI, training) £23k under budget at £1.73m.
- FtP and regulation costs £6k over budget at £366k.
- Governance costs £74k over budget at £239k, predominately due to a comprehensive recruitment campaign.
- Office running costs around £171k for the year, up from the previous year due to increases in energy and other utilities, and some unplanned remedial works.
- The budget for 2025-26 shows a more accurate expectation of the expenditure for the year.

REGISTRATION DATA REPORTING:









Registration narrative:

- Number of registered osteopaths increased by 77, giving new total of 5,596 osteopaths on the Register.
- Age comparison of the Register between 2020 and 2025. Only change of note is increase in 61-70 age category by 177. Overall 14.87% of the Register is over the age of 61+.
- Number of osteopaths due to renew in 2024-25, showing the effect of a rolling registration year instead of one set-date of renewal.
- Number of osteopaths currently listed as non-practising is 187, all-time average is 154. Main reason for non-practising is maternity leave.

EDUCATION AND STANDARDS:

Education

RQ Reviews in process:

- **Marjon** (Visitor's report to June 2025 PEC)
- **Swansea** (Visitor's report to June 2025 PEC)
- **BCNO Group** (Visitor's report to June 2025 PEC in relation to initial review of new programme)
- **Health Sciences University** – visit arranged in relation to proposed change of delivery to existing RQ programmes (osteopathy to be taught at Bournemouth campus) (Visitor's report to October 2025 PEC)

Next RQ review: BCNO Group – review of existing programmes planned for November 2025. This element of the RQ review was postponed from the February 2025 visit which looked solely at the introduction of a proposed new three year condensed programme to be delivered at the BCNO Maidstone campus.

Notification of proposed new courses: None received

Key issues:

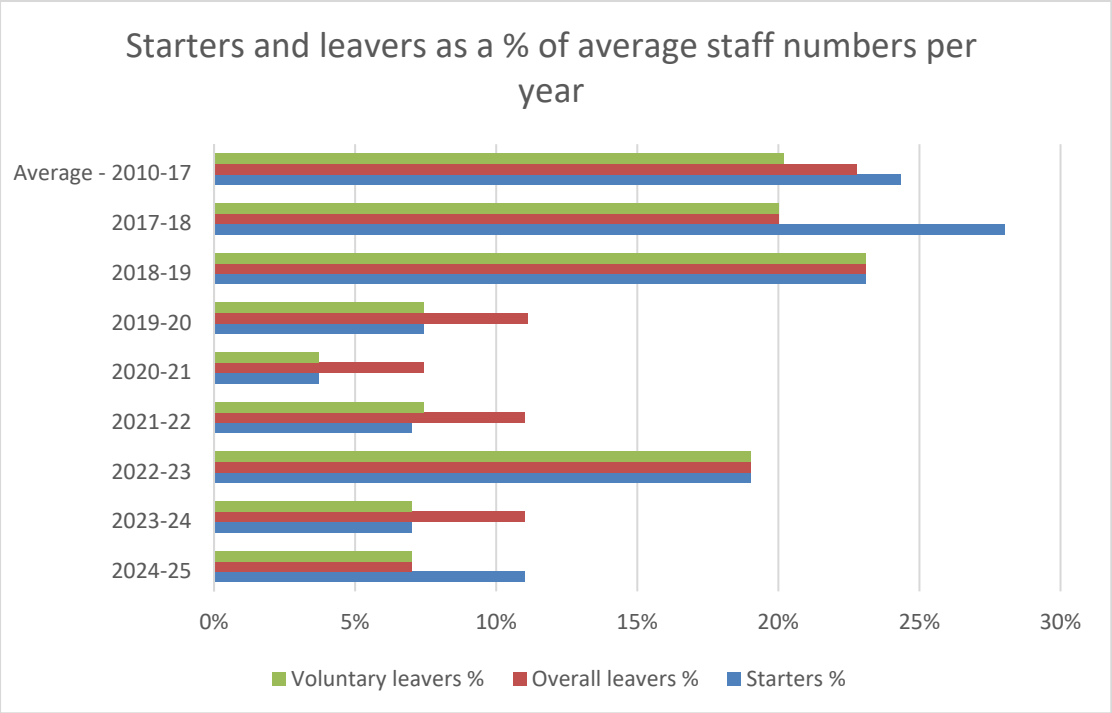
Taking Quality Assurance in-house: Plans to take this in-house when Mott contract ends on 30 June 20025 are on track. We are currently recruiting a QA Visit Manager.

Meetings with OEIs: We have met with all OEIs over April to feedback on sector wide issues discussed in reporting of annual reports to March 2025 PEC. This included discussion on annual reporting to provide further detail on educator's qualifications and on student progression data in relation to EDI. These will feed into the development of the annual report templates for the 2024-25 academic year.

Transition to Practice: We are working with key stakeholders (including the iO, and education providers) to design and deliver a workshop in June 2025 aimed at identifying ways of supporting osteopaths as they transition into practice post graduation, or after a period away.

Standards
Since January 2025, we have received and responded to 39 queries in relation to the Osteopathic Practice Standards and practice generally. Themes have included: • Patient record keeping, destruction, continuing access to records and transfer of patient notes on retirement • The provision of injection therapy and training • Scope of practice and adjunctive therapies • Provision of aesthetics such as fillers and Botox • Boundaries issues with patients and the management of these • Dealing with inappropriate behaviour from patients We monitor issues that are raised with us and this will contribute towards the issues to be considered in relation to the forthcoming review of the OPS. Other issues in this context include: • Sexual boundaries and behaviours in the workplace (new responsibilities for employers, and behaviours between professionals) • Social media We have published guidance in relation to: Changes to Protection of Vulnerable Group requirements from Disclosure Scotland Licensing requirements in relation to invasive procedures carried out within practices in Wales Injections (including Platelet Rich Plasma Therapy) **Artificial Intelligence:** We have worked collaboratively with other regulators, educators and osteopaths to consider the potential impact of AI on practice, and as recommended by PEC, have developed interim guidance to illustrate key issues in the context of the OPS. **CPD scheme:** We have consulted on proposed changes to the CPD scheme to include the addition of boundaries and EDI aspects to the mandatory communication and consent requirements, and to modify the Peer Discussion Review template to meet feedback received from osteopaths on the process. The consultation feedback will be reported to June PEC.

HUMAN RESOURCE DATA REPORTING:



HR narrative:

- Turnover of staff currently sits below 10%. This is consistent with the prior year and less than the 2022-23 business year where turnover was close to 20%.
- Sickness absence rates, and any underlying reasons for those, are reported to People Committee in its private meetings. If People Committee felt there was an issue of urgency to report to Council, it would do so.
- GOsC has an Employee Assistance Programme. In the year to March 2025, GOsC staff usage was 16% compared to an average of 5-7% externally, which means that our staff are aware of, and are utilising the service available.

Fitness to Practise dashboard 01 January 2025 – 31 March 2025 (Q4)

Statistics at a glance

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Screener stage				
Formal concerns referred to IC by Screener	8	10	6	8
IC stage				
Concerns referred to the PCC	5	3	5	14
Awaiting IC consideration	29	36	34	24
PCC stage				
Awaiting PCC consideration	18	17	18	32
Awaiting PCC consideration – listed for hearing	4	4	3	5
PCC/HC Cases part heard	0	0	2	1
Cases that need review hearings	3	4	4	3
General statistics				
Formal complaints open	51	66	56	56

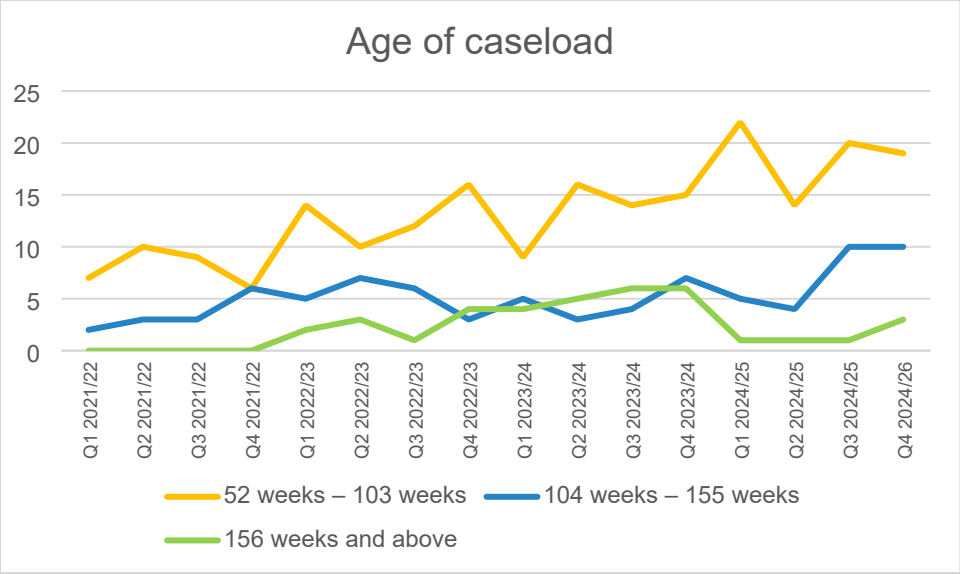
	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Receipt to screener decisions (9 weeks)	8 weeks	9 weeks	4 weeks	9 weeks
Receipt to IC decision (26 weeks)	40 weeks	31 weeks	57 weeks	52 weeks
Receipt to PCC deicsion (52 weeks)	145 weeks	58 weeks	67 weeks	82 weeks

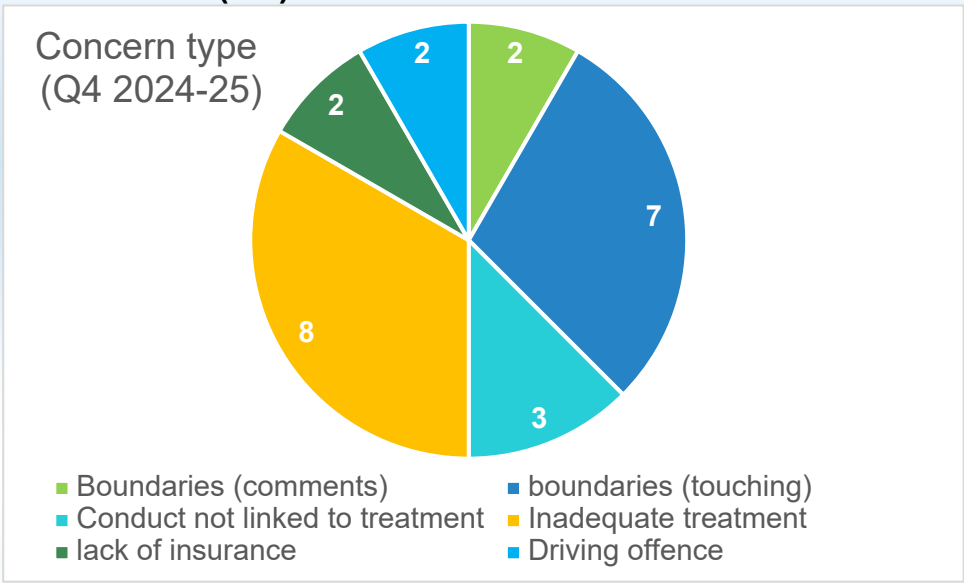
Third party statistics

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	6 weeks	6 weeks	0 (0%)
IC stage	40 weeks	27 weeks	9 (38%)
PCC stage	97 weeks	77 weeks	13 (43%)
Total	**46 weeks**	**30 weeks**	**22 (29%)**

Fitness to Practise dashboard 01 January 2025 – 31 March 2025 (Q4)

Age of Caseload





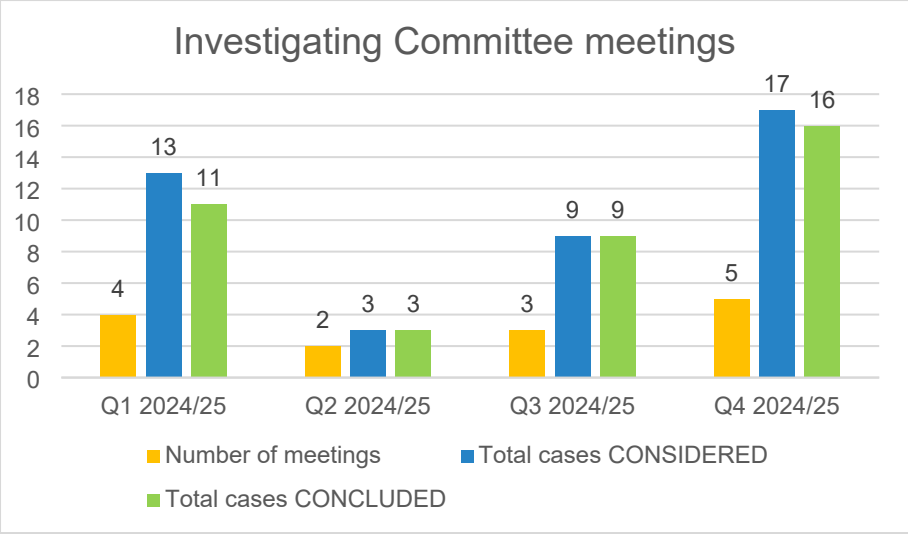
Screener stage

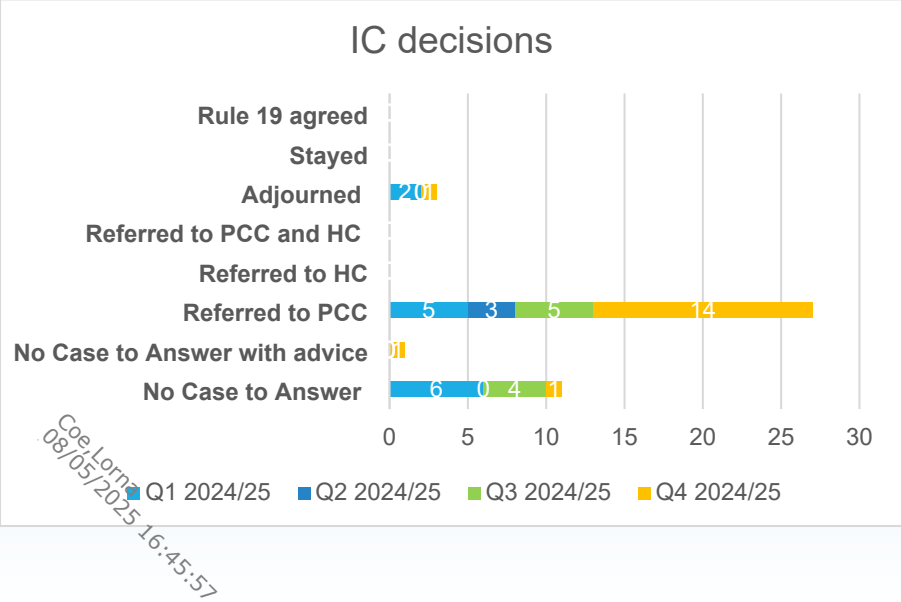
Referrals Received	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Concerns received	23	16	13	23
Concerns made formal	4	15	4	8
Screener decisions made	16	24	11	16

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

Fitness to Practise dashboard 01 January 2025 – 31 March 2025 (Q4)

Investigating Committee stage





Coe,Lorna
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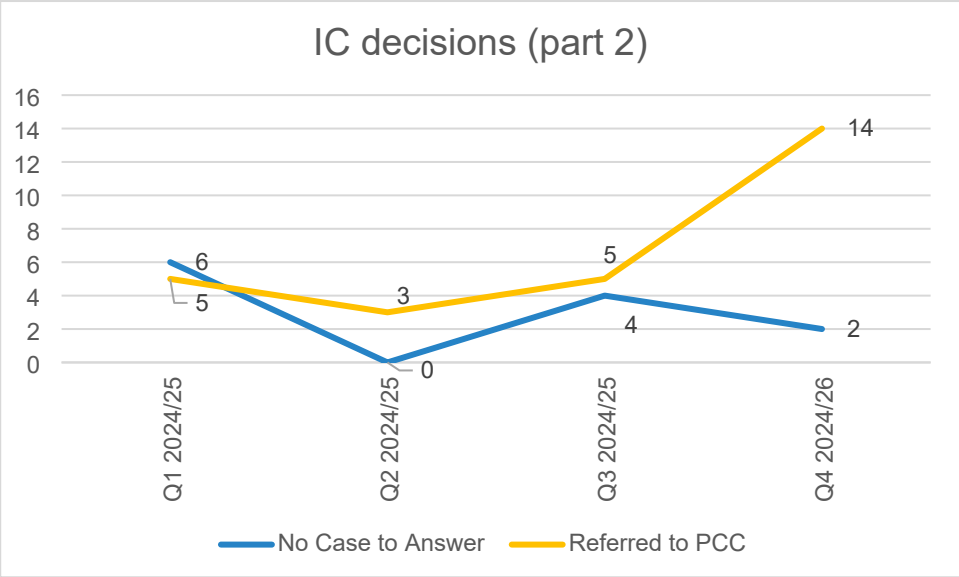
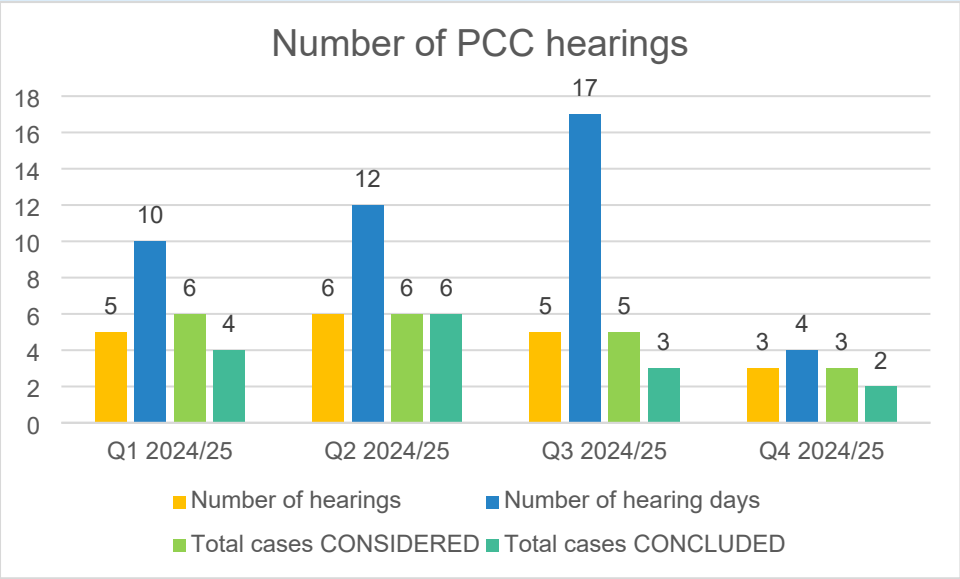
IC stage observations

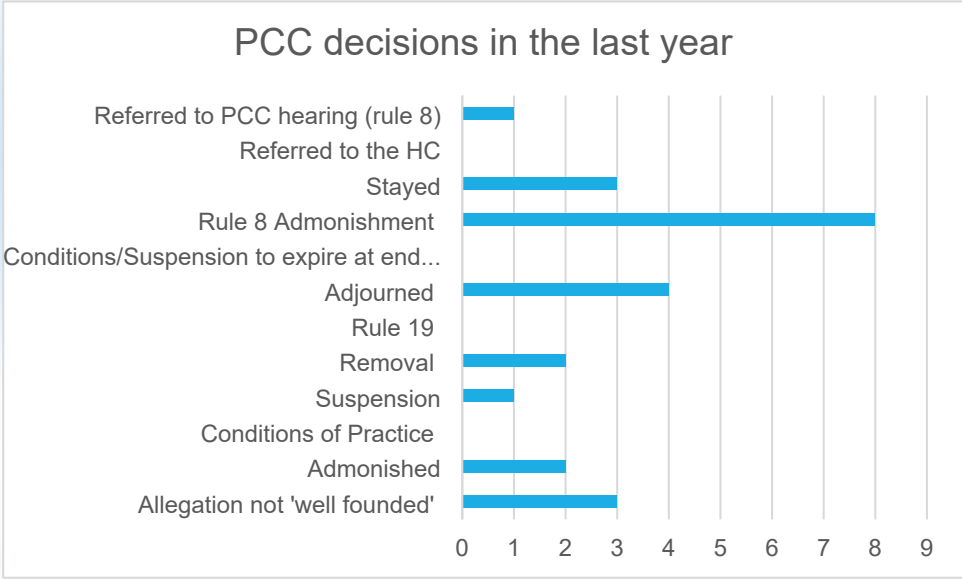
- The Screener KPI, which is 26 weeks, was not met at exceeded at 52 weeks. This related to a large volume of cases considered by the IC (9 cases) that were classed as third party, which negatively impacted on the overall output against the KPI.
- Feedback from the IC seems to suggest that cases are taking longer for the IC to consider at meetings. Such causes are the particulars being lengthy and that the remote environment can cause technical delays.

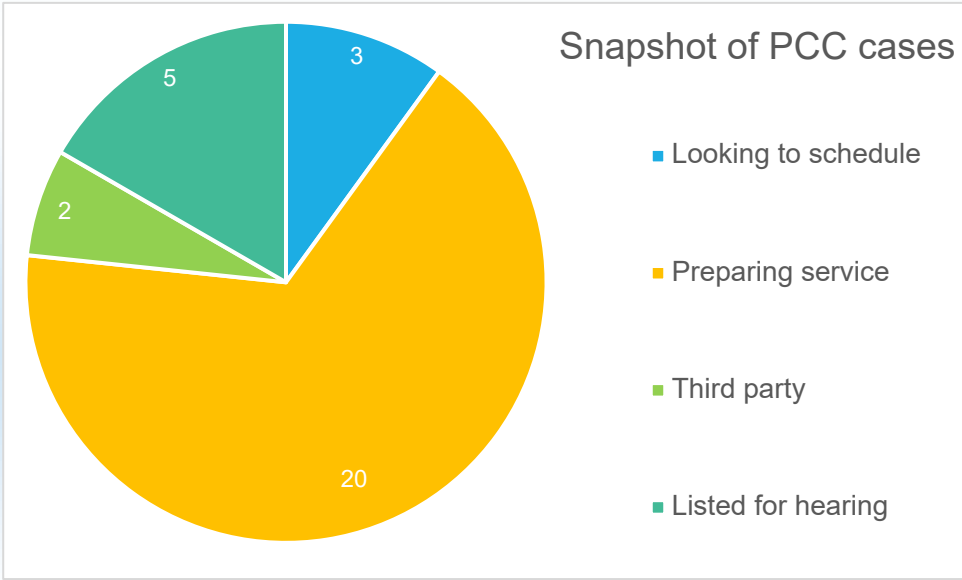


Fitness to Practise dashboard 01 January 2025 – 31 March 2025 (Q4)

Professional Conduct Committee stage







PCC stage observations

- 14 cases were referred to the PCC over the reporting period - more than any other previous quarter on record. This has meant the number of cases awaiting PCC hearing has increased dramatically. Subsequently this means that we have a large number of cases that we are preparing for service.

Coe Lorna
08/05/2025 16:45:57

General Osteopathic Council

10

Council
15 May 2025
Student Health and Disability Guidance – consultation response

Classification	Public
Purpose	For decision
Issue	Updated guidance: Draft: Students with a disability or health condition: Guidance for Osteopathic Education Providers Draft: Studying osteopathy with a disability or health conditions: Guidance for applicants and students
Recommendations	1. To note the outcome of the consultation on updated guidance: • Studying osteopathy with a disability or health conditions: guidance for applicants and students • Students with a disability or health condition: Guidance for Osteopathic Educational Providers 2. To note the publication and implementation plans and the updated Equality Impact Assessment. 3. To agree to publish the guidance documents.
Financial and resourcing implications	The review of the guidance is undertaken in house. We have sought external expert equality diversity and inclusion advice which was costed at c £150.
Equality and diversity implications	The purpose of this guidance is to ensure that osteopathic educational institutions and students can have positive conversations about how to support students with a health condition or a disability to succeed as osteopathic graduates. An updated Equality Impact Assessment is included as Annex D.
Communications implications	Once agreed for publication, the updated guidance will be promoted to students and educators, and we will aim to collaborate with these groups in the development of further resources to support the implementation of the guidance in practice.

General Osteopathic Council

10

Annex

A. Consultation report

B. Studying osteopathy with a disability or health conditions: guidance for applicants and students

C. Students with a disability or health condition: Guidance for Osteopathic Educational Providers (NB: Changes to consultation guidance versions are shown in red)

D. Annex D: Updated Equality Impact Assessment

Author Steven Bettles

Key messages

- This paper reports on the results of our consultation on the updated guidance which was reported to the Policy and Education Committee at its March 2025 meeting (Annex A):
    - Studying osteopathy with a disability or health conditions: guidance for applicants and students
    - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
    - Easy Read versions of each
- Post consultation changes are shown in red in the annexes B and C.
- Agreement is sought from Council for publication of the guidance documents.
- Updated versions of the Easy Read versions are being developed as a result of feedback from the Policy and Education Committee.

Background

1. We publish guidance for students and education providers in relation to health and disability issues. The current guidance dates from 2017, and was due for review.

2. The Health and Disability guidance relates to a number of current strategies – for example:
    - it supports osteopathic educational institutions and students in the implementation of Standards for Education and Training (through which equality diversity and inclusion (EDI) issues are threaded);
    - it contributes to the development of the GOsC strategic plan with its emphasis on inclusivity,
    - and it impacts on wider issues such as student recruitment by emphasising the accessibility of osteopathy.

