

Public Meeting of Council

Thu 12 February 2026, 12:30 - 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

12:30 - 12:30 1. Welcome and apologies

0 min

Information *Joanna Clift*

 Public Agenda - February 2026 - FINAL.pdf (2 pages)

12:30 - 12:30 2. Questions from observers

0 min

Information *Joanna Clift*

12:30 - 12:30 3. Minutes of the 129th Public Meeting of Council

0 min

Decision *Joanna Clift*

For approval

 Public Item 3 - Unconfirmed Public Council Minutes, November 2025 - FINAL.pdf (16 pages)

12:30 - 12:35 4. Matters arising

5 min

Information *Matthew Redford*

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

12:35 - 12:45 5. Chair's Report

10 min

Information *Joanna Clift*

For noting

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

12:45 - 13:00 6. Chief Executive and Registrar Report

15 min

Decision *Matthew Redford*

For decision and for noting

 Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (12 pages)

13:00 - 13:20 7. Assurance reporting

20 min

Information *Matthew Redford*

For noting

 Public Item 7 - Assurance reporting - FINAL.pdf (1 pages)

7.1. Business Plan monitoring report to 31 December 2025

Information *Matthew Redford*

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For noting

📄 Public Item 7 - Annex A - Business Plan Monitoring, 31 December 2025 - FINAL.pdf (29 pages)

7.2. Financial report to 31 December 2025

Information Darren Pullinger

For noting

📄 Public Item 7 - Annex B - Finance Report, December 2025 - FINAL.pdf (14 pages)

13:20 - 13:40 8. Fitness to Practise report and dataset

20 min

Information Sheleen McCormack

For noting

📄 Public Item 8 - FTP Quarterly Report (Q3) - FINAL.pdf (9 pages)

8.1. FtP Dataset

Information David Bryan

For noting

📄 Public Item 8 - Annex A - FTP dataset - FINAL.pdf (9 pages)

8.2. Revised FtP dashboard

Information David Bryan

For noting

📄 Public Item 8 - Annex B - FtP dashboard - FINAL.pdf (4 pages)

13:40 - 13:55 9. Independent Legal Assessors

15 min

Decision Sheleen McCormack

For decision

📄 Public Item 9 - Appointment of Independent Legal Assessors - FINAL.pdf (4 pages)

13:55 - 14:10 Break

15 min

14:10 - 14:25 10. Financial and Asset Framework, 2026-2030

15 min

Decision Darren Pullinger

For decision

📄 Public Item 10 - Financial and Asset Framework, 2026-30 - FINAL.pdf (6 pages)

📄 Public Item 10 - Annex - Financial and Asset Framework - FINAL.pdf (17 pages)

14:25 - 14:55 11. Business Plan and Budget 2026-2027

30 min

Decision Darren Pullinger

For decision

📄 Public Item 11 - Business Plan and Budget 2026-27 - FINAL.pdf (6 pages)

11.1. Business Plan 2026-2027

Decision Matthew Redford

📄 Public Item 11 - Annex A - Draft Business Plan 2026-27 - FINAL.pdf (12 pages)

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11.2. Budget 2026-2027

Decision *Darren Pullinger*

📄 Public Item 11 - Annex B - Budget 2026-27 - FINAL.pdf (10 pages)

11.3. Equality Impact Assessment

Decision *Fiona Browne*

📄 Public Item 11 - Annex C - EIA Business Plan and Budget 2026-27 - FINAL.pdf (5 pages)

14:55 - 15:05 12. Investment Portfolio: change of management company

10 min

Decision *Darren Pullinger*

For decision

📄 Public Item 12 - Change of Investment Manager - FINAL.pdf (8 pages)
📄 Public Item 12 - Annex A - Brewin Dolphin returns information - FINAL.pdf (1 pages)
📄 Public Item 12 - Annex B - Cambridge Tracker Balanced factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex C - Cambridge Tracker Active factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex D - Charles Stanley Dynamic Fund 3 factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex E - Charles Stanley Dynamic Fund 4 factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex F - LGT Balanced factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex G - LGT Growth factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex H - LGT Sustainable Balanced factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex I - LGT Sustainable Adventurous factsheet - FINAL.pdf (2 pages)
📄 Public Item 12 - Annex J - Fund charges - FINAL.pdf (1 pages)