Discussion

3. We reported to the Committee in March 2024 on steps taken to inform un update of the guidance, including seeking preliminary feedback from students and from an EDI consultant. We reported how, having discussed the updated drafts with a focus group of students, there was a general feeling that, though helpful, the guidance was long and hard to engage with, particularly for those with certain neurodiversities. They suggested a summary version would be helpful in each case. As a result, we commissioned Easy Read versions of both the student and educator guidance documents.

4. We carried out a consultation on the updated guidance documents and the Easy Read versions from September to November 2024. A full report on the consultation outcomes, together with analysis and responses to comments made is included as Annex A.

5. We subsequently made some changes to the guidance to reflect some of the consultation feedback, and the changes are shown in red within the updated guidance (Annex B and C). These are referenced also in the consultation analysis.

6. The consultation response and updated guidance documents were reported to the Committee at its March 2025 meeting. The publication and implementation plans were noted and agreed in relation to the full guidance. For the Easy Read versions, some useful feedback was received in relation to the context of these, and the language and images used. We are revisiting these with the provider, and will publish when further updated. We have not included the Easy Read versions with this paper but they are available on request from Steven Bettles (sbettles@osteopathy.org.uk).

7. Council is asked to agree the full guidance documents for publication.

Next steps

8. We will finalise publishable designs of the guidance and will proceed to publish these as soon as possible after Council's agreement so that this is in place for promotion for the 2025-26 academic year. The design will be consistent with that of our recently updated student professionalism guidance.

Implementation

9. We reported to the Committee that the feedback received in response to the consultation was very helpful, and even in some cases where we have not made changes to the documents, we will take much of this on board in implementing the guidance when published and raising awareness of this with students and educators. For example, some mentioned that further case studies or positive stories would be helpful. Whilst we have not added any more cases to the guidance, we had already considered how we might include separate resources – case studies and scenarios in different formats such as videos, stories from actual students or former students, or osteopaths practising and managing a neurodiversity or health condition effectively.

10. In this way, the core guidance need not be overwhelmed with more and more information, but set out the key aspects and then supplement this with resources/case studies etc, which help to celebrate and exemplify good practice and success in this area, and which might be reviewed and updated more regularly than the guidance itself. The suggestions from consultation respondents and participants aligned with this, and we will seek to engage further with students, graduates and educators in this respect.

11. We found during the development phase that students were often unaware that our current guidance in this respect even existed, and we are keen to utilise our growing communication network with students (for example, our student bulletin and our student forum pilot) to promote this directly.

12. In terms of ongoing evaluation of impact, we do monitor EDI aspects of student cohorts in the annual report process and this provides a tangible measure of accessibility and disability in student groups over time. We are aiming to build on our direct communications with students too.

13. We have been discussing with education providers the collaborative planning of good-practice sessions for educators, and a key theme emerging is that of supporting students with health conditions and/or disabilities and the implementation of reasonable adjustments.

Equality Impact Assessment

14. An updated Equality Impact Assessment is included as Annex D.

Recommendations:

1. To note the outcome of the consultation on updated guidance:

    - Studying osteopathy with a disability or health conditions: guidance for applicants and students

    - Students with a disability or health condition: Guidance for Osteopathic Educational Providers

2. To note the publication and implementation plans and the updated Equality Impact Assessment.

3. To agree to publish the guidance documents.

Annex A to 10

Consultation analysis report and GOsC response on the Draft: Students with a disability or health condition: Guidance for Osteopathic Education Providers and the Draft: Studying osteopathy with a disability or health conditions: Guidance for applicants and students

Introduction

The consultation on the Health and Disability Guidance documents took place from 13 September to 27 November 2024.

We publicised the consultation using a range of outlets, including our e-bulletin and direct communication via email with key organisations and groups, including:

- **Monthly ebulletin to osteopaths:** in September, October and November issues, inviting osteopaths to share their views
- **Quarterly ebulletin to students:** in October and December issues.
- **Website**: the consultation had its own page on the website with a link to the consultation document. Plus highlighted on the o zone and get involved spot on the website. The Welsh web page will have the Welsh version. A news story was published to the website.
- **Social media:** posted to social media when we launch the consultation and at various points across the 11 week period.
- **Targeted emails:** to key partners to let them know it has launched, to encourage their feedback and views, including:
  - Council of Osteopathic Education Institutions
  - National Council for Osteopathic Research
  - Institute of Osteopathy (iO)
  - Osteopathic Alliance
  - Osteopathic Communication Network
  - Post graduate course providers
  - Patients
- **In-person events** including the iO roadshows where we discussed with the participants we met.

Consultation responses

We received three written responses one from a student, an educator / osteopath and an osteopath. We also undertook three focus groups with patients. educators and students. The responses from the written responses and the focus groups are outlined below. Where appropriate, the response has been taken into account in the guidance documents at the remaining annexes.

Annex A to 10

Written responses to the consultation

We received three written responses to the consultation document, one from a student, one from an osteopath, and one from an osteopath/educator. The responses are summarised below, with comments set out in Table A. We have responded to these written comments within the table in red.

Did you find the draft Guidance clear and accessible? Please tick Yes/No according to which version you read.

Colour coding of responses:

- Student
- Osteopath
- osteopath and educator

(Where a colour is not shown in the tables below, it's because a response was not given)

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Do you find the case scenarios helpful in explaining issues outlined in the guidance?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x	

x	

Do you think that anything is missing from the draft guidance?

	Yes	No
Student version	x x	
Educator version	x	x
Easy read - student version	x x	
Easy read - educator version	x	x

(comments are addressed in table A below)

Do you think that the guidance could be enhanced in any way?

	Yes	No
Student version	x x	x
Educator version	x	x
Easy read - student version	x x	x
Easy read - educator version	x	x

(comments are addressed in table A below)

Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:

a. *protecting, promoting and maintaining the health, safety and well-being of the public*
b. *promoting and maintaining public confidence in the profession of osteopathy*
c. *promoting and maintaining proper professional standards and conduct for osteopaths*

	Yes	No
Student version	x x x	
Educator version	X x	
Easy read - student version	x x	
Easy read - educator version	x x	

Do you feel diverse needs have now been adequately met?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Is the language clear, consistent and easy to understand?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Are communication and reporting processes between students, institutions and GOsC clear and feasible?

	Yes	No
Student version	x	x
Educator version	x	
Easy read - student version	x	
Easy read - educator version	x	

(comments are addressed in table A below)

Is it clear what the routes are to seek additional welfare support?

	Yes	No
Student version	x x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Table A – written comments

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
I think more scenarios can be provided that may perhaps be more specific to learning osteopathy, particularly due to the practical techniques required when training, to reassure potential applicants of the support that could be available if that could be a mindset barrier to them.	Somewhat. I would suggest making it clear early in section 1 that mental health difficulties can be classed as disabilities, as this is something that students often don't realise, and people may not read further if they don't think it is applicable to them. GOsC: We have clarified that health conditions may be physical or mental in	As an osteopath and unit leader at the xxx, I find this guidance comprehensive in its coverage of the legal framework and practical measures required to support students with disabilities or health conditions. However, I suggest the following areas for enhancement to refine the guidance further: Integration with Health and Safety Legislation: - The guidance could better align with health and

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
I wonder if it would be reassuring to have case studies from both newly qualified students who fall within this protected characteristic group, who were supported to achieve their qualification (rather than that they made it through year 1 / year 2). And also perhaps case studies from historically qualified osteopaths who subsequently are now within this protected characteristic group and how they have been able to adapt their practice to still be a proficient GOsC: Others have also suggested an expansion of the case examples. There's only so much we can generate for the guidance itself, but we take the point that real case studies are helpful. We will aim to reflect this in the ongoing implementation of the guidance, and think how we might incorporate further stories from students graduates and educator's experiences that aim to bring the guidance to life. The suggestion about an illustration of how practical classes might work is a good point, and we will explore this with providers. We're thinking that supplementary resources like videos might have	paragraph 1 of the student guidance.	safety legislation, particularly in managing risks associated with students who have disabilities. For example, ensuring that reasonable adjustments, such as physical accommodations or modified learning tools, are thoroughly risk-assessed with consideration for potential topic triggers in specific sessions. Transition to Professional Practice: - Reasonable adjustments should address students' needs during their education and prepare them for transitioning into the professional workplace. The guidance could include strategies to help students anticipate and plan for workplace-specific stressors and triggers, ensuring a smooth and sustainable career post-graduation. GOsC: This is a very helpful point. We are pursuing transition to practice as a separate workstream, and will consider this in that context, with a view to collaborating with others (OEIs, iO etc) in relation to the development of resources and support for students including those with a health condition or disability that provides additional needs/challenges in the transition process. Assessment of Complex Cases: - Clear guidance on assessing complex cases is necessary. The process for determining reasonable adjustments for students with more significant challenges should include:

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
more impact, for example, in illustrating the way students are supported.		- A standardised approach to evaluating applications against entry criteria without discrimination. - Defined procedures for engaging with applicants and identifying necessary accommodations. - Collaboration with multidisciplinary teams, including disability experts and occupational health professionals, for thorough assessments. Pre-Course Action Plans: - Prospective students should be able to co-develop action plans before committing to a program. These plans should include: - A checklist aligned with the "Graduate Outcomes and Standards for Education and Training" (effective September 2022) to ensure students can meet essential competencies. - An emphasis on transparent communication about potential barriers and adjustments required for successful course completion. GOsC: Added wording to the OEI guidance (81) to reflect this suggestion, mentioning standardised procedures against entry criteria, and the idea of using an action plan mapped against graduate outcomes (though not requiring this). The reference to MDTs was already covered in this paragraph.
	Page 18: The case example references a routine test for dyslexia. This is not normal practice at most universities, so this would be better omitted as it may lead to false expectations.	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	GOsC: We have modified the case to address the issues raised: *"A first year student undergoes a screening test for dyslexia, which the provider offers to all students. This reveals that they have a high probability of dyslexic difficulties, something they were unaware of until now but accounts for some of the challenges they faced during their earlier education. This is followed up with a full diagnostic assessment. The student is referred to the student support team, who draw up a learning support plan. The student is offered extra time in assessments, and, because they find it easier to write with a laptop, can use a computer in written assessments."* Page 19: The case example isn't realistic in terms of the process: it is unlikely that a diagnosis of bipolar disorder would be made by an occupational health doctor (and this might lead students to be anxious about or have unrealistic expectations of occupational health settings). The language here is also unlikely to reflect the experience of the student and may not be relatable -	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	erratic may be how the behaviour is perceived by staff, but students will likely experience feeling disorientated, irritated, and finding it difficult to engage with work. GOsC: These are helpful points, and we have modified this case to reflect the more likely diagnostic pathway, and make the language less loaded.	
I do feel at school there is a lot of emphasis of doing the technique in a specific way, so perhaps the course providers could be encouraged to support adaptations in practical techniques that allow safe practice - rather than assessing students on how a 5foot 10, strong man with no disabilities would execute a technique. Rather than it being, you can't do it the way it's previously been taught, support the student to achieve it in a manner that adapts to their needs. GOsC: Again, helpful points in all contexts, and something that we will aim to pick up in more ongoing support resources in collaboration with educators and students.	Page 15: the description of disabled students allowance suggests that it is financial support; it would be more accurate to say that it covers the costs of equipment and support needs that disabled students need to study. This is worth giving more detail on, as it's likely to be the major source of support available for many disabled students. Also mention that as it takes time for the support to come through, it should be applied for before starting. GOsC: Clarified this in the OEI guidance that DSA relates to study related costs, which is what it says on the DSA website.	It's a balance as, at the end of the day, the student must reach the set standards, but their journey getting to that standard may vary
I think the lengthier document could be broken up with images, as it can be an intense read.	I think this set of guidance is an improvement, but that more could be done to improve accessibility and	I think more needs to be shared in how you make this work for more complex support needs so the student is not set up to fail

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
GOsC: We realise this is quite long, and will aim to ensure that the final design of both documents is as accessible as it can be.	make disabled students feel welcome. See also section 10 on the lack of clarity regarding when health/disability reporting is mandatory. For example, in the following paragraph: For osteopathy students who have or develop a health condition or disability, this guidance is intended to highlight issues to be aware of and support measures available to you throughout your studies. Separate guidance is provided for osteopathic educational providers: Students with a disability or health condition: Guidance for Osteopathic Educational Institutions. Starting the discussion with reference to issues to be aware of may be a somewhat anxiety provoking way of framing it. I think this could be rephrased in a way that sounds more compassionate and welcoming to disabled students GOsC: We have rephrased the para mentioned to take out reference to 'issues', and to say "For osteopathy students who have or develop a health condition or disability, this guidance is	GOsC: Noted, and will be considered in implementation phase with cases and scenarios that demonstrate application in complex cases.

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	intended to help you manage these alongside your studies, and to highlight ~~issues to be aware of and~~ support measures available to you ~~throughout your studies~~"	
	One thing that doesn't seem clear at present is clear guidelines about when someone with a disability is *required* to inform university staff and/or GOsC about their disability, and what happens if they do. At the moment, osteopaths may be concerned about disclosing a disability such as autism, or in some instances it might even prevent them from seeking a diagnosis if they are afraid that it would affect their perceived fitness to practise. Although section 10 suggests that it is unlawful for the university to discriminate on the basis of a disability or a health condition, this is (to my understanding) not strictly accurate; discrimination can be justified if it is a proportionate means of achieving a legitimate aim - and as is set out elsewhere, this would include cases where it is judged that a disability would likely prevent someone from achieving the standards needed to qualify or practise as an osteopath.	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	GOsC: We think that the guidance sufficiently covers the role of the education provider in this context, and recognizes that what is 'reasonable' as an adjustment for one provider to offer may not be the case for another. This is not providing a loophole within which discrimination can take place, but acknowledges the complexity of these discussions in the context of determining an applicant/student's needs and how they might be supported in achieving the graduate outcomes.	

Focus Group responses

We carried out 3 focus groups with students, 2 with educators and 2 with patients. Notes were taken at each focus group, where possible, using the transcription generation function on Teams for accuracy. Discussions were structured around key aspects of:

- Accessibility and clarity of the updated guidance
- Anything considered to be missing
- Anything that could be enhanced
- Comments on the Easy Read versions

Using these as themes, we can summarise and consider the implications of points raised in discussions as follows:

Accessibility and clarity of the updated guidance

Some felt that the amount of information within the guidance documentation was overwhelming and that it was 'too long'. Others commented on design and font style as a way of enhancing accessibility (this was in relation to the Word consultation version).

Another comment suggested combining the two documents into one, and the lack of visual interest in the full version of the draft compared to the Easy Read versions with their pictures. Breaking down further into sections was also suggested.

One participant asked whether there could be a video or audio version of the guidance.

Other participants complemented the fact that the guidance was available, and had been so thoroughly thought through.

GOsC comment

We are mindful of the amount of information within the guidance documents, and the tension between making these easy to engage with and conveying sufficient information to help navigate issues in relation to health and disability. In our preliminary drafting stage we asked some students for views on the current guidance, and they said similarly that the current guidance was helpful but tricky to navigate, particularly for those with a condition or neurodiversity that impacts on attention, for example.

What we consulted on was a draft version in Word, rather than what will be the final design, and much of what was pointed out, we hope, can be addressed in the design stage. The columns within the current guidance will not be replicated, for example, and the style will be consistent with other guidance that we publish in relation to education (for example, the Graduate Outcomes and Standards for Education and Training).

We did consider combining the guidance for students and applicants and for education providers into one document (we have done this with our guidance on professional behaviours and student fitness to practise). Having modelled this, however, our reflection was that the accessibility issue was worsened, and having one even longer document was hard to navigate, and the decision was made to retain it as two separate ones.

We are constantly thinking about how we can make our guidance more accessible, and the points about visual or audio presentation are noted. We use short videos to introduce guidance, but have never explored the need for or the provision of something like a full audio version. We will investigate options in this respect in the implementation phase.

Anything considered to be missing

Comments here were varied. Some felt that the case scenarios were a bit vague and unhelpful, and wanted to see some stronger success stories around reasonable

adjustments. In this vein, one suggested stories from students currently going through the system. Others felt that the case studies were, in fact, helpful and gave a sense of steps that could be taken to support students.

"The case studies I thought were really helpful for bringing reasonable adjustments to light."

One felt that the gender neutrality of the case scenarios was an issue, and was about encouraging inclusivity rather than the management of health issues as such:

"I think it is helpful to have gendered scenarios. I mean, there are obviously higher risk categories for certain sexes. It is not helpful to have case scenarios too broad. I think it is helpful to have gendered scenarios. I mean, there are obviously higher risk categories for certain sexes. It is not helpful to have case scenarios too broad. I think a mix of like non gendered and then gendered case scenarios are really helpful for development because you know you want to have that time to be like 'right I know this patient is female at birth' and you can then cross stuff out."

Another singled out one case as thought provoking from a patient perspective:

"I think it was a student and they were eventually diagnosed with bipolar and they were on like a fitness to practice thing because they'd lost their temper or been sharp with a patient. So I guess I as a patient, I would have some concerns about being in quite vulnerable situations. I think the case study also showed how that there's safety nets there ……."

One participant suggested adding a clearer baseline expectation of expectations of an osteopath to help students with a disability decide if they would be able to meet these ultimately. One raised this specifically in relation to students with a visual impairment.

One felt that a clearer navigation page was needed to help find information as and when it is needed.

One also asked for a greater degree of explanation as to the legal requirements and implications of the Equality Act.

Another point was made about students with multiple health conditions, and that this had not been alluded to in the guidance.

GOsC comment

In relation to more clarity about the requirements of an osteopath to determine an applicant's suitability, the aim was to not deter potential students and to promote an inclusive approach, but decisions are individual and they would need to discuss their needs with education providers. Each applicant to join the register would be considered individually. All need a character and health reference, but subject to these, the key issue is having a Recognised Qualification, which is evidence of meeting the graduate outcomes and being able to practise in accordance with the Osteopathic Practice Standards. We recognise this can be frustrating for education providers when an applicant makes enquiries, and the guidance is intended to support decision making in this respect, but ultimately it's a decision for the education provider in discussion with the applicant.

Regarding a visual impairment, this would not necessarily mean that someone would not be fit to practise as an osteopath. There may be mechanisms and adjustments that could be made to enable safe and effective practice.

For students with multiple health conditions, yes, this may add further complexity to decision making, but the same principle would apply in assessing their needs, and considering adjustments based on their individual circumstances. We will explore this further in the context of supporting material for implementation as mentioned in response to the written comments submitted. For example, stories from students and or educators to illustrate the policies working in practice.

In relation to the gender neutrality of the case scenarios, we made these gender neutral when gender wasn't the issue. The context here about patients is noted – and an individual's sex will be relevant from a clinical perspective, but the scenarios are not intended to be clinical in this sense.

As to more guidance for education providers on the requirements of the Equality Act 2010, beyond the general guidance as drafted, we can't provide more specific legal advice, and an organisation would need to seek this from their own legal advisors should the need arise.

Anything that could be enhanced

One participant felt that feedback on the benefits of reasonable adjustments would be helpful.

One felt that the background information on osteopathy and the sorts of conditions that osteopaths treat, was unnecessary.

There was a suggestion that more should be made of the type of support that might be available to students with a visual or hearing impairment, and something also that sets out the expectations of an osteopathy student that helps them reflect on whether it's a suitable career path for them.

One questioned whether more should be said to encourage students to disclose health conditions or disabilities.

In relation to neurodiversities in particular, there was a suggestion that more should be said to encourage flexibility of approach, given the variety of such presentations.

Another suggested:

"Documenting the experience of someone who has a hearing impairment, or any neurodiverse students. I feel like that would be a really good input on how they their personal adaptations, help them. So the example of real life experience graduate too."

One participant said that the guidance could be expanded:

Here is information for students with a disability or health condition. But you could actually also broaden that out with mental health or well-being issues. So what I'm wondering is whether subtitle needs to be information for students who require learning support and then that's a more inclusive broader term. Once you start using the term disability, there's potential there for judgment and you know, not everybody who has a Hearing impairment would maybe consider themselves disabled. I think the word disability or health conditioning could almost it itself be a barrier.

From an educator:

"What constitutes reasonable adjustments in this context, and how can we balance our commitment to inclusivity with the practical and clinical demands of osteopathic education and practice?"

One wanted more information about Disabled Students Allowance.

One patient participant asked for further information about expectations of students registering with a local GP.

Another made a suggestion to specify reference to adjustments as 'reasonable':

"On page 11 [student guidance]*where it says osteopathic educational providers will consider your disability and any adjustments that can be made. I'm just wondering if we should insert reasonable adjustments there, as that is the law referred to otherwise."*

Another suggested clarification around extra assessment time:

"On page 18 [student guidance]*, practical assessments more time to familiarise themselves with the setting or to interview, where you put providing extra time in written exams on page 13. If there could be in brackets may be based upon your medical evidence because sometimes it could be misleading where everyone might think, OK, we're going to be allowed extra time. Also how much time, you know, like a rough estimation, like an hour or 45 minutes, or maybe just familiarise what's on offer."*

There was a comment also about the formatting so as to be more accessible for dyslexic students.

A patient mentioned reference to 'real' patients:

"On Page 6 [student guidance]*, it talks about real patients. Well, forgive me, but what a condescending term. Real patients, these are people with existing physical conditions, not real patients. I just think some of the language"*

GOsC Comment

There are some interesting and insightful contributions here. In response, we would make the following points, reflecting on the issues raised:

In relation to the description of osteopathy in the student guidance, It's true that students in the system and educators will know this, but the inclusion was also for those less familiar with what osteopathy is – prospective students, for example, and we took the view that a bit more detail might be helpful in providing that context for those considering osteopathy as a career. We understand that not all students are always familiar with osteopathy at the start of their training and we wanted to be encouraging and informative to those too.

In relation to mental health, we've used the broader term of health conditions to encapsulate physical and mental health issues, and these may or may not overlap with a disability (as defined in the Equality Act as a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to do normal daily activities), but have suggested some changes to opening paragraph of the student guidance to refer to physical and mental health conditions.

There may be wellbeing issues that don't fall under these categories and learning support needs again that don't arise from health issues. We would expect education providers to provide effective pastoral and learning support, but this guidance is focused specifically on health and disability.

We note, also, the request for more clarity in relation to visual impairments and the impact on studying and practicing osteopathy. We understand the background to this suggestion and realise that it might be more challenging for students with some conditions, and visual impairments might provide particular challenges. The aim of the guidance was not to provide exact and specific 'how to' type guidance in relation to particular conditions however, but to emphasise the possibility of and the principles around the consideration of the needs of applicants and students in such circumstances. This also touches on the point above where we include a section on what osteopathy is.

The patient comment about 'real patients' was an interesting point. We were referencing actual patients as opposed to simulated ones, for example. We have deleted 'real' from the guidance where indicated, however, to address this.

On the point about extra time in assessments, this is something that threads through the guidance several times. We note the suggestion of specifying 'based on medical evidence' and suggesting how much extra time, but our reflection is that these are issues for the education provider and student to agree based on the circumstances, and the providers (or their validator's) policies and processes. The guidance is intended to be a framework to support decision making rather than overly prescriptive.

On the point about specifying adjustments as 'reasonable' (page 10 of the draft student guidance), we have added this as suggested.

In terms of advising students to disclose conditions and to register with a GP local to their education provider, we don't think we can do any more than the encouragement of the guidance as drafted.

Easy Read versions of the guidance

When we were developing the drafts initially in 2024, we sought feedback from a group of students with experience of, or an interest in, studying with a health condition or disability. In relation to the current guidance we heard that, though perceived as helpful, the students we spoke to found it quite dense and hard to engage with. They suggested it would be helpful to have versions that provided a more accessible summary and overview, with a view to then being able to seek further detail in the full versions as necessary. In response to this, we commissioned Easy Read versions of the guidance and consulted on these alongside the full guidance documents. Reactions were mixed:

"I do think that it's a little bit repetitive in places and a bit too spread out."

"The Easy Read, I think is accessible in the sense that it's there's a universally acceptable font style. It's also a reasonable font size"

"Think about having an image of who needs prosthetic limb so that we know that the facial nature of it is is really inclusive, that we're demonstrating we're considering all"

"lack of maturity to the document or like formality"

"General tone of the document could be a bit more sharp and formal and professional. Slightly too dumbed down….."

The Easy Read might not be a lot of information for those who need a bit more.

GOsC Comment
The Easy Read versions are not aimed at everyone, and some found them overly simplistic relative to the depth of the full guidance. That said, the simplicity and accessibility of those versions was their intended purpose, providing a brief overview as a starting point for anyone who finds the longer versions hard to engage with. We found this in initial feedback where students with certain neurodiversities, for example, who in many cases were the intended audience of the guidance, found it hard to read. The Easy Read versions provide, we think, a useful way in, particularly for those groups. We take the points about the 'dumbed down' nature of them, and as we said above, we recognise that some will find them too simplistic. But if some do find them a helpful overview of the general sense of the full guidance, then they will have served a purpose.

Conclusion

We thank all of those who took the time to respond to the consultation, either with a written response, or by participating in a focus group. All the feedback was appreciated. In some cases, as indicated, this has led to us reviewing the documentation itself. In others, we have not necessarily changed the documentation as it stands, but will consider comments further in both the final design and particularly in the implementation stage.

We are particularly mindful of suggestions around further case scenarios and stories from students and educators to support the guidance in action. Whilst we have not

added further scenarios to the guidance itself, we will seek to develop further resources in collaboration with students, graduates and educators to support the guidance. Telling these stories with videos, for example, may also address some of the issues around accessibility of a long guidance document, and adding further resources over the lifecycle of the guidance should help to keep it fresh in the minds of the target audience.

General Osteopathic Council

Annex B to 10

Draft: Studying osteopathy with a disability or health conditions: guidance for applicants and students

Annex B to 10

Contents

The General Osteopathic Council

The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. As a regulatory body we are committed to ensuring equality of opportunity for all applicants and students of osteopathy.

We are one of nine health professional regulators established by law to ensure the safety and wellbeing of patients and the general public.

By law osteopaths must be registered with the General Osteopathic Council in order to practise in the UK.

As with all healthcare regulators, our primary purpose is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession[1]. We do this by:

- Keeping the Register of all those permitted to practise osteopathy in the UK.
- Setting, monitoring and developing standards of osteopathic training, practice and conduct.
- Assuring the quality of osteopathic education and ensuring that osteopaths undertake continuing professional development
- Helping patients and others who have concerns or complaints about an osteopath. We have the power to remove from the Register any osteopath who is unfit to practise.

Patients expect that healthcare professionals will be competent and practice safely, that they will treat patients properly and will behave ethically. It is the responsibility of the General Osteopathic Council to ensure this happens and to take action if an osteopath's practice falls below our standards.

[1] S3(1) *Osteopaths Act 1993*, as amended by the *Health and Social Care (Safety & Quality) Act 2015*

Section 1: Introduction

Who is this guidance for?

Many disabled people and those with long-term physical or mental health conditions enjoy rewarding careers in healthcare with or without adjustments to support their practice. If you are considering a career in osteopathy and are disabled or have a long-term physical or mental health condition, this guidance booklet should help you decide whether osteopathic education and training is right for you. For osteopathy students who have or develop a health condition or disability, this guidance is intended to help you manage these alongside your studies, and to highlight ~~highlight issues to be aware of and~~ support measures available to you ~~throughout your studies~~. Separate guidance is provided for osteopathic educational providers: Students with a disability or health condition: Guidance for Osteopathic Educational Institutions.

What is covered in this guidance?

This guidance explains the nature of the work that osteopaths do, the education and training you will need to become an osteopath, and the support you can expect as an osteopathy student. You may find it helpful to read this guidance in conjunction with our guidance about student fitness to practise and professional behaviours.

Section 2 describes the process of applying to undertake an osteopathic course and the action that osteopathic educational providers will take when considering your application.

Section 3 describes the support you can expect during training and what happens after graduation.

Section 4 suggests other sources of relevant information.

Language

We understand that the choice of what language people use about their disability or health can be a personal one. In this guidance we refer to ‘disabled people’ and ‘disabled students’, terms informed by the social model of disability. This recognises that barriers caused by attitudes in society can disable people, as well as environmental and organisational factors. We do, also, use the term ‘people with disabilities’ or ‘students with disabilities’ in some contexts. The definition of a disability as set out in the *Equality Act 2010* is described in paragraphs 25-32.

Throughout this guidance, we refer to ‘disabilities’ and ‘health conditions’. This acknowledges that not everyone who meets the definition in the Equality Act considers or describes themselves as “disabled”, and that some health conditions are not classed as disabilities within the definition of the Equality Act. Where we refer to the legal protection which disabled people have by law, we use the words ‘disabled’ or ‘disability’.

What is osteopathy?

Osteopathy is a predominantly manual form of diagnosis and treatment, and is used in the treatment of a wide range of disorders related to the body’s structure and function, and the impact of this on an individual’s health and wellbeing. It

acknowledges, and works with, the relationship between body, mind and social perspectives influencing a person's health.

What do osteopaths do?

Osteopaths consider each person as an individual. On a patient's first visit, the osteopath will spend time taking a detailed medical history, including information about their lifestyle and general health. The osteopath will carry out a physical examination. Patients are asked to carry out some basic movements in order for the osteopath to gauge their general mobility, as well as that of specific symptomatic areas. An examination of certain tissues and joints may be carried out to help inform diagnosis, as well as neurological and orthopaedic tests to assess joint mobility and nerve function.

By taking a detailed history and carrying out appropriate examination and assessment, the osteopath will develop a working diagnosis, and, in discussion with the patient, agree a plan of treatment. Osteopathic approaches to treatment and patient management include:

a. Applying a range of manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain.
b. Rehabilitation and lifestyle advice and guidance to facilitate self-management and enhance recovery.
c. Provision of health information, guidance and signposting to resources to support patients' choices and decisions regarding their health and wellbeing.

Patients seek treatment for a wide variety of conditions, including back pain, joint pain, muscle spasms, sciatica, neck related headaches, tension, the pain of arthritis and minor sports injuries.

There are more than 5,400 osteopaths registered with the General Osteopathic Council. The profession attracts almost equal numbers of men and women[2], from a variety of backgrounds and of different ages, many having come straight from school or college, but also many with previous careers.

Most osteopaths are self-employed and work in the private sector. An increasing number work in multi-disciplinary environments within the NHS, or in occupational healthcare in public bodies and private companies. All UK osteopaths, wherever they work, must be registered with the General Osteopathic Council.

How can I become an osteopath?

In order to be registered to practise as an osteopath you will need to achieve a recognised qualification (RQ). That is a qualification that the General Osteopathic Council has approved and is awarded by an osteopathic educational provider.

Both full-time and part-time osteopathic degree programmes are available in the UK. These will all comprise a combination of academic study, practical osteopathic training and supervised clinical experience. Typical assessment methods within osteopathic education include: written exams, essays, research-based dissertations, practical osteopathic technique assessment, case-based practical assessments, and clinical assessments with ~~real~~ patients.

The General Osteopathic Council monitors the standards of education and training provided by the osteopathic educational providers courses, through a process of

[2] Note: Rule 3(g) of the General Osteopathic Council (Registration Rules) 1998 requires this information to be published on the Register.

annual reporting, and we also conduct full reviews on a regular basis. Course reviews are conducted with reference to our published standards, including the GOsC's Graduate Outcomes and Standards for Education and Training.

Achieving a recognised qualification means that you are capable of practising, without supervision, to the standard expected in our *Osteopathic Practice Standards*, and have met the outcomes set out in our Graduate Outcomes..

The recognised qualification will entitle you to apply for registration with the General Osteopathic Council. As part of the application for registration, you will also be expected to provide evidence of good health and good character, and to have met our conditions regarding the registration fee and confirmation of professional indemnity insurance. You must be registered before you commence practice.

Our good health requirement means that you:

... must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice[3].

As a disabled person, can I become an osteopath?

The General Osteopathic Council is committed to equality, diversity and inclusion, to ensure that the osteopathic profession reflects the society that it serves. We encourage anyone who has the potential to become an osteopath to consider a career in osteopathy, and this includes disabled people and those with long-term health conditions.

Disabled students and practitioners make a unique contribution to osteopathy, bringing direct experience of a variety of impairments, long term health conditions and neurodivergence, and an ability to provide valuable insight. Some patients recognise and appreciate a particular sensibility and sensitivity, and identify closely with disabled practitioners.

Osteopathy as a profession is enhanced by practitioners with a range of backgrounds and capabilities, but in order to be an osteopath a person must be able to meet the requirements of the *Osteopathic Practice Standards.* This requires that your physical and mental health are sufficient for you to be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition.

If we confirm that an applicant meets all of our standards for registration as an osteopath and we put them on our Register, they are legally entitled to practise without restriction. This means that when an osteopathic educational provider considers an applicant's suitability to undertake a programme of study, they have to be confident that the individual is likely to have the capacity and capability to meet all the demands of professional practice once they have graduated. Once registered, osteopaths have an on-going professional obligation to decide for themselves whether they continue to be fit to practise. Self-monitoring is an important part of being a registered health professional. Once registered the graduate also will be required to complete ongoing continuing professional development.

[3] General Osteopathic Council Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students

As a regulatory body we do not deal with matters of employment. Being on our Register does not guarantee that you will find employment as an osteopath, or that if you choose self-employment you will attract a sufficient number of patients to make a living.

What rights does the Equality Act 2010 give to disabled students and those with health conditions?

The *Equality Act 2010* protects students from discrimination or harassment on the basis of a 'protected characteristic'[4], and also from victimisation. Disability is a protected characteristic.

Unlawful discrimination includes:

- direct discrimination
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

A person is considered disabled for the purposes of the Act if they have a *physical or mental* impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities[5]. 'Long-term' means that the impairment has lasted or is likely to last 12 months or more. 'Substantial' is defined as being more than minor or trivial.

An individual does not need to have a medical diagnosis of their impairment – the important factor is the effect of the impairment. Other factors may be relevant in determining whether a person is disabled under the terms of the Equality Act. These are set out in Government guidance.

According to the Equality Act, 'impairment' can cover, for example, long-term medical conditions such as asthma and diabetes, where these impact substantially, and fluctuating or progressive conditions such as rheumatoid arthritis.

A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (including conditions such as dyslexia) and learning disabilities (such as autism). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as disabled people by the Act.

People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-today activities. Progressive conditions and those with fluctuating or recurring effects, including mental health conditions such as depression, are also included provided they meet the test of having a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities. The Act also protects people who have met the definition in the past. There are some named exclusions and this includes drug and alcohol dependency.

Further detail regarding the different types of discrimination can be found in *Students with a disability of health condition: Guidance for osteopathic educational institutions*.

[4] Other protected characteristics that apply are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief (including lack of belief); sex; and sexual orientation.

[5] This is the definition used in the Equality Act 2010 or in easy read format

How does the Equality Act apply to the education and training of osteopathy students?

Osteopathic educational providers are subject to the Equality Act provisions that apply to further and higher education institutions[6]. They are also subject to the public sector equality duty[7]. This is a general duty which requires public bodies to take steps not only to eliminate unlawful discrimination, but also to actively promote equality of opportunity and to foster good relations between people who share a particular protected characteristic and people who do not.

The Act prohibits osteopathic educational providers from discriminating against, harassing or victimising applicants or students.

An applicant or a student who believes they have been discriminated against, harassed or victimised by an education provider, can make a claim under the Act.

Educational institutions can decide how best to meet their obligations under the Act, so providers will use different approaches to achieve the same ends dependent on their size, and nature.

How do the GOsC's Standards of Education and Training apply to osteopathic education providers?

Requirements around equality, diversity and inclusion are threaded through our Standards for Education and Training. For example:

Education providers must ensure and be able to demonstrate that:

- they implement and keep under review an open, fair, transparent, and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.
- there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.
- the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.
- in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students
- that buildings are accessible for patients, students and osteopaths.
- That students have their diverse needs respected and taken into account across all aspects of the programme.

Our reviews of education providers and our annual monitoring process require that providers demonstrate how they are meeting all standards.

[6] The Equality Act applies in England, Scotland and Wales, separate anti-discrimination law applies in Northern Ireland.

[7] See the Equality and Human Rights Commission website

Are there any osteopathic students with disabilities or health conditions?

There have been many disabled students and students with health conditions who have successfully completed their training and gone on to practise osteopathy. Students undertaking, or who have undertaken, osteopathic education include those with neurodiversities (such as autism, attention deficit disorders, dyslexia, and dyspraxia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer), a variety of long-term illnesses (including diabetes, epilepsy) and mental health conditions (including depression, generalised anxiety disorders and panic disorder).

Who should I talk to if I think I would like to be an osteopath?

Initially you should talk to as many people as possible – including, if possible, osteopaths in your local area – about whether osteopathy would be a good career choice for you. This will help you to gain a range of opinions about the possible advantages and disadvantages of osteopathy as a career option for you.

You will probably also find it useful to read our *Osteopathic Practice Standards* and Graduate Outcomes, so that you can start to assess for yourself whether osteopathy might be the career for you.

It is essential, also, that you talk to people in osteopathic educational providers. They have experience of supporting students with a wide range of disabilities and health conditions. You should contact training providers before you make a firm application to find out what the programme involves, what it is like to work as an osteopath, and to learn more about how other students have managed. Osteopathic educational providers will be able to give you examples of the types of support that other students with disabilities or health conditions have received, and how they have adjusted to the challenges of life as a student.

You can be reassured that initial contact of this sort will not influence your application, should you decide to make one. The osteopathic educational provider will not use this initial contact to assess you as a potential applicant, but will use the opportunity to help you think through the implications of undertaking osteopathic education and training and embarking on a career in osteopathy.

When you contact an osteopathic educational provider, ask about their equality policy, the support they provide for disabled students and those with health conditions, and whether you can talk to their disability or learning support service. This will give you a good indication of the types of support that might be available to you.

A number of osteopathic educational providers offer open days for prospective students. These provide an excellent opportunity to gain an insight into what osteopathy is and what osteopathic education and training involves. There will often be a chance for you to talk to students on the course and to observe or participate in lectures and practical sessions. This should help you better understand the physical and psychological demands of studying osteopathy. It will also help you to assess whether the level of support that will be available is likely to be sufficient for you.

Section 2: Applying to study osteopathy

Which osteopathic educational ~~institution~~ provider should I apply to?

It is not possible for us to advise you on which osteopathic educational provider might best meet your needs. All of the courses that we have approved have met our standards and have been recognised as leading to the award of a recognised qualification. In reaching your decision, you might wish to identify what support needs you are likely to have, and consider how these could best be met while you are a student. This might include factors such as: the osteopathic educational provider's proximity to your family, friends and healthcare services, so that you have their continued support; its size and location; the nature of the course; whether the institution can offer or help you find suitable student accommodation; and the disability support services that would be available to you.

Should I disclose my disability on the application form?

It is in your interest to raise any requirements for adjustment or support relating to your disability or health condition as early as possible in the applications process[8]. However you are not obliged to do this. We advise you to be open about this information because it gives an osteopathic educational provider the best chance of meeting your needs and of arranging support before the course starts. You can be reassured that if you do let educational providers know this information, it is unlawful for them to discriminate against you because you have a disability or health condition.

If you apply to an osteopathic educational provider through the Universities and Colleges Admissions Service (UCAS), you will be invited to indicate whether or not you have a disability, a particular learning need or medical condition (from a list of options), or to indicate that you do not want to give this information. If you provide information about a disability or health condition it will be held in confidence by the provider.

Osteopathic educational providers will consider your disability, and any reasonable adjustments that can be made to support you in meeting the requirements of the course, separately from considering whether you have the knowledge, skill and attributes required for entry to the course.

Osteopathic educational providers, like any other educational institution, have the right to set entry criteria and to conduct a selection process for entry to their programmes. This is because it is not in the interests of students or the institution to admit a student who does not have a good chance of completing the course. The provider also has a duty of care to all the students they enrol: they do not want anyone who starts the programme to fail to complete it.

Osteopathic educational providers must also consider patient safety. Osteopathy is a form of vocational education: students develop their skills and knowledge through clinical practice. Educational providers have to be sure that students have the capability to learn osteopathy without putting patients at risk, and to achieve the Graduate Outcomes.

[8] There is a useful guide available at: www.disabilityrightsuk.org

Being open and trustworthy is an important element within the *Osteopathic Practice Standards* (OPS). Standard D11 of the OPS states that you must *'ensure that any problems with your own health do not affect your patients'.* It is important to develop this self-awareness at an early stage.

A student should understand that health conditions may affect their ability to study. Where students acknowledge this, and seek appropriate support, their health condition is far less likely to affect their progression.

How will my application be considered?

An osteopathic educational provider will assess all entry applications against the same entry criteria. By law, all educational institutions are obliged to take reasonable steps and make adjustments to accommodate disabled students, but they are not required to vary any competence standard required for entry to their course. However, they must ensure that course entry criteria, and the way in which they are applied, do not discriminate (directly or indirectly) against disabled applicants. Entry criteria must be genuine and necessary requirements for the course.

Most osteopathic educational providers interview applicants to assess their suitability for entry to osteopathy education and training. Before interviews take place, the institution should check with you (and all other applicants) whether you have any specific requirements to enable you to access and participate fully in the interview process.

Interviews will mainly focus on whether or not you have the knowledge, skills and attributes needed for osteopathic education and training. Generally, educational providers will not consider your disability or health condition at this point, although the Equality Act does not prohibit such questions. The course provider may ask questions concerning adjustments necessary for you to study or to meet the competence standards of the course. However, you are free to discuss your disability or health condition at interview and to use the opportunity to explore how this might affect your education and training experience. This can include how you believe that your experiences relating to disability or health could be considered a positive attribute in your studies and as a professional.

Osteopathic educational providers will base their assessment of your suitability for the course on the assumption that they are able to make adjustments that are reasonable, as defined in the Equality Act. This ensures that your suitability is judged on your merits as an applicant, regardless of any disability or health condition you may have. Detailed assessment of what adjustments will be needed, and consideration of whether they can reasonably be put in place, occurs only after a decision has been made about your suitability for entry to the course.

What is meant by 'make reasonable adjustments'?

The *Equality Act 2010* (the Act) imposes a duty on educational providers to make reasonable adjustments – that is, to take positive steps to ensure that disabled students can fully participate in the education and other benefits, facilities and services that are provided for other students.

This means that osteopathic educational providers have to take reasonable steps to ensure that nothing they provide or do − including the physical features of their premises − puts disabled students at a substantial disadvantage (i.e. it is more than minor or trivial). They are also obliged to provide auxiliary aids or services – such as particular equipment, computer software, or extra assistance from staff – where, without them, disabled students would be put at a substantial disadvantage.

Osteopathic educational providers are expected to plan ahead and to anticipate the requirements of people with different kinds of disability (for example, people whose vision or mobility is impaired), as well as to respond to the individual specific needs of disabled applicants and students. The requirement is to make adjustments that are reasonable. Various factors will determine whether an adjustment is reasonable, including:

- whether the change is likely to be effective
- its practicality
- the cost
- the organisation's resources and size
- any disruption to others, which could include staff, other students or patients
- the availability of financial support.

Long-term mental health conditions are considered to be disabilities under the Act. Educational providers, therefore, have a duty to make reasonable adjustments for students with long-term mental health conditions. Even in cases where a student's mental health is not covered by the Act, for example during an acute episode of distress following a bereavement that does not last for more than a year, it would still be considered best practice to make reasonable adjustments.

Some examples of general adjustments made by osteopathic educational providers:

- providing course information in alternative formats
- making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility
- ensuring that core facilities – such as toilets, common rooms, libraries and catering facilities – are well lit, properly signposted and easily accessed by disabled students
- reviewing and adjusting learning and assessment policies and practices to ensure that they do not discriminate against disabled students
- ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with learning needs which require the use of assistive computer software
- providing loop systems to assist students with hearing impairments
- allowing students time away from studies to attend health-related appointments to support physical and psychological wellbeing.
- facilitating time away from the course for treatment for more serious health conditions
- providing extra time in written exams
- ensuring that staff are well informed about their responsibilities to eliminate disability discrimination and to provide suitable adjustments and support.

Case example[9]

An applicant to an osteopathic educational provider has multiple sclerosis. Although they are generally well and their symptoms are relatively mild, they report becoming fatigued very quickly, particularly with prolonged concentration. They ask whether they can be allowed rest breaks during the day, if needed, in addition to the scheduled breaks, on the basis that they will catch up on content afterwards. The applicant also asks if assessments can be spread out over several days, where possible. The educational provider considers the health condition, and has an open conversation with the applicant regarding the physical nature of the course and the demands this will place on them. They also discuss the nature of osteopathic practice, and how the applicant feels they will cope with the pressures of the teaching clinic. The applicant assures them that if allowed to pace themselves appropriately, they feel that they would be able to cope with the course. On this basis, the educational provider offers a place. The student will be able to take breaks when they feel the need, and teaching staff are informed of this. The student is appointed a personal tutor, with whom they can liaise regularly, and the student is able to catch up on any teaching they have missed by speaking to lecturers after each session. The student is given extra time in assessments to allow for a brief break when needed, and is not scheduled more than one assessment on any single day. On this basis, the student successfully progresses through Year 1 of the course.

[9] Case examples are used throughout this document to illustrate how the guidance might be applied in practice. These are fictional examples, and are not based on actual cases, individuals or osteopathic educational institutions.

Are there any disabilities that might prevent me training as an osteopath?

Osteopathy is a physically, intellectually and emotionally demanding profession. Some people may have disabilities or health conditions which prevent them from acquiring the necessary knowledge and skills or from practising safely in a way that meets our standards, but there are no specific disabilities or health conditions that automatically preclude someone from training to be an osteopath. Each applicant is considered on an individual basis.

When considering your application, the osteopathic educational provider will take into account their primary aim: providing a programme of education that enables students to develop into safe and effective osteopaths able to work autonomously and meet the requirements of the *Osteopathic Practice Standards*.

You should recognise that there will be instances when an osteopathic educational provider concludes that reasonable adjustments will be insufficient to enable a student to meet the *Osteopathic Practice Standards*,[10] or the GOsC Graduate Outcomes, required at entry into the profession, [11]. Extracts of these outcomes are shown, for illustration purposes, in the box below, with an indication of what an educational provider will need to consider in each case.

Graduate outcomes from GOsC Graduate Outcomes (selected examples only – see Guidance for full outcomes)

- Take an accurate patient case history, adapting their communication style to take account of the patient's individual needs ……and sensitivities in order to build an effective therapeutic relationship.
- Select and undertake an accurate and appropriate clinical assessment and evaluation for an individual patient …… This will include relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs to form the basis of a treatment and management plan, in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.
- Critically evaluate information collected from different investigations and sources, to formulate an appropriate working diagnosis or rationale for care, in the context of potential prognosis, and explain this clearly to the patient, recognising areas requiring referral for further treatment or investigation.
- Develop and be able to apply an appropriate plan of care in partnership with the patient which will take into account their particular values, preferences and characteristics, based on the working diagnosis, the best available evidence and the practitioner's skills, experience and competence. This may include patient education, mobilisation, manipulation and exercise prescription or other initiatives to promote and facilitate patient self-management, applying all practical skills with precision, and adapting them when required to provide safe and effective care.

[10] Available at: www.qaa.ac.uk
[11] Available at: www.osteopathy.org.uk

Osteopathic educational providers will consider an applicant's abilities to undertake an effective evaluation and assessment, and to implement a treatment plan using an appropriate range of osteopathic techniques.

- Work in partnership with patients in an open and transparent manner, respect their individuality, concerns, preferences, dignity and modesty, and support patients in expressing what is important to them…. Treat each person as an individual, being curious to explore their particular concerns and preferences, identifying and overcoming barriers in communication.
- Communicate information effectively. This should be demonstrated by, for example:
  i. providing support for patients to express what is important to them.
  ii. demonstrating effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy.
  iii. demonstrating clear and effective communication skills including written, verbal and alternative formats, to enhance patient care.
  iv. communicating sensitive information to patients, carers or relatives effectively and compassionately and being sensitive to the needs of patients.
  v. providing the information to patients that they want or need to know, clearly, fully and honestly and in a way they can understand, to enable them to make informed decisions about their care.

Osteopathic educational providers will consider an applicant's ability to form patient partnerships through building trusting, supportive relationships through person centred communication

- Recognise that fatigue and health issues in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.

Osteopathic educational providers will consider an applicant's self-awareness regarding their own health issues.

How can I get the support I need?

Osteopathic educational providers will have a support service for students with health conditions or disabilities,. This service should be able to provide you with any advice and support during your course. Services will vary, as will the premises from which institutions operate and the facilities available. You may wish to contact student support services in advance when you are considering which provider to apply to.

You may be entitled to receive financial support through the Disabled Students Allowance, but you will need to have your eligibility confirmed. Your osteopathic educational provider will be able to advise you how to apply for this and about other potential financial support. There are also a number of charities that provide advice and support for students with different forms of disability and health conditions. We have listed some of these in Section 4, but you might also find it worthwhile to check out other organisations that you are already aware of, or to look at the Gov.uk, to find help and support for your specific needs.

What if I think I have been treated unfairly during the application process?

If you have concerns that your disability or health condition has adversely affected how the educational provider has assessed your application, and you have made an honest self-assessment of your potential to meet the outcomes set out in the GOsC Graduate Outcomes and the *Osteopathic Practice Standards*, then you should contact the education provider and make a complaint through their complaints procedure. If you are not satisfied that your complaint has been dealt with properly, you may wish to contact the Equality and Human Rights Commission or the Office of the Independent Adjudicator (further details can be found in Section 4).

Section 3: During the programme of study

If I get a place, will I be supported during my osteopathy degree programme?

As soon as you are offered a place, the osteopathic educational provider will want to work with you to agree the adjustments needed to support you. A member of staff will ask you for your views on the adjustments that you think you need. The educational provider will recognise that you are most likely to know what has helped in the past and be able to offer suggestions about the necessary adjustments.

In some instances you might need to be assessed by an expert (for example an occupational health advisor or an educational psychologist) to ascertain what type and level of assistance will be required, or to provide formal confirmation of learning needs. This might also be necessary if you are applying for financial support.

Occasionally there may be circumstances when, after due consideration of your disability or health condition and your specific needs, the course provider concludes that the adjustments required for you to undertake the course are not in fact going to be reasonable. The educational institution will explain their decision to you and with you explore possible alternative courses and career choices you might wish to consider.

What adjustments can be made to support me in completing the programme?

Osteopathic educational providers will endeavour to put in place all of the adjustments that you need to ensure that you are not substantially disadvantaged in the learning, teaching and assessment of the course, where these are reasonable. They cannot change the competence standard (that is the learning outcomes that you need to achieve at the end of the course), as these relate to the requirements that you have to meet to register and practise as an osteopath.