15:05 - 15:20 13. NCOR Concerns and Complaints Report - LATE PAPER TO FOLLOW

15 min

Decision *Fiona Browne*

For decision

15:20 - 15:35 14. Board Effectiveness update

15 min

Decision *Lorna Coe*

For decision and for noting

📄 Public Item 14 - Board Effectiveness Review update - FINAL.pdf (5 pages)
📄 Public Item 14 - Annex A - GOsC Charter - FINAL.pdf (2 pages)

15:35 - 15:50 15. GOsC Social Media Policy

15 min

Information *Liz Niman*

For noting

📄 Public Item 15 - GOsC social media policy update 2026 - FINAL.pdf (5 pages)
📄 Public Item 15 - Annex A - GOsC Social media policy 2026 - FINAL.pdf (13 pages)

15:50 - 15:55 16. Public minutes of the Policy and Education Committee, October 2025

5 min

Information *Patricia McClure*

For noting

📄 Public Item 16 - Unconfirmed minutes of the Policy and Education Committee, October 2025 - FINAL.pdf (9 pages)

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15:55 - 16:00 17. Questions from observers

5 min

Information *Joanna Clift*

16:00 - 16:00 **18. Any other business**

0 min

Information

Joanna Clift

16:00 - 16:00 **19. Date of next meeting Wednesday 13 May 2026**

0 min

Information

Joanna Clift

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The 130th meeting of the General Osteopathic Council to be held in public on Thursday 12 February 2026 commencing at 12:30pm and concluding at 4pm, with a private session for Council members only to follow.

	Item description	Purpose	Executive lead	Timing
	Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.			
1.	Welcome and apologies	-		12:30 - 12:35
2.	Questions from observers	-		
3.	Minutes of the 129 th public meeting of Council	For approval	-	
4.	Matters arising	For noting	Chief Executive and Registrar	
5.	Chair's Report	For noting	Chair of Council	12:35 - 12:45
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	12:45 - 13:00
7.	Assurance reporting: A. Business Plan monitoring report to 31 December 2025 B. Financial report to 31 December 2025	For noting	Chief Executive and Registrar, Head of Resources and Assurance	13:00 - 13:20
8.	Fitness to Practise report and dataset A. FtP dataset B. Revised FtP dashboard	For noting	Director of Fitness to Practise	13:20 - 13:40
9.	Independent Legal Assessors	For decision	Director of Fitness to Practise	13:40 - 13:55

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	Item description	Purpose	Executive lead	Timing	
Comfort break				15 minutes	
10.	Financial and Asset Framework, 2026-30	For decision	Head of Resources and Assurance	14:10 - 14:25	
11.	Business Plan and Budget 2026-27 A: Business Plan 2026-27 B: Budget 2026-27 C: Equality Impact Assessment	For decision	SMT and Head of Resources and Assurance	14:25 - 14:55	
12.	Investment Portfolio: change of management company	For decision	Head of Resources and Assurance	14:55 - 15:05	
13.	NCOR Concerns and Complaints Report Please note: late paper	For decision	Director of Education, Development and Standards	15:05 - 15:20	
14.	Board effectiveness review update	For decision	Governance Manager	15:20 - 15:35	
15.	GOsC Social Media Policy	For decision	Senior Digital Communications Officer	15:35 – 15:50	
16.	Public minutes of the Policy and Education Committee, October 2025	For noting	-	15:50 - 15:55	
17.	Any other business			15:55 - 16:00	
18.	Questions from observers				
Date of next meeting: Wednesday 13 May 2026					
Council private time - to 16:30					



Meeting of Council

Minutes of the 129th Meeting of Council held in public on Wednesday 19 November 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)
Sandie Ennis
Professor Patricia McClure (Chair, Policy and Education Committee)
Gill Edelman
Professor Debra Towse (Chair, People Committee)
David Propert

**Non-Voting
Members**

Present: Arwel Roberts (Council Associate,)
Gabrielle Anderson (Council Associate) (online)
Amanda Cheesley (Patient Partner)
Reena Ainscough (Patient Partner)

In attendance: Fiona Browne, Director of Education, Standards and Development
Lorna Coe, Governance Manager
Sheleen McCormack, Director of Fitness to Practise
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar
Nerissa Allen, Executive Assistant (online)
Steven Bettles, Head of Policy and Education (online)
Liz Niman, Head of Communications, Engagement and Insight
David Bryan, Head of Regulation [left at 14:58]
Brian Wroe, Chair IC [left at 15:01]
Andrew Harvey, Chair PCC and HC [left at 14:25]

Observer/s:

Dr Jerry Draper-Rodi, NCOR
Georgina Leelodharry, Head of Operations, Institute of Osteopathy (online)
Collette Byrne, Scrutiny Officer, Professional Standards Authority (online) [Left at 15:30]
Kate Oswell, Osteopath Scotland (online)
Julie Powell-Evans, Osteopath Scotland (online)

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Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting.
2. Apologies were received from Caroline Guy and Ben Chambers, Registration Manager.

Item 2: Questions from Observers

3. There were no questions from observers.

Item 3: Minutes of the previous meeting

4. The minutes of the 128th Public meeting, 15 July 2025, were agreed as an accurate record of the meeting.

Item 4: Matters arising.

5. The Chief Executive introduced the report which asked Council to note the completed work streams.
6. Council raised that point 39 in minutes regarding the escalation process needed to be picked up in discussions about the Scheme of Delegation. This was noted by the Executive.

Noted: Council noted the matters arising from the meeting of Council 15 July 2025.

Item 5: Chair's Report

7. The Chair of Council took her report as read but added:
 - a. The Chair had met with Professional Conduct Committee and Health Committee panel members online.
 - b. The Chair attended the PSA chairs meeting on Monday 17 November which had been a useful meeting.

Noted: Council noted the Chair's report.

Item 6: Chief Executive and Registrar Report

8. The Chief Executive introduced the item which presented a review of recent activities and performance not reported elsewhere on the agenda. There had been a lot of engagement across the organisation with partner organisations. At the meeting the Chief Executive added:
 - a. The Osteopathic International Alliance conference in Toronto was well attended and he participated in three main activities. The Chief Executive

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had presented on GOsC work around the patient voice and also on international registration and our related work with New Zealand and Australia. Finally, there was a panel discussion considering the future of osteopathy with a researcher, an educator, a regulator and an osteopath.

- b. Useful contacts had been established whilst the at conference in Canada – there are regulations in New Brunswick and GOsC has agreed to support with some regulatory matters. Other jurisdictions in Canada are looking to attain regulation and GOsC has committed to share info and provide support.
- c. Council was asked to extend the appointed of HaysMac as auditor for a further 2 years in line with Audit Committee's recommendation.

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

- d. Council welcomed the amount of non-UK networking which supported the aim to improve the portability of UK qualifications.
- e. Council asked how corporate complaints, under the revised process where the Registration Manager would respond initially and then Chief Executive at the next stage, would be reported to the Board.
- f. The Chief Executive confirmed complaints were reported to Audit Committee and anything significant was also reported to Council. There was also an annual report from the Audit Committee to Council that aggregated data on corporate complaints.
- g. Council clarified that GOsC could break the contract with HaysMac and go out to tender if their performance was considered poor.
- h. Council discussed the fact 20% of the profession responding to the EDI monitoring request was a significant milestone. The Executive noted the hope was that even more data would be gathered regularly by linking EDI data collection to renewal of registration under the new CRM system. It was noted osteopaths could submit a 'prefer not to say' answer if they wished.

Decision:

Agreed: Council agreed the reappointment of HaysMac as external financial auditors for two-years from 1 April 2026 to 31 March 2028.

Noted: Council noted a change to how the corporate complaints would be managed by the Executive.

Noted: Council noted the content of the report.