It is important that adjustments to support you do not have a significant adverse impact on others. For example, the Equality Act does not override health and safety legislation, so neither you nor anyone else in the educational provider should be exposed to additional risks to their health or safety as a result of an adjustment.

Osteopathy students with disabilities and health conditions have benefitted from a wide range of adjustments made by training providers, examples include:

- adjustments to the physical environment, both internally and externally to improve access to and the use of facilities, and to features such as lighting and sound insulation
- adjustments to teaching and learning, including the provision of information in a variety of visual, audio and electronic formats together with the associated assistive technologies
- human assistance, in the form of coaching and mentoring, additional tutorial support, and specific assistance with particular tasks, such as proof-reading assignments

- making allowances, for example by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations (for example, to allow a student to carry, store on site and administer necessary medication)
- by providing equipment or software, for example to support computer assisted learning, voice recognition software and screen-readers, and in the form of laptops and handheld devices for note-taking
- by facilitating access to resources, for example for the purchase of textbooks to use at home to help combat the fatigue associated with frequent trips to the library, and for the use of taxis after specific healthcare treatments
- to examinations, for example in the design and presentation of exam papers, by providing extra time and allowing rest breaks, removing penalties for poor spelling, grammar and punctuation or allowing computers with spell-checkers, arranging for separate rooms and invigilation, and permitting the use of a reader or scribe
- to practical assessments, by allowing extra practice sessions, more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a recording device for subsequent transcription, by permitting adjustments to the physical arrangement and features of the examination and treatment area – such as additional space or specific lighting – and allowing the use of aids to facilitate manipulations
- providing additional support, for example in the form of one-to-one tutorials or extra clinic instruction, or by teaching particular study skills and learning techniques, identifying a student 'buddy', or offering on-going mentorship or course-long support from a personal tutor, student counsellor or disability officer.

Case example

A first year student undergoes a screening test for dyslexia, which the provider offers to all students. This reveals that they have a high probability of dyslexic difficulties, something they were unaware of until now but accounts for some of the challenges they faced during their earlier education. This is followed up with a full diagnostic assessment. The student is referred to the student support team, who draw up a learning support plan. The student is offered extra time in assessments, and, because they find it easier to write with a laptop, can use a computer in written assessments.

Some adjustments have become standard practice for education providers and can be put in place quickly, especially for students who have a well-understood disability or health condition and where the adjustments are known to provide straightforward and immediate benefit. Other adjustments may take longer to work out and implement because they need to be designed uniquely for a particular student.

The adjustments that are needed by some students will vary over time because their disability or health condition changes. If you find this happens to you, you should contact the relevant member of staff and discuss the changes with them.

Will I need to change the way I manage my health or disability?

You will need to think about how you have managed your disability or health condition in your home environment and how things are likely to change as an osteopathic student. Consider your existing support network, such as the family and friends who have helped you live with your disability, and the extent to which they will in future be available and on hand to provide support. If you intend moving away to a new area to undertake your studies, you will need to recognise that it will take time to develop a new support network.

Some students with disabilities and/or health conditions have remarked that in addition to the challenges that all students encounter when starting osteopathic training, they have had to make even greater effort to accommodate tiring academic and social schedules, to establish new relationships and peer support networks, and to find an appropriate balance between the demands of study, a new social life and their continuing health and wellbeing.

How do health and disability issues relate to student fitness to practise?

'Fitness to practise' is a term used in healthcare which relates to someone having the appropriate knowledge, skills and attitudes to practice safely and effectively in accordance with prescribed standards. There are expectations of students in this regard as well, and you should behave as a responsible professional throughout your training. You can read more about this in our *Student Fitness to Practise guidance*. However there may be occasions when your fitness to practise is called into question, because of a disability or health condition.

Osteopathic educational providers are likely to be concerned if you show a lack of insight into the nature or impact of your disability or health condition, and the potential impact of it on patient care and your ability to meet the osteopathic practice standards. An example would be a student whose insight was intermittently impaired because they failed to take maintenance medication as prescribed.

Case example

A mature student performs well in Year 1 of an osteopathy programme, but in the second year becomes withdrawn and uncommunicative, and their attendance at lectures starts to fall off. The situation is reported by teaching staff to the student welfare officer, who arranges a meeting with the student. The student reports that they are feeling stressed and are struggling to cope with part-time work, family life and their studies. Under the osteopathic educational provider's Fitness to Study policy, the student welfare officer and a personal tutor meet with the student to help them find ways of better planning their studies, and the multiple demands on them. It is agreed that they will meet with the student regularly to monitor progress. Two months later, the student's behaviour has deteriorated. They are reported for speaking in an aggressive manner with a patient in the teaching clinic. The welfare officer supports the student in seeking medical advice from their GP, and they are referred to a psychiatrist. ~~refers the student to an occupational health doctor for assessment~~. The psychiatrist determines that the student has bipolar disorder, and advises that they need to be placed on

appropriate medication immediately. After an initial improvement, the student's condition again worsens, and in a meeting with the welfare officer, they admit that they have stopped taking their medication. They show no insight into their condition, or on the effect of their behaviour on colleagues and patients. The student is suspended from the course, and a fitness to practise investigation is instigated which results in further suspension for a period, during which time they are able to gain some advice from a support group and also re-engage with their treatment plan. This gives them a new perspective on managing their condition and the impact of not doing so on others. As a result, the student is readmitted to the course in the following September, and recommences Year 2.

If an osteopathic educational provider has concerns about how you are managing your condition, they will raise the concern with you and discuss what can be done to remedy the problem. If, despite adjustments and support, you still do not manage your condition effectively and you might put patients at risk, your fitness to practise may be questioned. This may lead to a formal fitness to practise investigation and could result in your exclusion from the course.

Osteopathic educational providers should have processes in place to detect behavioural issues which might call into question a student's ability to practise safely as a student osteopath. These might include:

- Poor attendance at lectures
- Late submission of coursework
- Lack of engagement with the course
- Aggressive behaviour
- Poor communication with staff and/or patients.

Collectively, these might be considered to be fitness to practise concerns, but they may also be indicators that the student is struggling generally, or has a disability or health condition that is affecting their study. Monitoring processes can therefore be used as a way of identifying the need for action and support.

In exceptional cases, a student's health or disability may make it impossible for them to complete the course, and meet the expectations of the *Osteopathic Practice Standards*. In such circumstances, the osteopathic educational provider should be open with the student and try to come to a mutual decision as to the best course of action. The osteopathic educational provider should offer support to the student in finding another course of study or career, where possible.

What is 'fitness to study'?

Fitness to study policies and procedures are widely used in higher education providers. They assist in the assessment of risks and in taking action in circumstances where a student's health, behaviour, or other circumstances, give rise to concern. There may be concerns regarding the student's ability to participate in their studies, or that they represent a risk to themselves or others.

Fitness to study procedures usually comprise several stages, with early intervention designed to identify and understand the issue and offer appropriate support. If the issues leading to the concerns continue, the next stage is likely to involve a more proactive and formal process to assess the student's situation, and decide how this might best be managed.

In osteopathic educational providers, there is likely to be a crossover between fitness to study and fitness to practise procedures: if early intervention under a fitness to study process fails, a fitness to practise investigation is likely to ensue.

Case example

A student suffers from depression and anxiety, but this is generally well managed with a combination of antidepressant medication and counselling. They also find that regular exercise helps alleviate their symptoms. In year 2 of the course, they experience a family bereavement which intensifies their anxiety and depression, and they struggle to cope with the demands of their studies. The student's GP changes their medication, which initially seems to make things worse. They are reluctant to take time away from their studies, as they feel that this will also make things worse. The educational provider agrees that they can continue with their studies, but that they can come in late each morning, if they need to, and take time out of lectures if feeling an increase in their anxiety. The provider spaces out their assessment schedule, so that they can take some of their exams later in the summer. These adjustments support the student in managing this challenging period, and they successfully progress to Year 3.

What happens if a disability or health condition develops or is diagnosed after I start the course?

It is possible that you may not be aware that you have a health problem because you have found ways to manage it, or you assume that everyone has the same problems. For example, during induction some osteopathic educational providers have identified students who have dyslexia – a specific form of learning difficulty – which had previously been undiagnosed, and have been able to put in place adjustments that support these students manage this through the remainder of the course, even though the students did not seek or expect this when they applied for admission to the course.

Some students become ill during their course, suffer an accident that affects their abilities, or find that the medication they have been using needs to be changed. Educational providers are usually sympathetic to such changes and recognise that these circumstances can be difficult for students to manage. It is essential that you are open and honest and explain the difficulties you are experiencing. Adjustments can be altered during a course or be put in place later if your needs change. The earlier you are able to tell your provider about any changes in your circumstances, the better, as there is more time to work with you to prevent any problems escalating.

Mental health issues are common, with estimates that some 25% of the population will be affected over the course of a year[12]. Depression and general anxiety are the most common mental disorder to affect people in the UK, and may be increased by the stresses of studying, living away from home, and coping with new situations and challenges. Educational providers will be experienced in supporting students with a range of mental health issues and, as with any other health condition, it is advisable to let an appropriate person in the institution know and to seek support at the earliest opportunity.

Educational providers will encourage you to register with a local GP. This will ensure that you are able to receive appropriate and objective medical support and advice in your new local area. When ill health occurs during your studies, usually the most appropriate action will be for the educational provider to refer you to your GP, who will be able to refer you on for more specialist treatment, should this be necessary.

If I pass my degree programme, will I be registered as an osteopath by the General Osteopathic Council?

If you are awarded a Recognised Qualification it means the osteopathic educational provider has judged you capable of practising independently to the required standards set out in the *Osteopathic Practice Standards*. Once you are on the General Osteopathic Council Register of osteopaths, you will be required to practise in accordance with our published standards of competence and conduct.

1. A Recognised Qualification will normally lead to registration, provided the General Osteopathic Council is satisfied that you are:
    - In good health – that is, that nothing relating to your health prevents you from being capable of safe and effective practice without supervision. On first registration, The General Osteopathic Council require all prospective registrants to provide a health reference from a doctor who has access to your medical records of the past four years. If you are unable to obtain a health reference from a doctor, you should seek advice from the General Osteopathic Council. In the case of mental health conditions, the General Osteopathic Council will only be concerned where an osteopath's mental health may put patients at risk. Most mental health conditions will not represent a risk to patients, provided the osteopath understands their own condition and this is well managed.
    - Of good character – that is, you are honest and trustworthy. Good character is based on a person's conduct, behaviour and attitudes. We take account of any convictions and cautions that are not considered compatible with professional registration and that might bring the profession into disrepute. We require a character reference from a professional person (for example an accountant, teacher, dentist or similar) who has known you for four years (and is not a relative).
    - Fit to practise – that is, you have the skills, knowledge, good health and good character to do your job safely and effectively. Your fitness to practise as a student will be assessed throughout your pre-registration programme by the osteopathic educational provider. We normally consider it to have been judged satisfactory if you are awarded a Recognised Qualification.

[12] See The Mental Health Foundation website

What happens once I have qualified?

Registration confers unrestricted practice rights. If you have a disability or health condition, we do not hold this information on our Register, nor do we place any restrictions on the manner in which you practise osteopathy.

When you become a General Osteopathic Council registrant, you commit to practising in accordance with the standards set out in the *Osteopathic Practice Standards*, *and* will be personally responsible for maintaining professional standards of practice. This includes undertaking continuing professional development, maintaining professional indemnity insurance and ensuring your fitness to practise. It also includes ensuring that any problems with your own health do not affect your patients.

If your condition worsens or you develop a health condition or become disabled when you are on the Register, it is your responsibility to make any necessary changes to the way you work. This might include, for example, working in a group practice where colleagues can provide support or substitution, restricting your practice to a more limited approach, or paying for specific forms of support (such as signing or administrative support) to help you maintain high standards of patient care. The majority of osteopaths are self-employed, but if you are employed, your employer has a duty to make reasonable adjustments if they are aware of your disability.

Deciding whether you are – and remain – fit to practise and are able to continue to ensure the safety of patients and the public is a core professional responsibility and a matter for you to determine, exactly as it is for every registrant.

Once you are registered, you will be expected to undertake continuing professional development (CPD), and to compile sufficient evidence to demonstrate your compliance with our CPD requirements. *Continuing Professional Development Guidelines* are available on the General Osteopathic Council website.

Will I be able to earn a living as an osteopath?

Our responsibility is public protection. The General Osteopathic Council is unable to say whether you – or any other registrant – will be able to earn a living as an osteopath. There are many osteopaths practising who have disabilities or health conditions. Some had these as students, and others developed them later in their careers. Every registrant needs to assess for themselves their fitness to practise and their ability to earn a living from osteopathy.

Section 4: Getting more information and support

Sources of further information and guidance:

Action on Hearing Loss
rnid.org.uk

British Dyslexia Association
www.bdadyslexia.org.uk

Disability Rights UK
A useful guide for students regarding disclosing their disability is available at:
www.disabilityrightsuk.org

Also, general information on understanding The Equality Act:
www.disabilityrightsuk.org/understanding-equality-act-information-disabled-students

Equality and Human Rights Commission
The Equality and Human Rights Commission has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the protected characteristics. It can be accessed at: www.equalityhumanrights.com

The Equality Advisory Support Service
The Helpline advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales.
www.equalityadvisoryservice.com/app/home

General Osteopathic Council
www.osteopathy.org.uk

Government Equalities Office
The Government Equalities Office (located in the Home Office) has responsibility across government for equality strategy and legislation. It can be accessed at:
homeoffice.gov.uk/equalities

Gov.uk
For information about the Disabled Student Allowance:
www.gov.uk/disabled-students-allowance-dsa
Guide to Practice Based Learning for Neurodivergent Students:
www.hee.nhs.uk

Mind
www.mind.org.uk

Mind Cymru
www.mind.org.uk

The Office of the Independent Adjudicator (OIA)
The OIA is an independent body, set up to deal with student complaints. Free to students, the OIA deals with complaints against higher education providers in England and Wales.
oiahe.org.uk

The Office for Students
A range of resources and information to support education providers in meeting the mental health needs of students.
www.officeforstudents.org.uk

Royal National Institute of Blind People
www.rnib.org.uk

Transforming Access and Student Outcomes in Higher Education
taso.org.uk

Universities UK
Provides information and guidance on student health and wellbeing:
www.universitiesuk.ac.uk/topics/health-and-wellbeing

Legislation

- The Equality Act 2010
- Explanatory notes to the Equality Act 2010
- Osteopaths Act 1993

General Osteopathic Council

Annex C to 10

Draft: Students with a disability or health condition: Guidance for Osteopathic Educational Providers

Contents

Many people with disabilities and long-term health conditions are able to undertake osteopathic education and training, achieve a qualification allowing them to seek registration as an osteopath, and practise osteopathy with or without adjustments to support their practice.

The General Osteopathic Council is committed to equality, diversity and inclusion to ensure that the osteopathic profession reflects the society that it serves. We encourage anyone who has the potential to become independent osteopathic practitioners to consider a career in osteopathy and this includes people with disabilities and long-term health conditions.

Osteopathic educational providers should regularly review and revise their policies and practices, in order to encourage the widest possible participation in osteopathic education and practice, in line with GOsC's Standards for Education and Training.

Section 1: Introduction

The General Osteopathic Council (GOsC) is committed to promoting equality in all its functions. We want to ensure that the osteopathic educational providers offering courses that we regulate not only meet their legal obligations regarding disability equality, but also foster an inclusive learning community encompassing a range of participants to counter systemic disadvantage. Equality, diversity, and inclusion require a strong commitment and concerted action to build an inclusive environment where opportunities are open to all and where everybody can reach their full potential. This is reflected within our Graduate Outcomes and Standards for Education and Training.

1. This guidance has been prepared to support osteopathic educational providers in meeting the needs of prospective and current students who have disabilities and/or health conditions, or who develop them during their training. It should be read in conjunction with the companion document to this guidance: Guidance for applicants and students with a disability or health condition.
2. This guidance covers our expectations and the duties that arise from the Equality Act 2010 – in particular the legal obligations of osteopathic educational providers towards applicants and students who meet the definition of being 'disabled' for the purposes of the Act. The guidance does not address other equality issues such as gender or religious belief (which now come under the same legal umbrella as disability), nor does it cover the duties an educational provider may have (under the Act) as an employer or the standards or requirements imposed by a validating university.

   Section 2 of this guidance provides an overview of the regulatory context by restating our purpose and responsibilities.

   Section 3 identifies the disability aspects of the equality legislation as they apply to osteopathic educational providers.

   Section 4 covers issues that should be considered at various points during the student journey. This will help providers to ensure that the osteopathic education and training they provide meets the needs of students with disabilities and health conditions, and satisfies their legal obligations.

   Section 5 lists sources of further information and advice.

Section 2: Our role and responsibilities

3. As with all healthcare regulators, the overarching objective of the General Osteopathic Council is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession[1].

4. In the United Kingdom the title 'osteopath' is protected by law. It is a criminal offence, liable to prosecution, for anyone to claim to be an osteopath unless they are on the public Register maintained by the General Osteopathic Council.

5. We work with the public and the osteopathic profession to promote patient safety by setting and monitoring standards of osteopathic practice and conduct, by assuring the quality of osteopathic education, and by ensuring that registered osteopaths undertake continuing professional development.

6. We also help patients who have concerns or complaints about an osteopath. The General Osteopathic Council has the power to restrict registration or remove from the Register any osteopath who we judge to be unfit to practise.

7. The General Osteopathic Council recognises osteopathic education and training courses in providers that meet our standards. Students who successfully complete such programmes are awarded a recognised qualification. Determining who should receive a recognised qualification is an important responsibility for all osteopathic educational providers, a duty which is considered further in Section 4 of this guidance. A recognised qualification is confirmation that the holder is capable of practising, without supervision, to the standards published in our *Osteopathic Practice Standards*.

8. A recognised qualification confers eligibility to register as an osteopath, subject to satisfying character and health requirements, paying the prescribed fee, and having in place professional indemnity insurance before beginning in practice. The General Osteopathic Council will not normally look behind the qualification – we rely on osteopathic educational providers to ensure that recognised qualifications are awarded only to students who have satisfied all our standards.

9. When applying to join the Register, an applicant must submit a health reference from a doctor who has known them for four years or has access to their health records of the past four years. The 'good health'[2] requirement means that

... a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.[3]

[1] S3(1) *Osteopaths Act 1993*, as amended by the *Health and Social Care (Safety & Quality) Act 2015*
[2] See s3(2)(c) of the *Osteopaths Act 1993*
[3] From Guidance about professional behaviours and fitness to practice for osteopathic students

10. The General Osteopathic Council monitors standards of education and training in osteopathic educational providers through a process of regular reviews and of annual reporting. Reviews and annual monitoring is undertaken are with reference to our published standards, including our Graduate Outcomes and Standards for Education and Training.

11. Requirements around equality, diversity and inclusion are threaded throughout our Standards for Education and Training. For example:

    Education providers must ensure and be able to demonstrate that:

    - they implement and keep under review an open, fair, transparent, and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.
    - there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.
    - the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.
    - in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students
    - that buildings are accessible for patients, students and osteopaths.
    - That students have their diverse needs respected and taken into account across all aspects of the programme.

Section 3: Equality Legislation – The *Equality Act 2010*

12. This section provides information about disability equality legislation that applies to the education and training of osteopaths. It is essential that osteopathic educational providers understand their responsibilities under the legislation and regularly review and amend their policies and practices accordingly.

13. The Equality Act 2010 (The Act) applies to England, Scotland and Wales; separate anti-discrimination legislation is in place in Northern Ireland.

14. The Act prohibits education providers from harassing, victimising or discriminating against:
    - prospective students in respect of admission arrangements
    - students of the institution, including those absent or temporarily excluded
    - former students (if there is a continuing relationship based on them having been a student at the educational provider)
    - people considered 'disabled' for the purposes of the Act who are not students at the educational provider but who hold or have applied for qualifications conferred by the provider.

15. If a person believes they have been discriminated against, harassed or victimised by an education provider on grounds of one of the Act's nine protected characteristics, they can make a claim under the Equality Act 2010.

How does the Equality Act affect osteopathic educational providers?

16. Osteopathic educational providers which are universities will be subject to the Equality Act provisions that apply to further and higher education providers. Educational providers that are not universities or further or higher education institutions will be subject to the provisions of the Act governing the activities of service providers. In addition, providers that are not universities but who provide university validated degree courses, may be regarded as the agent of the university under the Act and as such be indirectly subject to the provisions governing further and higher education institutions. Despite these differences of status the duties of all osteopathic educational providers under the Equality Act will be very similar, and for the most part no distinction is made in this guidance as to the duties owed by different types of provider. There is, however, one important distinction – the public sector equality duty.

17. Osteopathic educational providers that are universities, or further or higher education providers within the meaning of the Equality Act will be subject to the public sector equality duty. This is a general duty that requires public bodies to take steps not only to eliminate unlawful discrimination but also to actively promote equality, and to foster good relations between people who share a particular protected characteristic and people who do not. The public sector equality duty also applies to private and voluntary bodies in respect of any public functions they carry out.

18. The General Osteopathic Council is committed to promoting equality and best anti-discriminatory practice in the osteopathic educational providers offering courses that we regulate. We cannot, through this guidance, alter educational institutions' liabilities under the Equality Act, for which they alone are responsible, but we do consider it appropriate to apply our expectations of best practice uniformly to all osteopathic educational providers, irrespective of their constitution or corporate status, and our Standards for Education and Training will apply to all GOsC Recognised Qualifications.

What duties apply to osteopathic educational providers?

19. The Equality Act 2010 protects students from discrimination or harassment on the basis of a 'protected characteristic'[4], and also from victimisation. Disability is a protected characteristic.

20. Unlawful discrimination includes:

- direct discrimination (including discrimination based on perception or association)
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

What counts as a disability?

21. A person has a disability for the purposes of the Equality Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There is no need for a person to have a medically diagnosed cause for their impairment – what matters is the effect of the impairment.

22. Tests that may be applied to determine whether someone has the protected characteristic of disability include:

- the length of time that the effect of the condition has lasted or will continue – it must be long-term: that is, it has lasted for at least 12 months, it is likely to last for at least 12 months, or is likely to last for the rest of the person's life
- whether the effect of the impairment is to make it more difficult and/or time-consuming for a person to carry out an activity, compared to someone who does not have the impairment, and this causes more than minor or trivial inconvenience
- if the activities that are made more difficult are 'normal day-to-day activities' at work or at home

[4] The protected characteristics for further and higher education institutions specified in the *Equality Act 2010* are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief including lack of belief); sex; and sexual orientation. Being married or in a civil partnership is not a protected characteristic in the further and higher education institution provisions of the Act.

- whether the condition has this impact without taking into account the effect of any medication the person is taking, or any aids or assistance or adaptations they have, like a wheelchair or specific software on their computer (with the exception of wearing of glasses or contact lenses where it is the effect while the person is wearing the glasses or contact lenses which is taken into account).[5]

23. 'Impairment' can cover, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis. It includes mental health conditions (such as bipolar disorder, depression or eating disorders), learning difficulties (such as dyslexia), and learning disabilities (such as some autistic spectrum conditions). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as 'disabled people' by the Act. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-today activities. Progressive conditions and those with fluctuating or recurring effects, including mental health conditions such as depression, are also included provided they meet the test of having a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities. The Act also protects people who have met the definition in the past.

24. Long-term mental health conditions are considered to be disabilities under the Equality Act 2010. Osteopathic educational providers, therefore, have a duty to make reasonable adjustments for students with long-term mental health conditions. Even in cases where a student's mental health is not covered by the Act, it would still be considered best practice to make reasonable adjustments to support students to successfully obtain a qualification and practise osteopathy safely.

25. There are a number of exclusions from the definition. For example, drug and alcohol dependency are not considered to be mental or physical impairments for the purposes of the Act.

What is direct discrimination?

26. Direct discrimination occurs if a student is treated less favourably than another student because of a disability[6]. For a student to show that they had been directly discriminated against they would have to compare what happened to them with what happened, or would happen, to a student without their disability.

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[5] Further details about the determination of impairment appear in *Schedule 1 Disability: Supplementary Provision - Part 1 Determination of Disability,* of the *Equality Act 2010*, and in the following guidance: Office for Disability Issues, May 2011, *Equality Act 2010 Guidance: Guidance on matters to be taken into account in determining questions relating to the definition of disability,* available at: odi.dwp.gov.uk/docs/law/ea/ea-guide-2.pdf

[6] The Equality and Human Rights Commission website provides a useful overview of the different types of discrimination, with case examples

27. The Act contains provisions that enable educational providers to take 'positive action' to address a particular disadvantage, meet different needs or tackle low participation of a particular student group, provided certain conditions are met. Such positive action is not the same as positive discrimination, which is illegal, with two exceptions:
    - It is never unlawful to treat disabled students or applicants more favourably than non-disabled students or applicants, because of or in connection with their disability.
    - It is also not unlawful to treat a female student more favourably because she is pregnant, or has given birth in the last twenty-six weeks, or is breastfeeding a baby who is less than twenty-six weeks old.

28. Other types of direct discrimination include:

    Discrimination based on association: This occurs when a student is treated less favourably because of their association with another person who has a protected characteristic (other than pregnancy and maternity). This might occur where a student is treated less favourably *because* a parent, sibling or friend has a protected characteristic.

    Discrimination based on perception: This occurs when a student is treated less favourably because of a mistaken perception that they have a protected characteristic (other than pregnancy and maternity).