Item 7: Assurance Reporting

10. The Chief Executive (Annex A & C) 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.
11. In discussion the following points were made in relation to the Business Plan Monitoring to 31 October 2025 (Annex A):
 - a. The joint statement with insurers around professional responsibilities had been delayed but there were plans to progress this activity.
 - b. The website implementation revised timeline of April/May was caused by supplier contractual arrangements taking longer than expected but delivery remained on track at this stage.
 - c. A successful transition to practice workshop was held, looking at enablers and barriers to entering practice, and had four main outcomes: a charter; looking at mentoring models; supervisory models and a proposal to pilot a postgraduate clinic. The follow-up workshop would be held in the first quarter of next year.
 - d. Work was underway to create a comprehensive data map across the organisation and update the Privacy Policy. Updates will be provided to Council at future meetings.
 - e. Engagement numbers for the workshop were below the 750 target but did not reflect the breadth of engagement GOsC was having elsewhere, including with Scottish and Northern Irish regional groups and with students through online sessions on professionalism and consent.
12. In discussion the following points were made and responded to in relation to the financial report to 30 September 2025 (Annex B):
 - a. The Head of Assurance and Resources pointed out the Fitness to Practise costs were more volatile and that these would be discussed in more detail with the Head of Regulation ahead of the final budget.
 - b. It was suggested that explaining what was in the fitness to practise pipeline would be helpful to reconcile the gap in the performance metrics and the finance figures because they suggested that performance was lower but that was only because the caseload was still being worked through.

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- c. It was clarified that the new IT provider, used for cover when the IT Manager was on leave, was on a flat fee for whole year which was considered to be more cost effective.
- d. Next steps were for the Business plan and Budgets to be reported in the public meeting in February.

13. In discussion the following points were made and responded to in relation to the Registration Report – April 2025- September 2025 (Annex C):

- a. Council asked for clarification whether the number of graduates that had not registered in September was normal as many did not register straight after graduating. It was suggested that providing a variance in the tables would help understand that what was a normal level of registrations.
- b. It was hard to establish trends on the number of renewals created and not completed (around 5% in current figures) because the renewal was not a one single point in the year due to the legislation. These figures were taken into account for the preparation of the budget.

Decision:

Noted: Council noted the assurance reports set out in the annexes

Item 8: Fitness to Practise Chairs Reports

14. Brian Wroe, explained his role as Chair of Investigating Committee (IC) and presented his report 01 October 2024 to 30 September 2025 to Council and made the following key points:

- a. During the 12 months, 16 meetings had been held to consider complaints, an increase of 5 on the previous year. There had been 6 meetings to consider Interim Suspension Orders, 3 more than the previous year.
- b. The IC had made decisions on 47 complaints – an increase of 17 on the previous year.
- c. Primary complaints considered were transgression of sexual boundaries (18) and inadequate clinical treatment (12) and these were areas of particular concern. This represented 42% of the current case load and had an impact on FtP costs.
- d. Membership was currently 7 lay members 8 osteopaths – shortlisting had been completed for 2 osteopath vacancies. The standard of applications was high and the Chair of IC was confident appointments would be made.

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- e. The annual training day was planned for 16 February 2026.
- f. The Chair of IC thanked the Regulation team for the admin support they provided in such a responsive and helpful manner making the Committee members' jobs so much easier.
- g. An external audit of initial FTP decisions had been carried out and was favourable, however there were some learning points which had been shared with the Committee members and were being incorporated into practice.
- h. The Chair of IC pointed out his concern about the increase in the number of transgressions of sexual boundaries cases (18) compared to the previous 5 years: 2020/21 there were 8; 2021/22 there were 11; 2022/23 and 2023/24 there were 5.

The Chair of IC, considered it necessary to acknowledge his concern at this increase, whilst noting that it could be seen as a positive that people were more ready to complain. It would be interesting to understand what other Regulators were experiencing in terms of trends.

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

- a. Council discussed whether there were any specific learning points for the profession that could be gained from scrutinising the sexual transgression cases.

The Executive had been looking at how to take learning from the cases and share these. A blog was already planned to advise the profession regarding the increase in these types of cases. Upstream regulation was always important to avoid harm or potential harm to public.

- b. A PhD student was undertaking some work for GOsC regarding professional boundaries in practice using data from research including osteopaths, chiropractors and physiotherapists.
- c. The Chair of IC shared some examples of the spectrum of sexual misconduct cases to share the level of seriousness, the majority of which involved inappropriate touching.
- d. Council noted it would be interesting to understand the level of 'fall-off' experienced where a complainant did not progress after the IC had referred to PCC.