    Discrimination because of pregnancy and maternity: It is discrimination to treat a someone (including a student) less favourably because they are or have been pregnant, has given birth in the last 26 weeks or is breastfeeding a baby who is 26 weeks or younger. It is direct sex discrimination to treat (including a student) less favourably because they are breastfeeding a child who is more than 26 weeks old.

What is indirect discrimination?

29. Indirect discrimination occurs if, in applying a 'provision, criterion or practice' (see below) in the same way for all students, it has the effect of putting students with disabilities and/or health conditions at a particular disadvantage, regardless of whether or not this was the intention. What constitutes 'disadvantage' is not defined in the Act, but a general guide is that a reasonable person would consider that disadvantage had occurred. It can take many different forms, such as denial of an opportunity or choice, deterrence, rejection or exclusion.

30. Some policies and practices may be justified if they are a proportionate means of achieving a legitimate aim, providing the aim is legal and non-discriminatory. An example might be provisions, criteria or practices concerned with maintaining academic and practitioner competence standards, though this would not avoid an osteopathic educational provider's duty to make reasonable adjustments in the case of students with disabilities and/or health conditions.

What is discrimination arising from disability?

31. Discrimination arising from disability would occur if a disabled student was treated unfavourably because of something associated with their disability, and the osteopathic educational provider could not justify that treatment. This differs from direct discrimination (which arises in respect of the protected characteristic of disability itself), and from indirect discrimination (because there is no need to show that other people have been affected along with the disabled student, or for the disabled student to compare themselves with anyone else).

32. Discrimination arising from disability would occur if the following three circumstances arise:

- a student who meets the definition of disability in the Act is treated unfavourably, putting them at a disadvantage, even if this was not the intention
- the treatment was because of something associated with the student's disability or health condition
- the treatment cannot be justified by showing that it is a proportionate means of achieving a legitimate aim.

33. If the osteopathic educational provider can show that it did not know and could not reasonably be expected to know that the disabled student had the disability, the unfavourable treatment may not amount to unlawful discrimination arising from disability. However, every effort should be made to ensure that students feel able to discuss relevant information about their health or disability and the institution should be alert to any indications that a student may be encountering difficulties resulting from a health condition or disability.

What is harassment?

34. The Equality Act 2010 defines harassment as 'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating and intimidating, hostile, degrading, humiliating or offensive environment for that individual'. Disability is one of the protected characteristics under the Act.

What is victimisation?

35. Victimisation is defined in the Act as 'treating someone badly because they have done a 'protected act' (or because it is believed that a person has done or is going to do a protected act)[7].

36. A 'protected act' is:

- Making a claim or complaint of discrimination (under the Equality Act).
- Helping someone else to make a claim by giving evidence or information.
- Making an allegation that someone else has breached the Act.
- Doing anything else in connection with the Act.

[7] See the Equality & Human rights Commission website

If a student is treated less favourably because they have taken such action, then this will be unlawful victimisation. There must be a link between what the student did and their treatment. Anyone can make a claim of victimisation. They do not have to do so in relation to one of the protected characteristics.

What is the 'reasonable adjustments' duty?

37. *The Equality Act 2010* imposes a duty to make reasonable adjustments – that is, to take positive steps to ensure that students with disabilities and health conditions can fully participate in the education and other benefits, facilities and services provided for osteopathic students.

38. Osteopathic educational providers should take reasonable steps to ensure that any provision, criterion or practice (see below), or any physical feature, does not put students (including applicants and in some limited circumstances former students) with disabilities and/or health conditions at a substantial disadvantage (ie. it is more than minor or trivial). Educational providers should also provide auxiliary aids or services – such as equipment, computer software, or extra assistance from staff – where, without them, students meeting the definition of being 'disabled' in the Act would be put at a substantial disadvantage.

39. The duty is owed to disabled people generally. It is anticipatory and continuing in the sense that osteopathic educational providers are expected to take measures to avoid causing substantial disadvantage, regardless of whether or not they know a particular student meets the definition, or whether they currently have disabled students.

40. Osteopathic educational providers should plan for adjustments that might be needed, anticipating the requirements of students with disabilities and/or health conditions, removing potential barriers. There is no justification for failing to make a reasonable adjustment where the duty applies, but this extends only to what is reasonable. The Act does not define what is 'reasonable' – which would ultimately be for the courts to determine – but statutory guidance makes clear that when assessing reasonableness, the following might be considered:
    - how effective an adjustment will be in overcoming the identified difficulty.
    - whether it is practicable to make the adjustment.
    - the financial and other costs involved, and the money that has already been spent on making adjustments.
    - the amount of disruption it will cause.
    - the availability of financial or other assistance (for example, students may be eligible for funding from the Disabled Students Allowance which is a grant to help students meet the extra costs of studying, which are a direct result of a disability or health condition.

41. It is good practice to work with students to determine what adjustments can be made, but osteopathic educational providers should not expect students to be aware of all the adjustments that might be available. Where a student does make specific suggestions, educational providers should consider whether or not the adjustments would help to overcome the disadvantage and whether or not they are reasonable.

42. In summary, where students with disabilities and/or health conditions are placed at a substantial disadvantage by policies or practices, the absence of an auxiliary aid, or a physical feature, osteopathic educational providers must consider whether any reasonable adjustment can be made to overcome the disadvantage.

43. Regardless of the legal requirements of the Equality Act, educational providers are required to meet the GOsC's Standards for Education and Training in relation to equality, diversity and inclusion.

What is meant by provision, criterion and practice?

44. These terms are not defined by the Equality Act but refer to the provision of education, facilities and services to students. The terms are intended to cover all an osteopathic educational provider's arrangements, policies, procedures and activities, including one-off decisions and proposals or directions to change practice in some way.[8]

45. Where students who are 'disabled' in the terms of the Equality Act are placed at a substantial disadvantage in accessing or benefiting from an educational provider's provision, facilities or services, all reasonable measures must be taken to ensure the provision, criterion or practice no longer has that effect.

46. In osteopathic education, the theory and practice of osteopathy are inseparable. It is essential that students satisfy both academic and professional practice standards. A student must demonstrate achievement of these standards for the award of a recognised qualification, which confers eligibility to register as an osteopath. In the terms of the Equality Act, these requirements are construed as a competence standard.

47. There is no duty to make adjustments to a competence standard, provided application of the standard is justified. However, the duty does apply to the procedures used by educational providers to establish whether a student can meet the competence standard.

48. All reasonable steps must be taken to ensure that a student who has a disability or health condition is not substantially disadvantaged in any test, examination or practical assessment used to establish that they have met the required standard – but osteopathic educational providers are not required to vary the competence standard itself in favour of such a student.

49. The General Osteopathic Council has an obligation to ensure that the *Osteopathic Practice Standards* specify only relevant and genuine competences that are strictly necessary for safe, effective and unsupervised osteopathic practice. In turn, osteopathic educational providers have an obligation to ensure that curriculum content, examinations and assessments are referenced to the *Osteopathic Practice Standards and Graduate Outcomes,* and that they do not impose additional obstacles which could put students with disabilities and/or health conditions at a substantial disadvantage.

[8] See the Equality & Human Rights Commission website

Specific duties under the Equality Act 2010

50. Under the Equality Act, public bodies are required to publish information annually about their employees (if they have more than 150) and others affected by their policies and practices (including students) in relation to equality issues. They are also required to set and publish at intervals not greater than four years, one or more specific and measurable objectives that they think are necessary to achieve any of the things required by the general equality duty.

Supporting staff in meeting their responsibilities

51. Staff must be informed of their legal duties and be aware of their responsibilities to applicants and students with disabilities and/or health conditions. This is especially important for staff involved in admissions, student support and occupational health, as well as teaching and support staff. The Standards for Education and Training require that all staff involved in the design and delivery of programmes are trained in all policies in the educational provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

52. It is important that training extends beyond a narrow interpretation of the osteopathic educational provider's legal responsibilities by addressing wider aspects of equality and disability discrimination, for example by tackling issues such as stereotyping and unconscious bias. Investment in individual, team and organisational development may be required to ensure practices within your organisation match the culture of equality and diversity you aspire to.

53. Staff should be supported in recognising the early signs of mental health conditions, in order to ensure that appropriate support can be offered at the earliest opportunity[9].

54. As with all aspects of equality practice, involving students with disabilities and/or health conditions in planning and delivering equality training can be extremely helpful. The Equality and Human Rights Commission website, referred to above, provides a useful range of resources.

55. University-based osteopathic educational providers, and those which offer university validated degrees, may have access to institution-wide disability training, either in-house or via the validating university, and also to inter-professional learning with other health professions, providing opportunities to share experiences of supporting students with disabilities.

[9] Transforming Access and Student Outcomes in Higher Education provides a range of resources to strengthen the effectiveness of student mental health support

Section 4: The student journey

56. This section covers the issues which osteopathic educational providers should consider at various points during the student journey. It will help to ensure that the osteopathic education and training provided meets the needs of students with disabilities and/or health conditions, satisfies General Osteopathic Council expectations and requirements, and is consistent with osteopathic educational providers' legal obligations.

Anticipating the needs of disabled people

57. Each osteopathic educational provider should keep under review its facilities, services and practices to identify where improvements and adjustments are required to better meet the needs of people with disabilities and/or health conditions. This should not be confined to the physical estate but should include every aspect of provision.

58. It is neither possible nor desirable to provide an exhaustive list of reasonable adjustments because each osteopathic educational provider is unique. Only by conducting a rigorous audit of all aspects of an institution's provision will it be possible to identify adjustments that should be made.

59. The examples below are included to illustrate the range of adjustments encompassed by the anticipatory duty:

- providing information about the course in alternative formats to ensure that it is accessible to as wide a range of prospective students as possible
- ensuring that marketing materials make it clear that applications from students with disabilities and/or health conditions are welcomed
- undertaking an access audit and making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility
- ensuring that core facilities – such as toilets, common rooms, libraries and catering facilities – are well lit, properly signposted and easily accessed by disabled students
- reviewing and adjusting learning and assessment policies and practices to ensure they do not inherently discriminate against disabled students
- ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with specific learning difficulties who use assistive computer software
- improving the acoustics of lecture theatres and installing loop systems to assist students with hearing impairments
- ensuring that furniture, fixtures, fittings and learning resources – such as library and computer services, practical rooms and equipment – do not pose an obstacle to, and are accessible by, students with disabilities and/or health conditions

- ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination
- ensuring that staff know how to access the specialist services and resources available to help assess the needs of students who have a disability or health impairment. This would include training staff to recognise the early signs of mental health conditions, in order to ensure that issues can be identified and appropriate support offered.

60. These examples illustrate some of the facilities, services, and practices that can be improved to avoid disadvantaging students with disabilities and/or health conditions – but it is important to stress that while a duty is owed to 'disabled people' generally, osteopathic educational providers also have a duty to establish and respond to the particular needs of applicants and students as individuals.

Case example

An osteopathic educational provider developed plans to upgrade and refurbish a teaching room, to provide a lecture theatre with considerably enhanced and up-to-date facilities. They were aware that the acoustics in the room were poor, having had comments from two students with hearing impairments that they struggled to hear the lecturer in the room. As part of the refurbishment, an induction loop was installed to aid students with a hearing impairment who used hearing aids. An audio system was also installed, which enabled the lecturers to use a microphone. This assisted students whose hearing was mildly impaired, but who did not use a hearing aid.

Recruitment and selection

61. It is the osteopathic educational provider's duty not to discriminate against someone who meets the definition of being 'disabled' for the purposes of the Equality Act in the arrangements made for determining who should be offered admission to courses they offer, either in the terms of any offer made, or by not accepting an application for admission. It is also the provider's duty not to harass someone in relation to their health or disability.

62. The guidance below concerns the processes involved in recruiting and selecting students, and in particular, the actions that can be taken to ensure that an inclusive approach is adopted, and to avoid discriminating against applicants or students with disabilities and/or health conditions.

Marketing

63. Publicity material and course information should make it clear that applications from people with disabilities and/or health conditions are welcomed[10]. The inclusion of positive stories and images of disabled people in osteopathy, and the availability of the information in alternative formats, will help to reinforce this message from the very earliest contacts with prospective applicants. In terms of mental health conditions, osteopathic educational providers should acknowledge that these are common, expected to occur and can be accommodated.

[10] See the Equality and Human Rights Commission website

Case example

An osteopathic educational provider reviews its prospectus. Mindful of the fact that ten per cent of its students have dyslexia, they actively promote this fact, together with examples of the support mechanisms available to support these students in managing their studies. Case examples from current and former students with dyslexia illustrate the fact that this condition is not seen as a barrier to academic success.

64. It is vital that applicants are made aware of the intellectual, physical, emotional and professional demands of undertaking an osteopathic education programme. This can be done by contrasting osteopathy with degrees that do not involve practical training and do not culminate in professional registration and independent healthcare practice. Publicity material should include a named contact able to advise prospective applicants about the nature and demands of osteopathy as a profession and career, the challenges of the course, and the support available to students with disabilities and/or health conditions.

65. Most osteopathic educational providers hold open days, providing prospective students with the opportunity to gain an insight into osteopathy and osteopathic education. The chance to talk to students on the course and to observe or participate in practical sessions helps potential applicants better understand the nature and physical demands of osteopathy, but also the support that can be made available to them if they have a disability or health condition. It may be helpful for prospective students to have an opportunity to observe clinic sessions. Although many can readily envisage the adjustments and aids required to support classroom and theory learning, fewer are likely to have an understanding of what adjustments might enable them to learn and to demonstrate clinical competences, or what impact this might have on patients. Enabling prospective students to better understand the breadth and extent of osteopathic practice means that they will be in a better position to make an informed choice as to whether osteopathy is the right career choice for them.

66. It is important that assumptions are not made about whether an applicant will ultimately be able to demonstrate achievement of the standard required for award of a recognised qualification. However, early reference to the *Osteopathic Practice Standards*, and to the general nature of osteopathic practice, can help a prospective applicant assess themselves against what is required to register, meet their professional requirements and pursue a career in osteopathy.

Application

67. Osteopathic educational providers should emphasise the importance of students being open regarding any disability or health condition, and make clear that support is available in the information provided to prospective students. However, there is an important balance to be struck between encouraging applicants to provide information about a disability or health condition at the earliest opportunity, and an applicant's right not to do so. Course information can highlight the benefits of doing so while reassuring applicants that this will not prejudice their application, which will be considered separately from any consideration of the reasonable adjustments that might be required if they are offered a place.

68. Students applying through the Universities and Colleges Admissions Service (UCAS) are invited to indicate whether or not they have a disability, learning need, or medical condition, or to indicate that they do not wish to provide this information. Applicants are required to select from a list of options:
    - no disability
    - a social/communication impairment such as autistic spectrum disorder
    - blindness or serious visual impairment uncorrected by glasses
    - deafness or serious hearing impairment
    - a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
    - a mental health condition, such as anxiety disorder, depression, or schizophrenia
    - a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
    - a physical impairment or mobility issue, such as difficulty using arms, or using a wheelchair or crutches
    - a disability, impairment or medical condition that is not listed above
    - two or more impairments and/or disabling medical condition

69. In the first instance, this information will help osteopathic educational providers to establish whether any particular arrangements might be needed to facilitate the selection process, and subsequently to open a dialogue with the applicant about needs and adjustments. The UCAS categories also provide a helpful illustration of the broad range of disabilities, learning needs and health conditions osteopathic educational providers can encounter and for which adjustments may be required – but there is not and cannot be a list of disabilities, learning needs or health conditions deemed incompatible with osteopathy. Each and every applicant must be assessed as an individual. It is for each educational provider to determine whether or not to admit someone to their course based on an assessment of whether, with reasonable adjustments, they will ultimately be able to meet the *Osteopathic Practice Standards*.

70. Osteopathy involves independent assessment, diagnosis, treatment planning, and manual interventions. Patient safety is paramount. These demanding requirements are encapsulated in the *Osteopathic Practice Standards*, and in the Graduate Outcomes. There will be instances where there can be no other conclusion but that the provision of reasonable support, aids and adjustments are insufficient to enable an applicant to demonstrate achievement of the competence standard for entry to the profession.

73. Setting entry criteria and conducting a selection process are justified because it is not in anybody's interest to admit a student – whether disabled or non-disabled – who does not have a good chance of completing the course. Admissions staff must therefore be realistic when determining what adjustments are reasonable and in assessing whether they genuinely hold out the prospect of enabling a student to meet the competence standard and to enter unsupervised independent practice.

74. Osteopathic educational providers have accepted many students with disabilities and health conditions onto their courses, and have provided a wide range of adjustments that have supported students through to successful course completion. These include students with neurodiversities (such as autism, attention deficit disorders, dyslexia, and dyspraxia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer), a variety of long-term illnesses (including diabetes, epilepsy) and mental health conditions (including depression, generalised anxiety disorders and panic disorder).

Selection

75. All applications should be assessed against the same entry criteria. Osteopathic educational providers should ensure that the criteria – and the way in which their staff apply them – do not discriminate against applicants likely to be 'disabled' for the purposes of the Equality Act. However, while educational providers may need to consider offering alternative formats to enable someone to make an application to their course, they do not have to vary the level of prior attainment required. This is because entry criteria count as competence standards which are exempt from the duty to make reasonable adjustments.

76. Interviews are commonly used to assess applicants for entry to osteopathy education and training. As with any selection test, if interviews are used as part of the selection process, this must apply to all applicants.

77. Osteopathic educational providers should establish well in advance of the interview whether or not any reasonable adjustments are required to enable an applicant to access and participate fully in the process. As at other stages of the selection process, it is important to ask about the applicant's requirements rather than to concentrate on a disability or health condition.

78. The conduct of the interview should not differentiate between disabled and non-disabled candidates. Interview questions should be based on objective criteria and be applied uniformly to all candidates. An applicant's disability or health condition should be irrelevant to this assessment and, as far as possible, should not be a subject of discussion during the interview. Although, the Equality Act does not prohibit questions about an applicant's impairment provided they concern the applicant's requirement for reasonable adjustments or their ability to meet the competence standards for the course, the interview criteria used to establish an applicant's suitability should be applied as if reasonable adjustments had been made. The practicalities or reasonableness of such adjustments should not be a matter for the interview panel and should be considered only after a decision has been made to offer an applicant a place.

79. Records should be kept at every stage of the process to justify and account for decisions. These should include unbiased interview notes with written assessments against each interview criterion.

80. Osteopathic educational providers should have a clear process for dealing with complaints. Details of the process should be made available in accessible formats.

Case example

Having disclosed that they has a visual impairment, an applicant is invited to an interview at an osteopathic educational provider. They are interviewed in the same way as all other applicants, applying the same criteria. Their disability is discussed at the end of the interview, but only in the context of what reasonable adjustments they feels may be necessary to enable them to cope with his studies, and how they will be able to demonstrate the Osteopathic Practice Standards.

On the basis of the applicant's academic qualifications and performance at interview, they are offered a place, subject to consideration of the practicalities and reasonableness of the required adjustments.

Preparing for entry to an osteopathic course

81. The process of agreeing adjustments should start as soon as an applicant is offered a place. It should involve the student directly and be undertaken by appropriately trained staff using a standardised approach to evaluating applications to entry criteria without discrimination, and defined procedures for engaging with applicants to identify necessary accommodations. Expert advice and guidance may also be required, for example from a university disability officer, occupational health professional, educational psychologist or specialist disability organisation. Prospective students might, for example, co-develop action plans before committing to a programme. These plans could be aligned with the Graduate Outcomes and Standards for Education and Training to ensure students are likely to be able to meet these.

82. Osteopathic educational providers should discuss with the applicant the nature and extent of the reasonable adjustments likely to be needed to enable them to undertake all aspects of the course, to be able to demonstrate achievement of the standard for award of a recognised qualification, and ultimately to practise as an osteopath. Students should be given an opportunity to talk to student support staff or a university disability officer about the personal financial support that may be available, for example, study-related costs because of a mental health problem, long term illness or any other disability from the Disabled Student Allowance.

83. Prospective students with a long-standing disability or health condition are likely to have a keen sense of their capabilities and many will have developed a variety of strategies for managing and compensating for functional limitations. As such, students are often well placed to offer advice about the types of support and adjustments that will be required. However it is the osteopathic educational provider's duty to establish what adjustments need to be made, so staff should be in a position to be able to assess and to arrange for appropriate aids and support. In some instances, expert assessment may be required to establish precisely what type and level of assistance will be required or, for example, to provide formal confirmation of a specific learning difficulty as may be required if a student decides to apply for the Disabled Student Allowance.

84. It is common practice for applicants who have been offered a place to be required to complete a health assessment questionnaire. This does not discriminate against students with disabilities and/or health conditions because the requirement applies

to all applicants and is a justifiable measure in the interests of public and patient protection. Its primary purpose is not to seek information about health conditions or disabilities but to identify issues that might expose patients, students themselves, or others to unnecessary risk. As such it is normally completed in confidence for assessment by admissions staff and, if appropriate, occupational health professionals. However it does provide another opportunity for students to provide information about a disability or health condition.

85. All reasonable steps should be taken to identify and put in place the adjustments required, through dialogue in partnership with the student and taking advice from the relevant experts within the University or using external sources of advice, but in some instances it may be concluded that this cannot reasonably be achieved, or that even with adjustments the applicant would not be able to demonstrate achievement of the standard for award of a recognised qualification. Clearly this conclusion needs to be communicated to the applicant in a sensitive manner, preferably together with advice about possible alternative courses the applicant might wish to consider.[11]

Induction

86. Induction provides an opportunity to highlight the support that can be made available to students if they encounter problems relating to their health or a disability during the course, and to further invite students who have not done so to provide information about the impact of any disabilities or health conditions that they may have.

87. Osteopathic educational providers should be mindful that some students are likely to underplay their difficulties, perhaps because they might be concerned about the way their disability or health condition might be perceived, meaning that they might not receive appropriate support early on in the course. Students who have a mental illness often do not see themselves as disabled yet may well be protected under the Equality Act and should be afforded the same considerations as students with a more visible disability.

Confidentiality

88. For osteopathic students to feel comfortable asking for support if they have a health condition or disability, it is important that they understand the issue of confidentiality regarding the information they provide. Osteopathic educational providers must have a confidentiality policy that states:

    - who will receive the information provided by the student
    - how the student's information will be used
    - instances where confidentiality may be breached.

    The policy must ensure compliance with the relevant legislation, professional and ethical standards and the professional requirements outlined in the Graduate Outcomes and Standards for Education and Training. Students should, in certain circumstances, be able to decide not to share information about their health which they had previously agreed to share. The applicant's permission will be needed for reasonable adjustments that identify the disability or health condition. In circumstances where it is felt necessary to breach confidentiality, where practicable this should be discussed with the student before any action is taken.

As in all aspects of the dialogue with applicants and students about disability or health issues, sensitivity is required. This reinforces the importance of training for staff involved in recruitment and selection. A student's confidentiality should only

[11] See also: ~~*Quality Assurance Agency for Higher Education, Quality Code for Higher Education*~~ The Office of the Independent Adjudicator also has some useful guidance and advice and case studies to support this process.

be breached when this is necessary to protect the student or others from the risk of serious harm.

Case example

An osteopathic educational provider offers screening to all students during induction to test for dyslexia. This has revealed a much higher rate of undiagnosed dyslexia than anticipated. The practice is considered to be non-discriminatory because it applies to all students and is intended to enable appropriate support to be put in place and suitable adjustments to be made – in other words, it is justified as a proportionate measure to achieve a legitimate end.

Making adjustments to teaching, learning and assessment

89. Osteopathic educational providers have had considerable experience of making adjustments that enabled students with disabilities and health conditions to complete training, graduate, register and practise osteopathy. This section highlights considerations and indicative examples of the broad spectrum of adjustments that can benefit students with disabilities and/or health conditions.[12]

90. It is good practice to ask the student what they consider is needed, but it is not their responsibility to suggest what adjustments are required. Osteopathic educational providers do not have to make every adjustment a student requests, but they cannot claim that an adjustment is unreasonable simply because it is inconvenient or expensive.

91. Deciding what is reasonable can be challenging. Section 3 highlighted some of the more significant considerations as:

- how effective the adjustment will be in overcoming the difficulty
- whether it is practicable to make the adjustment
- what financial and other costs are involved
- the amount of disruption it will cause
- the availability of financial or other assistance.

Case example

A first-year student reveals to the student welfare officer that from age 15-18 years they had an eating disorder and as a result, now has reduced bone density. The student welfare officer advises that it would be inappropriate for the student to experience certain osteopathic techniques during practical classes which may compromise their safety, and risk a fracture. They ask the student for permission to make the practical teaching team aware of their condition, and reassure them that any staff made aware in this way are also bound by the School's confidentiality policy. The fact that the student is unable to have certain techniques carried out on them will, of course, highlight that there is an issue, but it will be up to them whether they divulge the reasons for this to their colleagues. The student is happy to give such permission, and the teaching team are informed.

[12] See also: Guidance and case studies from the Office of the Independent Adjudicator and the Office for Students Support for Disabled Students.

92. One consideration of reasonableness relates to risk. The Equality Act does not override health and safety legislation, so neither the student nor anyone else should be exposed to risks to their health or safety as a result of a disability-related adjustment. On the other hand, disabled people sometimes indicate that they are excluded from activities or prevented from taking risks that non-disabled people take for granted. A student with a disability or health condition should therefore have a say in what is an acceptable level of risk for them in the everyday activities of osteopathic education and training. While it is important to ensure that students are not exposed to greater risk during training because of their disability or health condition, it is neither desirable nor necessary to make adjustments to remove or minimise all risk.