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- e. Council asked if panel members were RASSO trained however the IC panel was presented with the evidence and but did not hear the cases themselves, so it was not deemed to be necessary.

Matthew Redford left the room 13:38 returned 13:40

- 16. Andrew Harvey explained his role as Chair of Professional Conduct Committee (PCC) and Health Committee (HC) and presented his report covering 01 October 2024 to 30 September 2025.

- a. The Chair advised that there had been a reasonable turnover of members of PCC and noted particular thanks to the HR Manager for the recruitment and Head of Regulation and Team for the onboarding.

The numbers were capped in statute so we could not recruit in advance. We have a much more diverse PCC today than in the past – not just in diversity of protected characters but also of professional background which helped move away from the danger of 'group think'.

A broader group meant the 'daft' questions were asked which meant some points that would not otherwise have been considered, were.

- b. Despite the efforts of the HR team, there was a danger of becoming an 'English' Committee, although the Chair noted that legislation did not require GOsC to have representation across the four nations on the PCC.
- c. The panel was hugely assisted by a diligent and competent pool of legal assessors – they provided advice but also other practical support such as offering suggestions of how to ask questions in particular cases.
- d. The PCC development day last year had particular focus on re-traumatisation of witnesses with support from Glasgow University who run a witness to harm project across healthcare regulators. They provided members with tools on how to ask questions, how to support witnesses and changing approach to suit each individual witness in order to achieve the best evidence.
- e. The Chair noted that PCC are facing an increase in workload but provided reassurance that PCC availability was flexible and therefore not a barrier in terms of arranging the hearings.
- f. The Chair thanked the Regulation Team for their support and noted that as he worked in other regulators he had the opportunity to compare and contrast and the support was first class from across the organisation.

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- g. The Chair thanked Council for how the issues falling out of the Sommerville case had been dealt with in an open and timely way which was not the case in some other similar organisations.
- h. The Health Committee, whose cases were held in private due to the fact that a health condition was at the centre of the issue e.g. an addiction issue. This committee had not met within the reporting period.

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

- a. Council enquired how effective the admonishment sanctions were and whether the registrants were often seen again in the FtP process.

The Director of Fitness to Practise advised that not many were seen again, as the admonishment acted as a deterrent because it was a serious finding.

The Chair added that if the PCC made a finding of unacceptable professional conduct, even if it related to not renewing insurance in time, then it had to sanction under the legislation which was not the case in some other regulators.

- b. Council asked how the team ensured panels were consistent in their approach (e.g. not more lenient than others).

The Chair advised the Committee's role was to make the right decision based on the facts in front of the panel and that:

I. There was always someone on panel with wider experience.

II. There was strong induction training and all new members were encouraged to observe hearings.

III. Everyone was allocated a buddy.

IV. The legal assessor did not take any part in the panel decision but provided a high calibre of support/advice.

- c. The Chief Executive advised that the PSA have powers within their regulations to review any decisions made by the PCC and if they thought any decision was too lenient they could take action but this had not occurred to date.

- d. There was a desire to restart a determination review group with other regulators to review samples of other decisions. However there had been challenges in getting this underway due to other priorities.

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- e. PSA learning points were reported to Audit Committee in the business reporting cycle and then to Council in the Audit Committee annual report.

Decision: Council noted the Fitness to Practise Chairs reports

Item 9: Fitness to Practise report and dataset

18. The Director of Fitness to Practice thanked Brian Wroe, Andrew Harvey and their Committees for their professionalism and hard work in helping GOsC meet the standards of good regulation which would not be possible without a proper, independent, forensic and unbiased approach to reaching decisions that were fair, just and proportionate.

Andrew Harvey had been particularly helpful in facilitating conversations with panellists to get some of the most complicated cases listed.

- a. The Director of Fitness to Practise added:

- a. Active case progression was evidenced by 30 cases at PCC stage and some complicated cases being listed.
- b. Case numbers were the highest seen since before the pandemic and many were of a very serious and complex nature which would most likely be referred to the PCC and involve lengthy hearings.
- c. The Regulation team was high performing despite being one case manager down but recruitment was underway and would assist the team.
- d. Training of panellists was regarded as essential by the team who designed the development days to ensure they supported members in fulfilling their statutory function.