93. It is right that attention should be focused on identifying the adjustments that can best meet the needs of a student with a disability or health condition, but this should not be to the exclusion of considering their impact on others. It is important for osteopathic educational providers to acknowledge that their duty of care extends not only to students with disabilities, but also to the wider student body. It might be considered reasonable to expect other students to tolerate a level of inconvenience to accommodate adjustments for a student, but it may not be reasonable to expect an osteopathic educational provider to make an adjustment that puts other students at a significant and persistent disadvantage. Nevertheless, experience has shown that in many cases it is other students who have willingly provided the support and assistance that has enabled someone with a disability or health condition to successfully complete their training. In making decisions, education providers should ensure that they maintain an open and continuing dialogue with the student, seek relevant advice, for example from relevant disability experts within the University or College, other osteopathic education providers and relevant charities, the GOsC and, where necessary, legal advice, to inform the decision making. Decisions should be clearly narrated with a clear evidence base.

94. It is essential that the adjustments put in place are properly communicated to the student, and are communicated in an accessible format. In the terms of the Equality Act, failing to make a student aware of the adjustments that have been made might be judged no better than not making any adjustments at all. If there has been a good dialogue with the student before entry to the course and during the early weeks of training, there should be ‘no surprises’ because adjustments will have been discussed, agreed and put in place. Adjustments should then be reviewed regularly to ensure that they continue to be effective.

95. While adjustments are intended to remove barriers or to compensate for disadvantages arising from disability as they relate to learning and the demonstration of professional competence, this should not result in a lowering of the expectation threshold for autonomous practice. Reasonable adjustments do not apply to the competence standard itself – this is especially important in a practice-based profession where patients put their trust in the ethical behaviour, technical competence and clinical expertise of the practitioner.

96. Adjustments to teaching, learning and assessment are many and various. Some of the more commonly applied adjustments include:
    - to the *physical environment*, both internally and externally, to improve access to and the use of facilities, and includes also adjustments to features such as lighting and sound insulation
    - to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats, together with the associated assistive technologies to fully exploit them
    - *human assistance*, in the form of coaching and mentoring and additional tutorial support
    - *making allowances*, for example by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations, for example to allow a student to carry, store on site and administer necessary medication
    - by providing *equipment*, for example to support computer-assisted learning, voice recognition software and screen-readers, and in the form of laptops and handheld devices for note-taking
    - by facilitating access to *resources*, for example for the purchase of textbooks to use at home to help combat the fatigue associated with frequent trips to the library, and for the use of taxis after specific healthcare treatments
    - to *examinations*, for example in the design and presentation of exam papers, by providing extra time and allowing rest breaks, removing penalties for poor spelling of non-technical terms, grammar and punctuation, or allowing computers with spell-checkers, arranging for separate rooms and invigilation, and permitting the use of a reader or scribe
    - to *practical assessments*, by allowing extra practice sessions, more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a recording device for subsequent transcription, by permitting adjustments to the physical arrangement and features of the examination and treatment area – such as additional space or specific lighting – and allowing the use of aids to facilitate manipulations
    - providing *additional support*, for example in the form of one-to-one tutorials or extra clinic instruction, or by teaching study skills and learning techniques, identifying a student ‘buddy’, or offering ongoing mentorship or course-long support from a personal tutor, student counsellor or disability officer.

97. Some adjustments have become standard practice, capable of being initiated quickly for students with a well-understood disability, providing straightforward and immediate benefit, but the fact that an adjustment is readily available should not detract from the principle that all students have a right to have their needs considered on an individual basis.

98. It is often easier to make adjustments for students whose disability is discernible, enduring and relatively stable – such as a hearing impairment or restricted mobility. It can be more challenging to meet the needs of students with invisible or fluctuating conditions. Care is needed to recognise and respond appropriately to support students whose disability or health condition emerges mid-course or runs an unpredictable path or is episodic in nature, or who are more susceptible to the inevitable stress points inherent in any course.

> A challenging scenario cited by a number of osteopathic educational providers concerned students with previously stable long-term conditions, who were progressing satisfactorily with or without adjustments, but whose equilibrium was disrupted by a change in their condition, its management or treatment. Finding a new or better medication – during which different dosages or combinations are tested – can be extremely disruptive for the student and requires sensitive handling by tutors, not least to recognise and respond to fluctuations in behaviour, fatigue and capacity for learning. Tutors need to be prepared to make adjustments on a flexible basis until such time as the student's health condition is brought back under control. Osteopathic educational providers should consider training needs of staff in recognising such behaviours.

99. A related challenge concerns those students who lack insight into the nature or impact of their disability, or whose insight is intermittently impaired and who, as a consequence, fail to take the prescribed medication that helps them function effectively. A similar situation can arise with students who have a long-term physical impairment and who, for any reason, forget or choose not to take medication as prescribed. Poor compliance with a treatment regime can result in a relapse or resurgence of symptoms which can compromise a student's functional capacity and ability to participate fully in the course.

100. Where adjustments can be made to assist students in these situations, for example by anticipating the potential impact of stress points such as examinations and assessments, and by arranging in advance for extra support, these should be put in place. Being alert to the early warning signs, such as a resurgence of symptoms or changed behaviour, will also help providers to intervene early to pre-empt crises, provide support and guidance, and make adjustments, such as agreeing extensions to assignments or a different attendance pattern. However, students are expected to demonstrate awareness of how to manage their health or disability needs, since this will be a necessity for independent practice

101. It is possible a student's health may gradually but inexorably deteriorate to the point where adjustments are no longer enough to enable them to continue training. In some instances an interruption to training can be negotiated which is long enough for the student to regain a level of health that is judged sufficient for them to re-join the course and to continue their education. Decisions as to whether a student should take time away from the course should involve the student. Occupational health services may be utilised. The osteopathic educational provider should be clear in its explanation as to why the student should take time out, and what the student is expected to do during this time. Consideration should also be given at this stage as to how the student will later be reintegrated into the course.

102. There will be times when the osteopathic educational provider and the student disagree as to whether taking time off from studies is the right course of action. In such circumstances, and when discussions do not result in an agreed way forward, a fitness to practise process may be instigated in order to establish a fair and independent course of action – see paragraphs 112-114.

103. In rare cases, there may be no alternative but for the student to withdraw from the course.

Case example

Three osteopathy students share a house together. In the middle of Year 2, two of the housemates gradually notice that the third student, Chris, is displaying what seems like increasingly obsessive-compulsive behaviours – constantly cleaning and re-cleaning, insisting that the household contents are arranged in a particular way, checking and rechecking the house is locked. Their behaviour is giving given rise to friction between the housemates, exacerbated by the general stresses of approaching exams. One evening, things come to a head over a minor domestic issue, when Chris completely overreacts, it seems to the others, and becomes overwrought. As the incident simmers down, Chris confides that in their teens and in the run up to A-levels, they had health problems and had been in the care of a consultant psychiatrist, who had prescribed medication and courses of CBT, all of which had greatly helped them feel in control; Chris had got good results in her school finals. In relocating to undertake the osteopathy course, the CBT had come to an end and Chris was no longer on medication, having not seen their consultant for over two years. Chris can feel old behaviour patterns returning and has been to see a new GP locally, but is still waiting for an appointment to see a counsellor. Chris tells the housemates that the stress is becoming too much and they are struggling to cope. The housemates persuade Chris to speak to their student welfare officer about their current state of mind and past health issues, which Chris does. At college, it is suggested that Chris takes some time out to seek the support that they need, and they return to their parents for six weeks, during which time Chris receives treatment at centre where they were treated previously. After this time away, Chris feels able to return in a much better frame of mind and is working on strategies to reduce anxiety and compulsive checking. Chris has also been studying to some extent while away but, with the support of their doctors, is given an extension by the college in order to undertake the Year 2 assessments in August, rather than in June.

Returning to a course

104. When students take time away from a course, it is important that their return is handled sensitively and effectively. They may find it challenging returning to a different cohort of students, or feel that they will be stigmatised if people find out why they had to take time off.

105. Osteopathic educational providers should have an individualised reintegration plan for each student in these circumstances. This should be agreed well before the student is due to return, setting out clear expectations, so that the reintegration process is well managed.

106. Unlike students on many higher education courses where isolation in large groups is more commonplace, students in osteopathic education and training have the benefit of being part of a comparatively small student group and of having regular contact with tutorial staff. In this respect, those who do encounter difficulties can often be identified quickly and can usually be well supported. Conversely, it is important to recognise that the familiarity and intimacy characteristic of osteopathic education can represent a challenging environment for some students, not least some of those who have mental health conditions or disabilities.

107. A personal tutor system providing continuity of support throughout the course, regular supervision sessions and progress meetings with students, and having student peers who know, understand, accept and are alert to the signs of growing difficulty, are all potential ways of ameliorating the extremes and impact of fluctuating health conditions.

Fitness to study policies

108. Fitness to study processes are widely used in higher education providers. They assist in the assessment of risk and in taking action when a student's health, behaviour or other circumstances give rise to concern. Such concerns may include the student's ability to take part in their studies or that this might represent a risk to themselves or others.

109. Fitness to study procedures usually comprise several stages, with early intervention designed to identify the issue and offer appropriate support. If the issues giving rise to concern persist, the next stage is likely to involve a more proactive and formal process to assess the student's circumstances, and decide how this might best be managed.

110. In osteopathic educational providers, there is likely to be a crossover between fitness to study and fitness to practise procedures: a failure of early intervention under a fitness to study process may lead to a fitness to practise investigation.

111. Guidance on Student health and wellbeing higher education is provided by Universities UK.

Student fitness to practise

112. Where a student with a disability or health condition fails to properly manage their condition, despite adjustments and support, a question may arise as to their fitness to practise. Detailed guidance and advice regarding student fitness to practice is provided by the General Osteopathic Council to both students and osteopathic educational providers.

113. Osteopathic educational providers should have fitness to practise policies in place, under which serious concerns regarding a student's fitness to practise may be investigated and managed. Matters to be considered under such procedures would be:
    - those that affect patient safety
    - those that may affect the trust that the public places in the osteopathic profession.

114. Osteopathic educational providers should also have processes in place to detect behavioural issues which may lead to fitness to practice concerns. These issues might include:
    - poor attendance at lectures
    - late submission of coursework
    - lack of engagement with the course
    - aggressive behaviour
    - poor communication with staff and/or patients.

    Collectively, these might be fitness to practise concerns, but they may also be indicators that the student is struggling generally, or has a mental health condition. Monitoring processes can be a way of identifying potential mental health issues, so that appropriate action can be implemented as early as possible.

Promoting wellbeing

115. Osteopathic educational providers should promote wellbeing amongst all of their students, not just those with disabilities or health conditions. Examples of how they may do this might include:
    - delivering group exercises focused on stress management
    - providing resources on maintaining healthy lifestyles
    - learning support processes to help students develop their studying skills can help them work more effectively and thus reduce stress
    - peer mentoring or buddying schemes to provide support.

Achieving a recognised qualification

116. Osteopathic educational providers will have regulations concerning student assessment, progression and graduation, that incorporate demonstration of the competence standard specified by the *Osteopathic Practice Standards*. It is the institution's responsibility to determine whether a student satisfies this standard and is awarded a recognised qualification. This is a threshold standard that cannot be varied. A necessary part of the educational process is the assessment of a student's professional behaviour and attitudes.

117. If there is evidence that a student's fitness to practise may be compromised, fitness to practise proceedings should be initiated and the outcome reported to the General Osteopathic Council. If a student fails to demonstrate the standard required by the end of the programme, they should not be awarded a recognised qualification. In certain circumstances, such as when there are continuing concerns about aspects of professional behaviour, it may be appropriate to consider awarding an alternative qualification that does not have the status of a recognised qualification and cannot lead to registration with the General Osteopathic Council. However, an osteopathic educational provider cannot withhold a qualification from a student who has demonstrated achievement of the standard of competence, on the basis of speculation about how they might behave as a registered osteopath.

118. Registration confers unrestricted practice rights. The General Osteopathic Council does not annotate the Register to indicate that a practitioner has a disability or health condition; nor does it apply any other condition or restriction on the manner in which osteopathy should be practised by a new registrant. A decision to award a recognised qualification means that in the institution's judgment, a student is capable of practising in accordance with the standards set out in the *Osteopathic Practice Standards*. Once an individual is on the General Osteopathic Council Register, they are responsible for maintaining professional standards of practice.

119. If a registrant subsequently develops a disability or health condition that prevents them from undertaking the full range of osteopathic activities and interventions in an autonomous, safe and effective way, it is the duty of the registrant to modify their work accordingly to ensure they can practise safely and effectively and comply with the full range of the *Osteopathic Practice Standards*. This might, for example, require moving to work in a group practice where colleagues would be available to provide support or substitution, or by restricting practice to a more limited approach and by not carrying out certain techniques – provided this does not mislead the public about the scope of osteopathy provided. Osteopaths who are direct employees should look to their employer to make reasonable adjustments.

Section 5: Further information

Sources of further information and guidance are listed below.

Action on Hearing Loss

www.actiononhearingloss.org.uk/

British Dyslexia Association

www.bdadyslexia.org.uk

Disability Rights UK

Understanding the Equality Act:www.disabilityrightsuk.org

Mind

www.mind.org.uk

Mind Cymru

www.mind.org.uk

Royal National Institute of Blind People

www.rnib.org.uk

General Medical Council (GMC)

The GMC offers a range of resources aimed at supporting medical students with mental health conditions and disabilities. These may be helpful also in an osteopathic context. The GMC have a number of offices throughout the UK.

General Osteopathic Council

www.osteopathy.org.uk

The Equality Advisory Support Service

The Helpline advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales.
www.equalityadvisoryservice.com/app/home

~~**The Equality Challenge Unit:**~~

~~www.ecu.ac.uk~~

Equality and Human Rights Commission

The Equality and Human Rights Commission has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the protected characteristics. It can be accessed at: www.equalityhumanrights.com

Universities UK

Have published The Student Wellbeing in Higher Education Good Practice Guide

The Office of the Independent Adjudicator (OIA)

The OIA is an independent body, set up to deal with student complaints. Free to students, the OIA deals with complaints against higher education providers in England and Wales and also provides some useful case students about reasonable adjustments which could be helpful to providers.

oiahe.org.uk and https://www.oiahe.org.uk/resources-and-publications/good-practice-framework/requests-for-additional-consideration/disability-and-requests-for-additional-consideration/

Directgov

For information about the Disabled Student Allowance.

Government Equalities Office

The Government Equalities Office (located in the Home Office) has responsibility across Government for equality strategy and legislation. It can be accessed at: homeoffice.gov.uk

Guide to Practice Based Learning for Neurodivergent Students:

www.hee.nhs.uk

The Office for Students

A range of resources and information to support education providers in meeting the mental health needs of students.

Transforming Access and Student Outcomes in Higher Education

taso.org.uk

Legislation

- The Equality Act 2010
- Explanatory notes to the Equality Act 2010
- Osteopaths Act 1993

General Osteopathic Council

Annex D to 10

Equality Impact Assessment

Title of policy or activity
Guidance about Students with a Disability or Health Condition for Osteopathic Students and Educational Providers: **Students with a disability or health condition: Guidance for Osteopathic Education Providers** **Studying osteopathy with a disability or health conditions: Guidance for applicants and students**
Is a new or existing policy/activity?
This is an update to existing guidance originally published in 2017
What is the main purpose and what are the intended outcomes of the policy/activity?
The main purpose of this activity is to review and update the current health and disability guidance. This currently serves as two separate documents. The intended outcomes are as below: • Ensure the guidance is relevant to current statutory requirements within health and disability • Consistency in language • Address diverse needs • Plug any identified gaps • Ensure the guide is up to date and reflects current society and is relevant • Review the case examples ensuring they are relevant and that all links to resources are updated and correct
Who is most likely to benefit or be affected by the policy/activity
Key stakeholders: • Students and potential students • OEIs/educators/lectures & tutors • Clinical staff • Patients & public
Does this policy or activity impact on the Welsh Language?
Yes. Guidance will be made available in Welsh

Dates of the EQIA	
• When did it start?	15/12/2022
• When was it completed?	Project is underway
• When should the next review of the policy/activity take place?	2030, though modify impact on an ongoing basis

Useful information

What information would be useful to assess the impact of the policy/activity on equality?
Osteopathic educational institutions are required to submit annual reports. Within these reports we can gain information around EDI in relation to student demographics. Student support and welfare offices would be a good source to obtain information in relation to the impact. The guidance would be important for them to support those with a health condition or disability. So, it would be a good place to get information in regard to the impact changes and updates have had. It would be important to engage with students and leads within institutions during or after the implementation stage. They would in essence be the end users so gaining their feedback on the impact of the changes/updates would be important. The following information would also be useful in order to assess the impact of the new guidance: • FTP investigation or notifications in relation to H&D • Complaints in relation to H&D • Monitoring the implementation of the new guide in order to assess and evaluate the impact of change • Feedback from focus groups **Update February 2025** During the development phase of the updated guidance, we sought insight from a focus group of students with an interest in or experience of studying with a health condition and/or disability. In terms of impact of the existing guidance, we learned that awareness of the guidance was potentially low, but those who did engage with it, found it useful. We took into account feedback received regarding the language used and complexity of the documents, and took back updates to the student group for further consideration before wider consultation. As a result of this, we also

commissioned Easy Read versions of the guidance documents, to provide a quick summary for those who find the full documents harder to navigate and engage with.

A formal consultation has now been undertaken. Whilst only three written responses were received, we also were able to undertake dedicated focus groups with patients, students and educators with experience and interest in the area of health and disability.

Is there data relating to people with any/each of the protected characteristics and, if relevant, on the Welsh Language?[1]

We have data about ethnicity, sex and disability for students enrolled at osteopathic educational institutions.

We currently collect data about some protected characteristics of students at enrolment and progression from the osteopathic educational institutions –

We have data about ethnicity, sex and disability in relation to the population in the UK from Census data in England and Wales, Scotland and Northern Ireland.

This data should help us to understand:
Are there any notable differences that may need more action should be taken to
a) engage with a particular group,
b) put more information in the guidance?

Further considerations around requested data for groups that fall within protected characteristics are being considered for annual reporting.

February 2025

The following extract is from our annual reporting process from osteopathic educators, and relates to recruitment into the 2024-25 academic year, and progression data from the 2023-24 academic year.

Equality Diversity and Inclusion across the datasets

1. The following consistent observations can be made in relation to student enrolment and equality, diversity, and inclusion across the six academic years (2019-2025):
    - Slightly more females are choosing to train to become osteopaths, this has increased by 1% since 2019[2].

[1] The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

[2] Number of females 2024-25 enrolled 565 or 56%.

- Typically, students are aged 30+ (increased by 7% compared to 2019), followed by under the age of 21 (decreased by 5% compared to 2019)[3].
- Dominant country of origin is the UK, which has increased by 5.5 % since 2019[4].
- A small proportion of student country of origin was in the EU[5] and this has dropped by 9% since 2019.
- The majority of students ethnicity was reported as White/White British (which is currently broadly at the same level as it was in 2019)[6].

Progression and non-progression data relating to Equality, Diversity & Inclusion

2. During this year's annual monitoring submission, we added two additional excel sheets to the student data workbook for OEIs to complete, these allowed OEIs to provide us with more information on the progression and non-progression data for 2023-24 relating to Equality Diversity and Inclusion (EDI) (in terms of sex, age, ethnicity, country of origin and disability)

3. The following trends were observable for the EDI progression data, which are similar to the enrolment trends described above:

   - Slightly more females are choosing to train to become osteopaths, (490 or 52%)
   - Typically, students are aged 30+ (386 or 41%), followed by under the age of 21 (223 or 24%).
   - Dominant country of origin is the UK (704 or 75%)
   - A small proportion of student country of origin was in the EU (132 or 14%).
   - The majority of students ethnicity was reported as White/White British (591 or 63%)
   - Minority ethnic characteristic[7] was slightly lower (161 or 17%), than would have been expected from the enrolment data collected previously, but this can be explained by the larger proportion of 'Not Known' being recorded here.[8]
   - Disability has been reported among students with 144 or 15% declaring a Special Educational Needs and 88 or 9% declaring single health conditions).[9]
4. The following trends were observable for the EDI non-progression data, which is something we have not been able to look at more closely before:

[3] Number aged 30+ 2024-25 was 428 or 43% and aged under 21 was 254 (25%)
[4] Country of origin UK 2024-25 was 776 (77%)
[5] Country of origin EU 2024-25 was 132 (13%)
[6] White or White British 2024-25 was 688 (69%).
[7] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[8] Not Known was recorded as 191 or 20%
[9] SEN 2024-25 was 146 (14.5%) and single health condition was 101 (10%)

- We see similar patterns with the non-progression sample that we did in the progression data with the majority consisting of:

    - Female (80 or 54%)
    - Aged 30+ (70 or 48%) or Under 21 (39 or 26.5%)
    - UK origin (125 or 85%)
    - White or White British (84 or 57%)

5. However, when we look at progression rates and non-progression rates alongside each other for particular protected characteristics we can see for some groups non-progression becomes higher (>5%) than it was for those that progressed, namely students with the following protected characteristics: male, aged 30+, minority ethnic characteristic[10] or declaring a single health problem (see Table 2)

Characteristic	Progression	Non-Progression
Female	490 or 52%	80 or 54%
Male	341 or 36%	65 or 44%
30+	386 or 41%	70 or 48%
Under 21	223 or 24%	39 or 26.5%
UK Origin	704 or 75%	125 or 85%
EU Origin	132 or 14%	13 or 9%
White British	591 or 63%	84 or 57%
Minority Ethnic	161 or 17%	34 or 23%
Special Educational Need	144 or 15%	15 or 10%
One health problem	88 or 9%	20 or 14%

6. Since 2019 we have seen a greater diversity among the student population studying to become an osteopath in terms of the following protected characteristics:

    - Minority ethnic characteristic[11] has increased by 10% (i.e., non-white or White British)[12].
    - Disability has been increasingly reported among students since 2019 (up by 5.5%, declaring of Special Educational Needs and up 5% declaring single health conditions).[13]

Where can we get this information and who can help?

[10] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[10] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[12] Minority Ethnic as set out in footnote 9 for 2024-25 was 253 (25%)
[13] SEN 2024-25 was 146 (14.5%) and single health condition was 101 (10%)

- OEIs
- Annual reports
- Any other published data
- Stakeholder groups
- Data about osteopaths is available on the KPMG report
- Some data available on the register.

Data about the UK population is available as follows:
Census data in England and Wales – https://www.ons.gov.uk/census
Census data in Scotland - https://www.scotlandscensus.gov.uk/census-results
Census data in Northern Ireland - https://www.nisra.gov.uk/statistics/census

Step 2 – Involvement and consultation

Prompts: Thinking about your policy or activity, have you been liaising with any individuals and/or groups to inform the development of the policy or activity? Has there been pre-consultation events which have provided insight into your policy or activity development?

Think about your answer in Step 1 around data. If there were gaps in the data that you needed to inform your policy or activity development, how are you planning to address them through the involvement and consultation phase?

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

In relation the current updating of this guidance, we will be using Stakeholder Reference Groups listed below:

Key Stakeholders to be involved:

- Students
- OEIs/educators/lectures
- Clinical staff
- Patients & public

Actions involving key stakeholders:

- **Survey/questionnaire:** In order to inform our initial analysis, we submitted a questionnaire to the stakeholder group listed above. This was our first form of engagement in the process and was conducted in December 2022-Feb 2023 online.
- **External expertise:** We sought an external independent review of guidance. Feedback was provided and included in the working document for suggested improvements.
- **Peer regulator guidance review:** We looked at GMC, NMC & GDC guides to gauge whether we had missed critical subject areas & to understand if current parts of the guidance required further elaboration/clarification.

Actions to be carried out:

- Consultation focus groups – including formal engagement with groups with particular protected characteristics. This will seek to engage a range of stakeholders who represent the diversity within protected characteristic groups to gain advice on our possible outcomes and updates.
- Direct feedback mechanisms (education inbox)
- One to one interviews
- Explore concerns raised around equality, diversity and inclusion in OEIs
- Gain views around the implementation of the developed guidance
- Explore equality, diversity and inclusion issues that have arisen with peer regulators
- Engage with osteopathic students with specific protected characteristics to gain feedback to reflect on our current thinking and ideas and inform potential changes and additions to the guidance going forward. This would be to better understand their current experiences and what impacts they currently face.
- Identify the kind of data we might want to collect that may form part of our Annual reporting process.
- Review EDI data from other sources (annual reports)
- Expert/stakeholder panels to review changes

February 2025

The consultation took place from 13 September to 27 November 2024.

We publicised this using a range of outlets, including our e-bulletin and direct communication via email with key organisations and groups, including:

- **Monthly ebulletin to osteopaths:** in September, October and November issues, inviting osteopaths to share their views
- **Quarterly ebulletin to students:** in October and December issues.
- **Website**: the consultation had its own page on the website with a link to the consultation document. Plus highlighted on the o zone and get involved spot

on the website. The Welsh web page will have the Welsh version. A news story was published to the website.

- **Social media:** posted to social media when we launch the consultation and at various points across the 11 week period.
- **Targeted emails:** to key partners to let them know it has launched, to encourage their feedback and views, including:
  - Council of Osteopathic Education Institutions
  - National Council for Osteopathic Research
  - Institute of Osteopathy (iO)
  - Osteopathic Alliance
  - Osteopathic Communication Network
  - Post graduate course providers
  - Patients
- **In-person events** including the iO roadshows where we discussed with the participants we met.