19. The Head of Fitness to Practise added the following update:

- a. The team had received the highest number of new concerns in 5 years and in the last two quarters there had been the highest number of formal complaints in 7 years.
- b. The referral rate to PCC was highest since 2018-19 and the number of third-party cases remained high (24% in the reporting period compared to 23% previous quarter) and these were still causing delays in terms of progressing cases.
- c. Cases were often complicated and there were ongoing difficulties in engaging complainants, some of whom were very vulnerable, which had also impacted on the ability to progress cases.

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- d. The team had scheduled 16 out of 30 cases, many of which were complex and serious, with the help and support of the Chair of PCC.
Live caseload was 98 which was the highest since 2017.
- e. Formal thanks were noted to the Regulation Team who had remained calm and professional under pressure, prioritising work well.

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

- a. Council asked if there was analysis of complaints against osteopaths who worked in single practice versus those who work in multi-professional environment.
The Executive advised that discussions were ongoing with NCOR about how that could be captured.
- b. It was suggested that rather than use the term 'anonymous informants', concerned parties may be more appropriate.
- c. Council enquired if the Executive had considered how the substantial financial costs could be reduced, perhaps having more online hearings.

The Executive confirmed that the team looked individually at the cases in line with the remote hearing guidance, taking into account the view of the complainant, the registrant, the nature of the case, to determine whether they should be online or not. About 80% of cases were done online and some were hybrid with hearing evidence in person then moving online.

Experience showed that the in-person cases tended to be quicker.

- d. Substantial work had been done over the last few years to make sure only those cases that had a realistic prospect of being referred to IC were screened in. The Executive suggested adding the proportion of cases that were closed before going to IC to the next report to show that resources were directed to the more serious cases.
- e. In accordance with our legislation, where the Investigating Committee (IC) impose an Interim Suspension Order (ISO) on a registrant's practise, they can only impose this for a period of two months. Therefore, the GOsC must investigate and ensure that the case is then considered by the IC within this two-month timeframe. Should the IC refer the case to the Professional Conduct Committee (PCC) then only the PCC can impose an ISO for the duration of the GOsC's case against the registrant. The timeframe of the imposition of the ISO by the PCC is not restricted.

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- f. The Executive noted that some of the boundary cases were avoidable and it was looking at how to get the message out to the profession in order to avoid those cases happening.
- g. The Head of FtP had visited students at university to talk about consent and explaining the type of cases seen to start the messaging at that stage.

Andrew Harvey left 14:25.

- h. Council noted that the increasing number of complaints had a financial impact and asked the Executive whether this was a trend that other regulators were seeing.
- i. Council clarified that the external audit learning point regarding making sure decisions were fully documented at screening stage was at the forefront of the panellists' minds when making decisions but that the quality of the decisions had not been in question. Therefore, the increase in number of cases related to the volume passing the threshold criteria, rather than more being screened in. This was further demonstrated by the fact the audit confirmed that no cases had been closed inappropriately.
- j. The Executive advised that the Policy and Education Committee (PEC) had been considering the CPD scheme in relation to boundaries. Rather than make them mandatory, they had concluded that it was more important to have a set of supporting resources and these would go to PEC in March 2026 for a decision.

Decision: Council noted the report and dataset

Break 14:30-14:45

Item 10: Section 32 Consultation Analysis

21. The Chief Executive introduced the update on the consultation of Section 32(1) of the Osteopaths Act 1993 sets out provisions for the protection of the title osteopath.

22. The following points were made during the discussions:

- a. The Executive was asked whether if GOsC wished to make more than one change to its legislation over the year ahead, would it be better to wait and ask for all changes at the same time rather than seeking an amendment to Section 32 of the Act now.

The Chief Executive confirmed that having discussed this with our contact at the Department of Health and Social Care there would be no adverse impact

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from approaching the Department more than once during the year. Council asked the CE to clarify this position with DHSC

- b. Engagement with the Advertising Standards Authority (ASA) was seen as a good opportunity to showcase work and collaboration undertaken with other organisations. The possibility of a joint statement with ASA was welcomed.
- c. The Chief Executive would provide an update on next steps in his report at the February 2026 Council meeting.

Decision:

Council noted the consultation responses set out in the Annexes.

Council agreed that the Executive engage with Department of Health and Social Care to seek a change to Section 32(1) of the Osteopaths Act 1993.

Council noted the work GOsC was undertaking with the Advertising Standards Authority.

Item 11: New Zealand – Mutual recognition of registration

- 23. The Chief Executive advised that internationally qualified applicants must successfully go through a three-stage assessment process costing £2,290 before being eligible to apply for registration with the GOsC.
- 24. With New Zealand having a similarly robust regulatory system to that of the UK (administered by the Osteopathic Council of New Zealand (OCNZ)), the Executive had been exploring how GOsC could develop a mutual recognition of registration system to streamline the ability to move between jurisdictions
- 25. The paper requested that Council give the Chief Executive and Registrar the authority to finalise a mutual system of registration system with the Osteopathic Council of New Zealand (OCNZ).

David Bryan left at 14:58

- 26. The following points were raised and responded to in discussion:

- a. The Memorandum of Understanding would become legally binding but had checkpoints built in to allow either party to call for a review in response to a change in either jurisdiction's regulatory system.
- b. It was confirmed that there were no New Zealand registrants who had been through GOsC's Fitness to Practise processes.

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Brian Wroe left 15:01

- c. In terms of Fitness to Practise it would be similar to those who were dual registered with other UK regulators. Both had the jurisdiction to progress a case and would liaise with each other and/or alert each other to any concerns.
- d. NCOR research showed that the portability of a qualification was a positive factor in supporting OEIs in increasing number of students.
- e. New Zealand has a list of the OEIs that GOsC has confirmed provide qualifications that are recognised and meet the standards.
- f. If there was a determination against an osteopath GOsC would share that with other relevant parties and NZ would do the same. The Executive would ensure that was explicit in the agreement.

Decision: Council authorised the Chief Executive and Registrar to finalise arrangements with the OCNZ and sign an MOU allowing the mutual recognition of registration between the two jurisdictions.

Item 12: Research Strategy

27. The Director of Education, Standards and Development introduced the item on behalf of Dr Stacey Clift and explained that it allows Council to:

- a. understand the way the Executive had commissioned research in the past and intend to do so in the future
- b. deliver our statutory obligations
- c. inform and aid conversations about funding research, particularly above a certain financial threshold

28. The following points were raised and responded to in discussion:

- a. Council asked what the politics were behind the strategy in terms of GOsC's position as being, or wanting to be thought of, as a leader in the research space.

The Executive responded that our duty as Council and Executive Team was to deliver our statutory obligations and this along with our strategy and vision were what framed the research strategy.

- b. Research expenditure goes to PEC however the Procurement Process in the Governance Handbook would be what dictates whether Council sign off that or not.

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- c. Council suggested that agreeing stages around policy cycle would be useful. Impact evaluation – how the individual research fitted into our policy making approach would be helpful e.g. inception, delivering, delivered.

The Executive suggested adding relevant updates on research in the business plan reporting .

Decision: Council agreed the Research Framework on the understanding that the suggested changes from PEC were in this version of the framework.

Item 13: Osteopathy CEN Standard revision

29. The Chief Executive introduced the report. The CEN standards were voluntary European Standards developed by the European Committee for Standardisation (CEN). There is a CEN standard for osteopathy which is due to be revised.

30. GOsC had an interest in the revised CEN standard even though it would not replace national laws/regulation.

31. The following points were raised and responded to during the discussions:

- a. It was noted that this would be happening, led by Osteopathy Europe, regardless of our involvement and each country in Europe would be doing it. The interest for the UK was portability of qualifications to help UK OEIs remain attractive in the future. Any cost, time and commitment would be built into budgets and reported to Council if applicable.
- b. Council noted that costs and resources would need to be proportionate.

Council noted the Osteopathy CEN Standard revision.

Item 14: Any other business

32. Council congratulated the Chief Executive and Registrar for 25 years in the organisation.

Professor Patricia McClure left the meeting for this item due to a conflict of interest 15:30.