Focus groups

We carried out 3 focus groups with students, 2 with educators and 2 with patients with experience and interest in the area of health and disability.

Step 3 – Data collection and evidence

Prompts: In completing this section think about the data and evidence that you have already collected and, when completing the EIA at an early stage of the development of the policy or activity, the data that will be collected through consultation. Where possible, try and show this separately and update your EIA as the policy or activity progresses.

Do you need to undertake further research or data collection? But remember, you will never have a perfect set of data in which to make a decision.

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

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

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**

- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

Evidence:

We have data on ethnicity, sex and disability for students enrolled at osteopathic educational institutions (see above).

- Questionnaire

- **If relevant, on the Welsh Language?**

The current guidance for students is available in Welsh, as will be the updated guidance when published.

In the consultation we ask about impact on the use of the Welsh language.

February 2025

No issues impacting on the use of the Welsh language were raised as a result of the consultation. This included a focus group with students at a Welsh education provider.

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

- New data/information/research to be gained from the consultation activities

The contribution of students with protected characteristics is important. This is to ensure that the outcomes are relevant and appropriate. We will and did conduct specific focus groups with those who have protected characteristics. We will seek to gain a good representation of the diversity within these protected characteristic groups to advice on potential outcomes.

We could promote direct feedback mechanisms such as the education inbox. It is a convenient was to provide feedback. This also provides assurance that feedback is being received by the right team. Documentation can be recorded and tracked systematically helping identify reoccurring themes, concerns and suggestions. This

transparent approach contributes to collaborative working giving all stakeholders an open opportunity to engage in the process.

- One to one interviews
- Webinars: can be topic focused, questions can be asked by stakeholders on one specific area
- Explore concerns raised around equality, diversity and inclusion in OEIs
- Gain views around the implementation of the developed guidance
- Explore equality, diversity and inclusion issues that have arisen with peer regulators
- Engage with osteopathic students with specific protected characteristics to gain feedback to reflect on our current thinking and ideas and inform potential changes and additions to the guidance going forward. This would be to better understand their current experiences and what impacts they currently face.
- Identify the kind of data we might want to collect that may form part of our Annual reporting process.
- Review EDI data from other sources (annual reports)

February 2025

Our consultation on the updated guidance involved communication with students, educators and patients, some with a particular interest in health and disability issues. Although the written consultation responses were limited (only 3), the responses provided were very helpful and insightful, and alongside the focus groups conducted, meant that we received thorough feedback that has enabled us to finalise the guidance.

Step 4 – assessing impact and strengthening the policy

Prompts: Think about each of the nine protected characteristics and consider the potential positive and negative impacts on each group. If you have identified a negative impact on a particular group, what are the actions that you plan to take to address the negative impact, if at all? Think about what else you might be able to do in order to strengthen equality further in relation to your policy or activity.

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and on the Welsh Language?
 • **Disability?** • **Gender reassignment?** • **Marriage or civil partnership?**

- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- A strong need to understand the guide clearly to support those with serious conditions (such as MS) is very important.

- More guidance is required around social anxiety

- Needs to be clearer on how concerns can be raised for those that fall within the protected characteristics.

- Guidance around creating a more inclusive environment is required.

- More information and advice around educational resources and support

- Identified additional mental health support

- **If relevant, on the Welsh Language?**

Guidance to be made available in Welsh

February 2025

We explored this in the consultation. The updating of case scenarios was aimed at exemplifying how cases might be managed and the types of adjustments that might be made to support students. We made these gender neutral when gender wasn't a relevant issue.

We have made greater reference in the guidance documents to neurodiversities, and signposted to updated guidance on reasonable adjustments.

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

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- **If relevant, on the Welsh Language?**

No, we are to treat the Welsh language the same as English so would produce guidance in Welsh.

February 2025

No issues arose in this respect during the consultation.

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

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- Consistency in language. Also updating terminology (Aspergers no longer referred to and included in the autism spectrum)

- Clarity and further guidance around reasonable adjustments

- Encouraging a more inclusive environment

- More information and advice around educational resources and support
- Good case examples. Relevant case examples help to bring realistic context to a particular policy, therefore generating a better understanding of the policy or guide.

- **If relevant, on the Welsh Language?**

No, we are to treat the Welsh language the same as English so would produce guidance in Welsh.

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

- Involving subject specialist to advise on the guidance
- Focus groups with those with protected characteristics and diverse needs
- EDI resource evaluation

The guidance explicitly references and requires knowledge of equality and diversity legislation as a requirement of their provision of services to patients.

This review is necessary to evaluate the negative impacts on those with protected characteristics that can be addressed. We will evaluate the implantation of the updated guide.

Specific areas such as:

- Clinical support
- Reasonable adjustments

Will require a thorough assessment to ensure institutions have the correct guidance to support students in their phases of clinical and theoretical assessments.

February 2025

The updated guidance was generally positively received in consultation feedback. We have made some further changes post consultation as a result of feedback – for example, updating case scenarios to reflect what would happen in practice more accurately. Some feedback indicated that further case scenarios and stories would be helpful. Whilst we have not added further cases to the documents at this stage, we do intend to collaborate with students, graduates and educators to develop resources as part of the implementation stage. These might include videos for example, to illustrate the application of the guidance in practice, and to show success stories of students studying with a health condition or disability.

Step 5 – making a decision

Prompts: In completing this section, consider all of the data you have collected, the potential impact (positive and negative) on all of the protected characteristics. Where do you see your policy or activity now? You have four options:

a. No barriers or impact were identified, therefore activity will proceed.

b. You have decided to stop the policy or practice because the evidence shows bias towards one or more groups.

c. You have adapted or changed the policy in a way which you think will eliminate the bias.

d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

Now summarise your decision and think about how you might explain this to someone outside of the GOsC who has little to no understanding of healthcare regulation.

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.
Questionnaire findings • More clarity around reasonable adjustments • Address social anxiety and guidance on support • To be simplified • Promote and encourage a more inclusive environment • More information around student support services (welfare office) • More guidance around spreading or adjusting clinical hours to support those that suffer from serious health conditions such as MS • Mental health support External expert findings: • Language (gender neutral) • Consistency in phrases

• More detail on misconduct – examples would include sexism, racism, homophobia and disablist. • Some grammatical corrections • Making case examples gender neutral where relevant • Health concerns – including mental health • More detail around neurodiverse conditions
What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?
• Present changes/findings to the committee & focus groups • Evaluating feedback • Consultation strategy to engage with key stakeholders
What practical actions do you recommend to include or increase potential positive impact?
• Sharing of good practice • Effective use of feedback provided • Obtaining diverse perspectives from stakeholder groups. • Publicising successful pathways in relation to equality • Notifying stakeholder groups of the updated guidance **February 2025** We have carried out a through consultation process that has generated insightful and helpful feedback that has enabled us to finalise the documents, and further develop an implementation plan.

Step 6 – monitoring, evaluation and review

Prompts: If the policy or activity is to be introduced, in this section think about how you plan to measure the impact and effectiveness once it has been introduced. How will you do this? How frequently will you monitor the policy or activity? Which individuals or groups will you be asking/collecting data from to inform the monitoring, evaluation and review.

How will you monitor the impact/effectiveness of the policy/activity?
• Gain feedback after the implementation of the new guide • Monitor if there has been a reduction in complaints/certain type of complaint • Identify a date for review

What is the impact of the policy/activity over time?
• Change in culture • Reasonable adjustments being more effective • Improved understanding of support required/given by OEI • Students have better access to support
Where/how will this EIA be published and updated?
The EIA will be published alongside the Guidance

Step 7 – action planning

Prompts: The final section of the EIA is to detail the actions which have arisen as a result of completing the EIA and who is the person responsible for those actions and the date by which they will be completed.

Please detail any actions that need to be taken as a result of this EIA		
Action	**Owner**	**Date**
February 2025	S Bettles	7 February 2025
An implementation plan needs to be completed to provide or signpost more accessible resources and guidance (for example videos) to take account of the consultation responses in these areas. We will also need to seek further expert advice on the development of these resources.	F Browne	23 February 2025

General Osteopathic Council

Council
15 May 2025
Registration report

Classification	Public
Purpose	To note the registration statistics for the six-months to 31 March 2025.
Issue	The paper provides an update on registration activity covering the six-month period from 01 October 2024 to 31 March 2025.
Recommendation	To note the content of the report.
Financial and resourcing implications	The primary source of income for the GOsC is from registration fees, and therefore any movement in the Register has an impact on our annual income.
Equality and diversity implications	The paper provides a range of data about our registrants which relates to equality and diversity, for example, age profile and gender balance.
Communications implications	None
Annex	Registration data
Author	Ben Chambers

Key messages from the paper:

- At the end of March 2025 there were 5,596 osteopaths on the Register.
- The number of non-practising registrants stands at 187 at the end of March 2025.
- Ten return to practise assessments were completed in the reporting period. Four registration assessments, connected to internationally qualified applicants were completed.

Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 October 2024 to 31 March 2025.

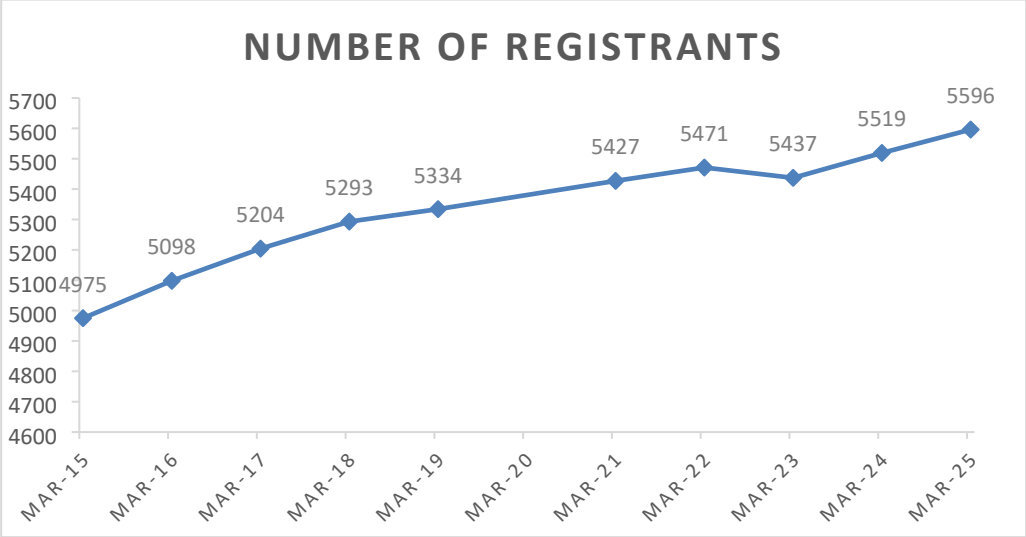
Recommendation: To note the content of the registration report.

Registration data

Number of registrants

1. At the end of March 2025, the Register contained 5,596 registered osteopaths.

2. The graph below outlines the number of registrants, from March 2015 to present, to give Council members an overall picture on the average growth of the register.



Gender and age split of registrants

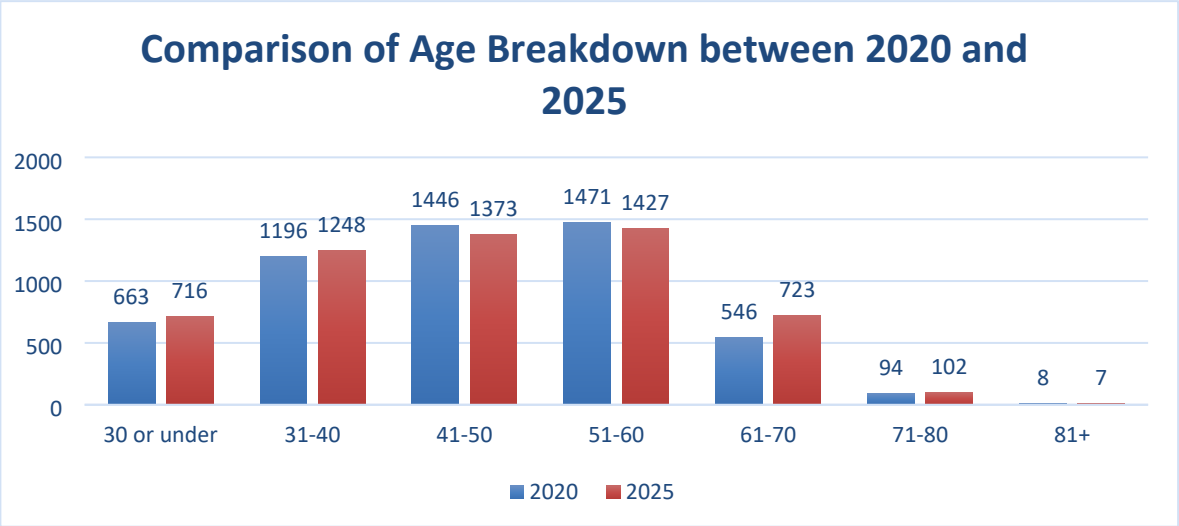
3. At the end of March 2025, split by gender, the Register comprised of 2,936 female registrants (52.46%) and 2,660 male registrants (47.54%).

4. Twelve years ago (March 2012) the Register contained 4,584 osteopaths, with the female to male registrant ratio being 49:51. Over this period the Register has grown by just over 1,010 osteopaths and there are now a greater proportion of female registrants compared to male registrants.

5. The age breakdown of the Register at the end of March 2025 was:

Age	**Total registrants**	**Of which**	
		Practising	**Non-practising**
Under or equal to 30	716	682	34
31-40	1,248	1,189	59
41-50	1,373	1,331	42
51-60	1,427	1,398	29
61-70	723	700	23
71-80	102	102	0
81+	7	7	0
Total	**5,596**		

6. As requested in November 2024, I have included details of the age breakdown of the Register as it stood in September 2020 with 5,424 registrants (the first time the age breakdown was reported to Council in full) so members can see the comparison:



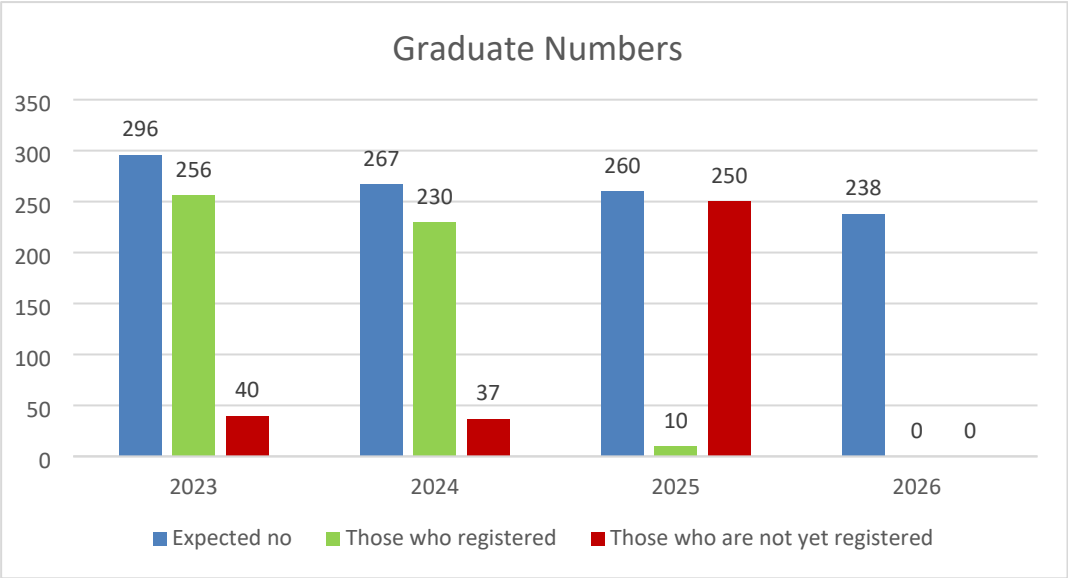
7. The number of individuals in each age category has broadly remained the same, apart from the 61-70 age category, with an increase of 177 registrants in the last five years.

8. 14.87% of the register are aged 61+. This is something which we need to factor into the longer term financial planning for the GOsC, as a reasonable assumption is that a proportion of registrants in this group may leave the Register in the next 5-10 years.

Number of final year students

9. The information set out in the table and graph below outlines the number of students we are expecting to graduate and the number of UK graduates who subsequently registered with the GOsC:

Graduation year	**Graduate numbers (est)**	**Of which**	
		Registered	**Unregistered**
2023	296	256	40
2024	267	230	37
2025	260	10	250
2026	238	-	-



10. It should be noted that the majority of UK graduates qualify and subsequently register between the months of June to October each year so we are yet to see any significant movement in graduate numbers for 2025.

Entrants to the Register (01 October 2024 to 31 March 2025)

Total number of entrants to the Register	66

of which

First time applications	48
Restorations to the Register (taking a break)	18
Restorations to the Register (following FtP case)	-

of which

Number of registrants living in the UK	64
Number of registrants living overseas	2

Removals from the Register (01 October 2024 to 31 March 2025)

Total number of removals (excluding resignations, retirements and death)	17

of which, those removed for

Non-compliance with CPD	3
Non-payment of fee	8
Unacceptable professional conduct	-
Under PII Rules	6
Fraudulent application to the Register	-

11. We previously discussed the option of providing a snapshot in time concerning removals from the register rather than the full list of statistics since the reporting of removals began in 2011. Following staff training, where it was highlighted that reporting statistics of less than 10 individuals could result in them being identified, we have decided to continue reporting the full list of removal statistics.

12. Since the reporting of statistics to Council began, 480 registrants have been removed from the Register. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

13. Of those registrants removed from the Register, 72% (335 registrants) were below the age of 50.

14. The age range per reason for removal is set out in the table below.

Age range	**Number of registrants**	**Removed for fee non-payment**	**Removed for CPD non-compliance**	**Removed under FtP proceedings**	**Removed under PII Rules or fraudulent application**
20-29	77	54	19	1	3
30-39	138	69	49	3	17
40-49	131	62	39	10	20
50-59	82	27	29	7	19
60-69	36	9	6	5	16
70+	16	6	4	2	4
Total	**480**	**227**	**146**	**28**	**79**

Removals from the Register (gender)

15. The total number of registrants removed from the Register since reporting of statistics to Council began in October 2011, indicates 55:45 split between male to female registrants removed from the Register.

Gender	**Number of registrants**	**Removed for fee non-payment**	**Removed for CPD non-compliance**	**Removed under FtP proceedings**	**Removed under PII Rules or fraudulent application**
Male	266	123	77	26	40
Female	214	105	69	2	38
Total	**480**	**228**	**146**	**28**	**78**

Reasons for resignations (01 October 2024 to 31 March 2025)

Total number of resignations	84

of which, the reasons cited were

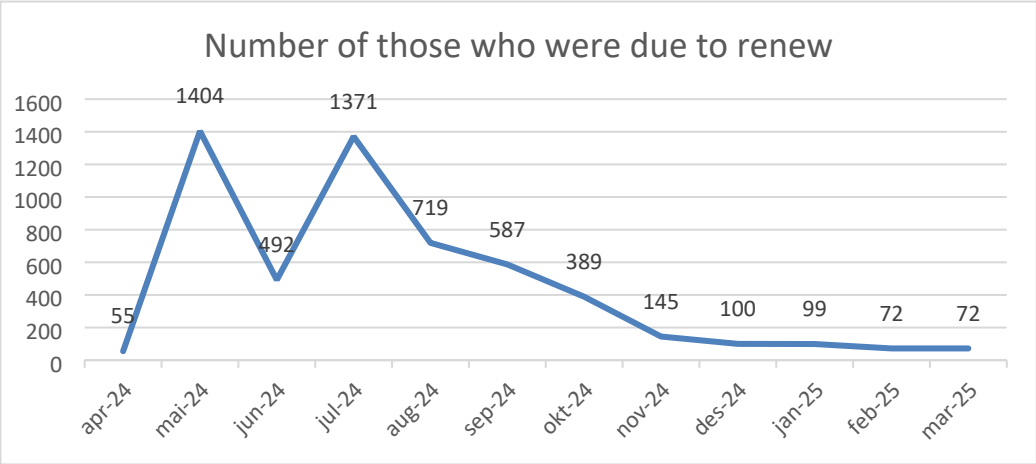
		Average length of registration with GOsC
Moving overseas	26	3 years
Career change	10	7 years
Retired	34	25 years
Other *	14	25 years

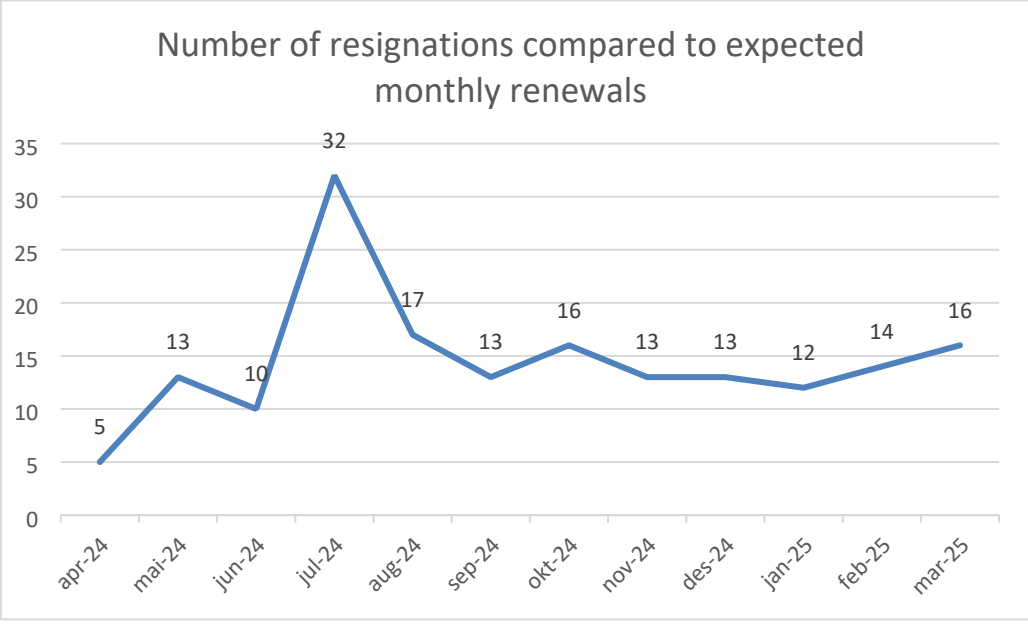
**Other includes the following reasons; Ill health/deceased, No longer practising, Cannot afford fee, Taking a sabbatical, Family/personal reasons, Does not like GOsC/agree with policy and No reason provided. Due to persons being potentially identifiable if reporting less than 10, these have been consolidated.*

16. The number of resignations is broadly consistent with the same period in the previous year (52 in March 2024) which reflects the nature of registration renewals that happen monthly rather than at a single point in time.

Resignations from the Register (by month)

17. As the GOsC does not have one fixed date of renewal for all registrants, there are certain months in the year where more registrants will be due to renew their registration than others. In the past, we've found this tends to correlate with the number of resignation requests received in those periods as well, however in 2024 resignation requests have been more evenly spread out, particularly in the later part of the calendar year:

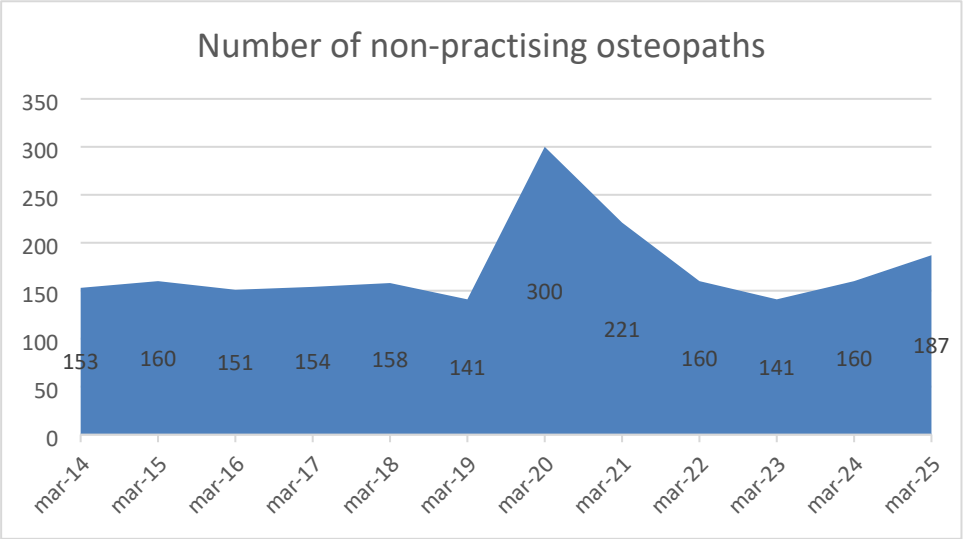




Non-practising registrants (as of 31 March 2025)

Total number of registrants who are listed as non-practising	187

18. Based on the statistics reported to Council since October 2011, at any one-time GOsC has on average 154 registrants who are out of clinical contact with patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.



Return to practice activity (01 October 2024 – 31 March 2025)

19. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves a self-assessment activity, which may then be followed by a meeting with two trained Return to Practice Reviewers.

Total number of applicants who went through the Return to Practice self-assessment process	10

International Registration Assessment activity (01 October 2024 – 31 March 2025)

20. A total of four registration assessments were completed in the reporting period.

Number of Non-UK Review of Qualifications	2
Number of Further Evidence of Practice forms	1
Number of Assessments of Clinical Performance	1

21. In the year 2024-25, we conducted 34 return to practice and international registration assessments (46 in 2023-24).

General Osteopathic Council

12

Policy and Education Committee

Minutes of the Policy and Education Committee held in public on Thursday 6 March 2025, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference.

Unconfirmed

Chair: Professor Patricia McClure (Council, Lay)

Present:
Gabrielle Anderson (Council Associate) [Online]
Dr Daniel Bailey (Council, Registrant)
Dr Marvelle Brown (Independent, Lay)
Bob Davies (Independent, Registrant) [online]
Gill Edelman (Council, Lay)
Simeon London (Council, Registrant)
Professor Raymond Playford (Independent, Lay) [online]
Laura Turner (Council Associate)
Nick Woodhead (Independent, Registrant)

Observers with Speaking Rights:

Fiona Hamilton (alternate for Sharon Potter), Council of Osteopathic Educational Institutions
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Dr Jerry Draper-Rodi, National Council for Osteopathic Research [online]
Maurice Cheng, Chief executive of Institute of Osteopathy. [online]
Sally Gosling, Institute of Osteopathy (item 8) **[joined online 1524]**

In attendance:
Steven Bettles, Head of Education and Policy
Fiona Browne, Director, Education, Standards and Development
Rachel Heatley, Senior Research and Policy Officer [online]
Jo Clift, Chair of Council (Chair of Council, Observer) [online]
Nerissa Allen, Executive Assistant to the Chief Executive and Registrar
Lorna Coe, Governance Manager
Will Shilton, Mott MacDonald (QA provider)
Hannah Warwick, Mott MacDonald (QA provider)
Liz Niman, Head of Communications, Engagement and Insight
Banye Kanon, Senior Quality Assurance Officer
Darren Pullinger, Head of Resources and Assurance

Matthew Redford, Chief Executive and Registrar [online]
Paul Stern, Senior Research and Policy Officer
Jess Davies, Senior Engagement Officer: Content and Diversity Lead (item 6)

Observers with No Speaking Rights:

Dr Gill Jones, Chair, Institute of Osteopathy Policy and Standards Committee [online]
Jane Easty, Representative of the Sutherland Cranial College [online]

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:

   - Dr Gill Jones, Lay Chair, Institute of Osteopathy Policy and Standards committee.
   - Jane Easty, Representative of the Sutherland Cranial College.

2. Apologies were received from:

   - Dr Stacey Clift, Head of Research and Data Insight.

Item 2: Minutes and Matters arising.

3. The minutes of the meeting of October 2024 were agreed as an accurate record of the meeting.

4. The following decisions made electronically since the last committee meeting were to be formally recorded at the meeting of 6 March 2025:

   a. UCO School of Osteopathy, Health Sciences University Visitor decision:

      To note the update about the merger.

      To agree the draft updated review specification at the annex.

      To agree the appointment of Ana Molares Bargiela, Dr Brian McKenna and Sandra Stephenson as Visitors for the review of changes to delivery to UCO's following programmes:

      - *Bachelor of Osteopathy (BOst)*
      - *Integrated Masters of Osteopathy (MOst)*
      - *MSc Osteopathy (Pre-Registration) (MScPR)*

   b. BCNO Group Visit decisions:

To agree that the visit on 18-20 February will go ahead, focused solely on the proposed new three-year programme to be delivered at BCNO's Maidstone campus. The visitors will not need to visit the London campus at this visit.

To note that we will put into place plans to review the existing BCNO programmes later this year and will report to the Committee with an RQ specification and visitors for approval in due course.

Item 3: Artificial Intelligence and implications for osteopathic regulation:

5. Paul Stern, Senior Research and Policy Officer introduced the item which was a continuation and update on the work being conducted in AI. The key messages were:

   a. Developments in AI were continuing at a rapid pace and GOsC had been engaging with education providers, osteopaths and other stakeholders to gather information about how AI was being used in osteopathic practice and education.

   b. GOsC had also met with other regulators to consider their work in this area and to understand the potential for joint approaches e.g. a joint statement.

   c. Both osteopaths and osteopathic education providers were clear that they did not want GOsC to create any new regulatory requirements and to focus any statement on osteopathic practice first.

   d. Therefore, the proposal was for a statement centred around osteopaths' responsibilities when using AI, aligned with what was set out in the Osteopathic Practice Standards.

   e. Committee members' views and thoughts were invited on the proposal and draft statement as set out at Annex C.

   f. Inter regulatory work has been undertaken to share insights to understand what they were doing and have been considering a possible joint approach given many issues will be the same. GOSC had chaired an inter-regulatory group on AI in healthcare education and profession.

   g. Findings from the discussions showed:

      - Students have been using AI in studies and educators had taken different approaches to it. Generally, educators were worried about the creation of policies that might stifle innovation or create tensions with existing policies they have regarding academic integrity.

- The small group of osteopaths GOsC had spoken to have been using AI in administrative tasks not clinical decisions. They viewed AI positively for note taking and it helped with patient communication, sharing notes with patients to reduce potential misunderstandings. Some were less positive and concerned about the impact on a patient centred approach to consultation.

- AI cannot replace hands on osteopathy and there was a risk of deskilling. Key thinking skills remained important. The practitioners must remain responsible for clinical decisions taken when using AI.

h. The suggested statement linked with the osteopathic standards of practice as wanted to make it clear AI did not replace key osteopathic skills and strikes balance in championing innovation and public protection.

i. The proposed next steps were:

- to consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.
- to agree to consult on the Draft Artificial Intelligence in Osteopathic Practice Statement.
- to continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.
- to continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health profession regulation.

6. In discussion the following points were raised and discussed:

a. The Committee commented that the approach was well informed and was a balanced, rather than prescriptive, response to the development of AI.

b. Committee felt that, from a governance perspective, the main risks had been identified i.e. accountability, confidentiality and being sensitive to inequalities of the adoption of AI.

c. It was suggested that in the draft specifically paragraph 2, Line 3 there might be a missing word.

d. It was suggested in paragraph 4 the phrase 'hold the ring' may be replaced with a more universally interpreted word.

e. Committee noted that as the statement was advising osteopaths they must have appropriate insurance coverage if using AI, it would be prudent that GOsC were certain the insurers were across this before issuing.

It was advised that GOsC had met with the insurers around AI and will continue to engage with them to ensure understanding.

It was advised that the Insurers had told them that few people were raising AI as an issue and generally insurers were quite relaxed as osteopaths were using it to inform their thinking similar to how they used Google, therefore the same principles applied in terms of using professional knowledge.

f. The National Council for Osteopathic Research representative wondered whether there were expectations that osteopaths register with the ICO and if that should be included in the statement. Even if a registrant had handwritten notes but used AI to write a letter to a GP, for example, they should be registered.

It was confirmed that there were requirements in the standards about the maintenance of records and compliance with legislation but would consider further how the use of AI might change requirements of the data controller.

g. It was suggested that the statement be made clearer what was meant by regulators to ensure no confusion.

The executive explained that there were some clinical diagnostic tools that were regulated by MHRA. Osteopaths were not using them at present but if they started to then they were signposted to MHRA.

h. The Council of Osteopathic Educational Institutions representative commented that it was good to see the statement did not add requirements rather it provided an explanation but suggested a flowchart may be a helpful addition for the neurodiverse.

The executive agreed to look at other ways to present the information.

i. The Committee asked what the general sense of interest was across the profession and if osteopaths were willing to embrace AI or feared it.

It was advised there was a mixture. Those who used Heidi AI (transcription software) said it saved lots of time and that they had looked at what it does with information and how it stores patient information.

j. It was pointed out that the executive was not advocating for any particular AI tool.

k. Moreover, the statement was not saying osteopaths had to use AI – it was providing guidance on what to think about if they were considering it and making it clear that it did not replace accountability or human touch.

l. There were risks around hallucinations (where AI could make up responses where it did not know the answer) so professional knowledge and critical thinking skills were still needed.

m. Moving forward different stakeholders would be engaged to consider and finesse the statement with a view to reporting back to PEC in June.

n. Committee asked what other research had been done– around broader understanding of how AI was being used in practice and understanding osteopaths' confidence and thinking about how they might use it.

It was confirmed that research was being done at GMC.

o. Committee pointed out that there was a risk for osteopaths who used AI for advertising on social media, for example, whose understanding could be outpaced by the speed at which things were progressing and noted the importance of accountability, suggesting that training courses on how to use AI for practitioners could be helpful.

The executive suggested that case studies in the statement could support that.

p. The Council of Osteopathic Educational Institutions representative commented that there were some osteopaths using AI who did not realise they were and noted the gap between those interested and knew about AI and others who only tinkled around the edges which a survey might not tease out.

q. A recent NCOR survey of just over 10% of the osteopathic profession suggested there was a significant number still using paper notes for patients so not sure if there would be sufficient numbers of those already using AI to survey.

r. The Osteopathic Alliance representative suggested there could be osteopaths who were using AI tools without fully understanding the risks and suggested a quick survey of those who had already been spoken to, to ask what could make the draft statement more meaningful.

There were also assumptions that those using the tool were more aware of the risks and liabilities and suggested GOsC check that this was the case and to ensure the statement captured those points also.

The executive advised that the focus group were asked if they had considered things such as patient confidentiality, how they included that in their privacy notice, where the data was stored, how AI was used etc.

In terms of publication Q&As were also being considered.

s. Committee suggested that June was potentially too far away given the speed AI was moving. For example, Google AI came up before anything else so osteopaths needed to be aware of where they were getting the information. Even a statement of where information came from and who regulated that information would be useful.

The executive agreed that interim guidance could be issued to osteopaths noting that GOsC continued to consult on and update it, similar to the interim guidance issued during the pandemic.

Considered: Committee considered the feedback received to date from stakeholders.

Feedback: Committee provided feedback on the Draft Artificial Intelligence in osteopathic practice statement and requested that some interim guidance be issued as soon as possible in the meantime.

Agreed: Committee agreed the approach to next steps:

- **To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.**
- **To agree to publish the interim Draft Artificial Intelligence in Osteopathic Practice Statement and to continue to obtain feedback on the statement.**
- **To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.**
- **To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.**

Item 4: Transition into Practice and next steps

7. The Senior Research and Policy Officer introduced the item which covered the next phase of research that had been conducted looking at enablers and barriers for successful transition to practice and explored further some of the issues that had arisen.

a. Rachel Heatley, Senior Research and Policy Officer, Matthew Rogers and Sally Gosling of the iO presented at the Osteopathic Development Group on the research findings and it was clear that there was a need to explore the appetite for collaboration as well as enable individual stakeholders to air their concerns.

b. GOsC and the iO have been meeting stakeholders since January who initially shared their concerns but the continued conversations were productive for two reasons:

   i. there were some pockets of good practice happening across all aspects of the sector and there was a desire to know where it existed.

   ii. Many had not spoken to GOsC before so there was a real diversity of thought that emerged and colleagues were very kind in sharing thoughts on what should be on the agenda, structure and aim of it.

c. Common themes were some first-time graduates may need additional support with business skills and perhaps mentorship from alumni could be a helpful route.

8. The key messages and following points were highlighted:

   a. Transition into practice was important for osteopaths and patients in terms of quality of care and also recruitment and retention. A successful transition into the workplace with good support networks and communities were more likely to be conducive to high quality osteopathic care, resilience and good health and wellbeing, reducing professional isolation.

   b. GOsC research showed that there were enablers that were predictive of a positive transition into practice and barriers predictive of a less successful transition into practice and ongoing professional development. In addition, previously commissioned GOsC research on preparedness to practise by Professor Della Freeth and the work undertaken by the Institute of Osteopathy on preceptorship had informed the further development of this work.

   c. The paper updated on the collaborative actions as GOsC worked with stakeholders to identify next steps. In particular, in order to bring stakeholders together to collaborate on the next steps, GOsC had developed principles for collaboration and undertaken significant additional engagement to co-produce an agenda for next steps.

   d. The paper was coming to the Policy and Education Committee to enable members to reflect on the work undertaken to date and to reflect on any gaps.

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

   a. The Chair commended Rachel Heatley on the work done in this area.

b. Committee noted that it was a very thorough approach and commended the level of work completed. It was suggested there may be a potential synergy with this and the trends in registrants coming off the register which could provide some insight to questions or unknown issues.

Considered: Committee considered and provided feedback on the progress of the transition into practice project.

Agreed: Committee agreed the approach to next steps which were further one to one meetings with stakeholders and to hold a joint workshop with the Institute of Osteopathy for stakeholders.

Item 5: Health and Disability Guidance

10. The Head of Education and Policy introduced the item which was an update to the current guidance for students and educational institutions. It was reported to the PEC a year ago but the executive has been responding to feedback from students who wanted an easy read overview.

11. The key messages and following points were highlighted:

    a. The paper reported on the results of the consultation on the updated guidance (Annex A):

        - Studying osteopathy with a disability or health conditions: guidance for applicants and students
        - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
        - Easy Read versions of each.

    b. Post consultation changes were shown in red in the annexes B and C.

    c. Agreement was sought from the Committee to recommend the updated guidance to Council for publication.

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

    a. The executive had been thinking how to publish, implement and develop the resources around the guidance and use that as an opportunity to attract more case studies. Committee suggested adding in the video clips would be helpful to draw attention to it.

    b. Committee commented that the approach was good but considered the easy read version was geared more to an individual with a learning or communication disability and some individuals could find it patronising.

It was suggested that explaining why the document had been produced could be helpful and noted that all GOsC documents should have an easy read version.

The executive agreed that would be taken on board.

c. Committee questioned whether it was clear that individuals were supported to share with others the fact they had a disability noting that the support could only be put in place if it were known an individual had a disability.

The executive agreed to make it more explicit but without suggesting it was mandatory.

d. In relation to the easy read document, the Committee discussed the section 'what osteopathy is' and wondered if in making the explanation accessible, it did not sound distinctive from other health professions and whether it risked irritating osteopaths who were keen that people understood their expertise that differentiated them from other healthcare professions.

e. It was also agreed that there needed to be consistency in how the profession was described in the easy read documentation.

f. The Secretary to the Osteopathic Alliance commented that the language and the imagery in the easy ready guidance where either the institution, the student or both opt for the student not being suitable for their training was overly negative, with one saying 'we have done everything we can' and asked for more positive text and images to be considered to offer a more supportive approach.

The executive agreed they would review the easy reads and revert.

Considered: Committee considered the outcome of the consultation on updated guidance:

- **Studying osteopathy with a disability or health conditions: guidance for applicants and students**
- **Students with a disability or health condition: Guidance for Osteopathic Educational Providers**
- **Easy Read versions of each**

Noted: Committee noted the publication and implementation plans and the updated Equality Impact Assessment.

Committee requested that the updated guidance documents be amended before recommending publication to Council.

BREAK 1449 - 1654

Item 6: Student Pilot Forum

13. The Senior Engagement Officer: Content and Diversity Lead, introduced the item which was to consider the purpose and approach to piloting the GOsC's first student forum. The key points were:

    a. Following discussion with students and others the proposal was for a student forum (similar to the Patient Forum model) to gather student views on the work of the GOsC to inform thinking and decision making, and to ensure the student voice was captured throughout GOsC's work as regulator and as part of the evidence base. Proposed topics that students would be engaging on have been proposed.

    b. The forum would be evaluated initially after a year (4 meetings in one year) and assuming it continued once it was established a more robust evaluation would be done in a few years' time using a similar method to the patient forum.

    c. It would be a small group of students and GOsC would use their feedback as a broader strategic approach to student engagement over the next 2 years.

    d. This would support the DJS work by increasing knowledge of the role and showing them that GOsC was approachable and not to be feared.

14. Questions were suggested for the Committee to consider:

    - Engagement with students in GOsC work was low. Does the proposed purpose and approach outlined in the paper seem appropriate to increase engagement with students?
    - What gaps are present in our thinking?
    - Does the proposed approach align with GOsC values of being collaborative, influential, respectful and evidence informed?
    - Any other comments?
    - Is the Committee content for the pilot to be launched?

15. The following points were made and responded to in the discussion:

    a. The Chair of the Committee commented that this was an excellent forum to initiate as students were key to the future of the profession and it was useful for developing student leadership skills.

b. The question was raised in terms of ensuring all institutions were engaged and whether there would be one representative from each institution or if it were left open for the pilot.

   The Senior Engagement Officer advised that ideally there would be however it had been decided to leave it open for the pilot, so that no barriers were put in the way.

c. The question was asked why GOsC decided not to 'piggy back' on the iO student forum which had a ready-made audience and therefore give the organisation extra work to find new students.

   The Senior Engagement Officer advised that the two forums had different purposes. That of the iO was part of their governance structure that allowed students to bring their own topics, concerns and queries to the meetings to help the iO in its duties to promote the profession.

   GOsC's aim was to build direct relations with students and have a forum to focus on GOsC's work, demonstrate the desire to engage with students and give more control to the forum on what to discuss.

d. The Head of Comms added that from the Perceptions Research, it was clear that GOsC had work to do on building relationships with students, so opening that direct dialogue was important to the response.

e. It was noted that to ensure the most was gained from this forum, it was important that students had trust in the confidentiality of it and therefore keeping a distinction between GOsC and iO was key to them being open. Once established, the two forums could consider doing some joint work.

f. In response the Senior Engagement Officer agreed and noted that GOsC intended to have a charter, similar to that of the patient forum, which set expectations and made it clear that the meetings were confidential.

   Moreover, the primary focus of the student forum was topic specific to gain student views on those and not a forum to raise concerns about their experience.

g. It was noted that the key point was that the Forum was purposeful and a student would want to know that their contribution would add value to the profession by providing Council and PEC with a better understanding of a key stakeholder. It was suggested that this be brought out more as well as the benefits to them in terms of helping shape their careers and broaden horizons.

   The Senior Engagement Officer advised that those points would be emphasised to students when encouraging them to join and the forum will

close the feedback link so they know when their views have informed decisions at Council.

h. NCOR opined that the forum had two functions, the first being a consultation with students where a small group would be useful. The other purpose, to improve students' understanding of what GOsC did and increasing their trust in GOsC, would be more challenging with small numbers relying on the trickle-down effect with them informing their peers and asked how GOsC would assess and test those.

The Head of Comms agreed these were good points but GOsC needed to start somewhere and those points could be discussed with the forum and form part of the evaluation.

i. The Council of Osteopathic Educational Institutions asked how far in advance topics would be advised to help institutions to match up interested parties and whether substitutions would be acceptable.

The intention of the pilot was that whoever wanted to join could do so and then membership would adjust from there rather than only one student per institution. Students would be more than welcome to attend if there was a specific topic in which they were interested.

Considered: Committee considered and discussed the approach to establishing a Student Forum pilot.

Agreed: Committee agreed to launch the student forum pilot.

Item 7: London School of Osteopath – Recognition of RQ (reserved)

Fiona Hamilton, the COEI representative was asked to leave the room and not take part in this discussion.

The Director of Education, Policy and Standards declared that she had discussed the LSO response and supported LSO to make that response to the Visitors and offered to leave the room as needed.

Committee decided it was not necessary as they would not be taking part in the decision.

16. The Head of Policy and Education advised that the visit took place in October and a summary of the visit was in the paper and development of the report followed usual timelines. There were a number of recommendations and more than was typical albeit some were factual inaccuracies. GOsC supported the institution to respond to the recommendations which was no more than GOsC would do for any other institution.

17. Two key conditions were recommended by visitors and have subsequently been supplied by the institution and GOsC has seen them and recommended that the committee considered whether they had been met:

    a. A fully agreed and signed academic agreement (validation agreement).
    b. College must make available the updated strategic plan to last until 2026 as dated in the risk register to provide assurance of sustainability of the college.

18. Mott MacDonald added that the visitors were able to speak to a range of people and observed very loyal staff and students. The number of recommendations was more than was typical but they did feel it was a fair reflection of what they had seen and covered where the institution could build on existing strengths or improve on areas that were identified for development.

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

    a. Committee clarified that if it agreed these conditions had been met only the general conditions would appear in the published action plan.

    b. Committee asked, if having not been privy to the strategic plan, whether the executive could assure the Committee that it did provide the assurance of ongoing sustainability of the college.
    c. The executive advised that it was a plan up to June 2024 that had forward looking updates and as far as was possible with a strategic plan, it was confirmed that it showed ongoing sustainability.

Agreed: Committee agreed to publish the LSO RQ Visitor report which provided evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date.

Agreed: Committee agreed that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements.

Agreed: Committee agreed to request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting.

Agreed: Committee agreed to request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.

Item 8: Updates from Observers

Sally Gosling joined 1524.

20. Maurice Cheng, Chief Executive of the iO advised that the organisation had been working on a pre-registration apprenticeship concept for some time and it was now becoming a reality. Sally Gosling of the iO explained more about that piece of work.

    a. The iO have been working with the profession to look at progressing an osteopathic degree apprenticeship standard, fully linking into and seeking to meet the government's requirements in England for a degree apprenticeship standard for osteopathy to be progressed.

    b. Having formed a trail blazer group, which by definition had to be employer led, the iO have been progressing the formal proposal to develop an osteopathic apprenticeship standard with the hope that the finalised proposal received approval from the Apprenticeships Health Route Panel in April.

    c. The knowledge, skills and behaviours defined in the standard will have to fully align with GOsC's graduate outcomes. This was a fundamental part of the process and one the Institute of Apprenticeships was familiar with.

    d. The intention was to submit the full draft standard for approval in late summer however the iO was aware that, as the regulator, GOsC would have to be satisfied the draft met regulatory requirements and ideally that would be done at the June meeting of PEC but if that were not possible an extension to the timeline would be needed.

    e. There were other factors that could affect the timeline such as The Institute for Apprenticeships moving into Skills England, a new body created by the Government in April.

    f. Sally Gosling reiterated that the Director of Education, Standards and Development and the Head of Education and Policy had been involved in the developmental stages so there would be no surprises for the Committee.

    g. This was part of the process of developing an apprenticeship standard – once that has been approved for delivery any provider would have to meet GOsC educational standards and go through the RQ process.

21. The Council of Osteopathic Educational Institutions had nothing in particular to report and extended thanks to the osteopaths who had supported PEC (Nick Woodhead, Simeon London and Bob Davies) over a number of years as well as the departing lay members.

22. Santosh Jassal, Secretary to the Osteopathic Alliance provided an update:

    a. The OA had received more applicants for membership and were looking at how it could extend this to include individuals who wanted to support the work of the OA.

    b. The OA had been strengthening mentorship programmes at student and new graduate level.

    c. OA had been collecting data, the OCC in particular had been driving that forward to feed into the profession to strengthen the osteopathicness of the profession.

    d. The OA had received some feedback from students and faculty that would be fed back to GOsC.

    e. The OA thanked GOsC for the PEC Development Day noting some actions for undergraduate colleges had come out of that.

    f. The OA extended sincere thanks to all members of the committee who had offered their expertise for so long.

23. The National Council for Osteopathic Research provided an update:

    a. A project had been completed that assessed the trustworthiness of clinical trials in osteopathy and the manuscript was under revision with the intention to run a webinar to explain the findings once complete.

    b. Jerry Draper-Rodi chairs the Research Standing Committee of Osteopathy Europe and they had been working on another webinar and Q&A on how to write a paper to engage more in academic writing.

    c. Another Osteopathy Europe project was an international survey to understand the practice of osteopaths regarding the management of infants under 2 years. This came about following the publication from the Physiotherapy profession in June last year where they claimed that osteopaths were unsafe by using HVT techniques on infants. It was felt this did not represent what was being done but needed data to support. This was being collected from educators and clinicians.

    d. Started OA funded work around adverse events in osteopathy and have appointed Liz McGill to the role with regular bi-weekly meetings in place.

    e. NCOR research network – practice-based research network was going well with lots of activity and led by Dr Daniel Bailey. A lot of the work was

around workforce planning and some funded by GOsC looking at the choice for training as an osteopath to support OAI recruitment.

f. There was also a piece of GOsC funded research underway looking at reasons osteopaths left the register.

g. Other work not funded by GOsC was around the analysis of difference in osteopaths with more or less than 10 years in practice because that was one of the indicators, that those in practice longer, were at risk of concerns and complaints against them.

h. NCOR were undertaking a survey, based on existing and validated tools, on the career choices osteopaths were planning for the next 5-10 years.

i. Jerry Draper-Rodi will attend the Osteopathy Europe AGM meeting in 2 weeks' time.

24. The Chair asked Jane Easty, Representative SCCO and Dr Gill Jones iO Policy and Standards committee if they had any questions, comments or updates to provide:

a. Jane Easty, Representative SCCO, stated that they were looking forward to working together and noted it was good to be taking their own part in discussion and hopefully having speaking rights at relevant meetings. Jane Easty also commented how she had really enjoyed the PEC development day.

b. Dr Gill Jones, iO Policy and Standards committee, thanked GOsC for inviting her to attend and commented that the discussion on AI had been really important and understanding GOsC's role in any misuse.

Item 9: Any other business

25. There was no other business.

26. The Chair thanked Simeon London, Marvelle Brown, Ray Playford, Nick Woodhead, Bob Davies and Laura Turner for all their work whilst on the committee which had been a huge commitment. The Chair noted that their expertise and experience would be missed and Committee members were sad to see them go but wished them all the best in their new endeavours. The Chair hoped that they would keep in touch.

27. The Chair thanked everyone for their engagement at what was a busy meeting.

Item 10: Date of the next meeting:

- **Policy and Education Committee Tuesday 10 June 2025**