33. The Chair of the People Committee explained a short meeting was held that day to discuss the request for a closed process for reappointment of Council Member whose current term ended April 2026.

- a. The following points were considered:

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- I. A closed reappointment process was recommended to maintain continuity and stability.
- II. The Council was reconstituted in 2016 and 2020 to ensure a balanced mix of skills, experience, and diversity, with no current need for change.
- III. Following significant organisational shifts since April 2024, including new leadership and 50% turnover, the Council's skills remain refreshed.
- IV. Reappointing Council members in 2026 through a closed process would best ensure continuity and stability and was therefore recommended.
- V. The next reappointment process would be due on 1 April 2027, and the Executive would return to the People Committee in 2026 to address it.

b. The Committee discussed the options and the recommendation in the paper concluding that a closed process was appropriate on this occasion for the following reasons:

- I. To maintain a period of continuity in Council membership.
- II. To provide stability in Council membership.
- III. The financial implications of going to an open process on this occasion were not considered necessary or proportionate.

c. The Committee concluded that it was happy to recommend to Council that the reappointment of Council Member in April 2026 should be done through a closed process.

d. The Executive clarified that the PSA required this decision to be made any time there was a member of Council eligible for reappointment and this decision related only to April 2026.

Decision: Council agreed that a closed process was appropriate on this occasion.

Patricia McClure returned 15:35.

Sandie Ennis had made soap and had put some on the table for people to help themselves.

Item 15: Questions from observers

³⁴ Dr Jerry Draper-Rodi noted that in relation to CEN, GOsC did not lead the first time rather it was led by the European Federation of Osteopaths and The Forum

for Osteopathic Regulation in Europe which are now Osteopathy Europe and would lead through the CEN in the Netherlands. European countries (not just those in the EU) would have a mirror committee to be able to respond to the CEN update that will follow.

35. The iO noted that it shared the concerns around boundaries and consent issues, particularly those that were avoidable and were trying best to educate osteopaths. As regarded boundaries the main risk was those who had graduated 10-15 years previously and asked how content GOsC was about the consistency in teaching of boundaries in all OEIs to avoid potential issues.
36. The Executive advised that GOSC had published thematic reviews around boundaries and held sessions with OEIs for students and educators on boundaries. Whether content of courses had impact on performance 10-15 years later was unknown and this was where research was coming in, looking at literature review and other factors. Looking at the environment, behaviour wheel and understanding enablers and barriers to maintaining boundaries.

The Public meeting closed and observers left at 15:39.

Private meeting commenced 15:40 the minutes for which are in the Minutes of Private Meeting of Council 19 November 2025 under Item 9 Any Other Business, paragraph 28.

The meeting stepped back into public session at 15:59 for the following item:

37. Council was asked to note for the minutes that it had agreed to Co-opt Laura Turner to the Policy and Education Committee until March 2029, with the decision agreed on Admincontrol where her CV had been shared. The Executive were reporting this to Council for the purpose of the minutes.
38. This appointment was to address the potential perception that membership of the Committee leaned towards one institution and therefore bringing in Laura Turner who had graduated from Marjon helped redress the balance. Laura was previously a Council Associate so had governance experience in GOsC and was familiar with PEC.

Decision: Council noted the electronic agreement on Admincontrol to co-opt Laura Turner to PEC until March 2029.

The Meeting closed at 16:01 before a closed session.

Date of the next meeting: Thursday 12 February 2026 at (10.00)

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Council
12 February 2026
Matters arising

Classification	Public
Action	For noting
Purpose of the paper	To update Council on matters arising from the previous meeting.
Strategic Priority implications	Delivering on agreed actions will ensure trust is maintained.
Standards of Good Regulation implications	There are no direct links to the PSA Standards of Good Regulation.
Communications implications	None arising.
Financial, resourcing and risk implications	None arising.
Patient perspectives	None arising.
Diversity implications	None arising.
Welsh language implications	None arising.
Annex(es)	None
Author	Matthew Redford
Background reading	November 2025 Public minutes of Council.

Recommendation(s)	To note the content of the report.
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Background

1. This paper addresses any matters arising from the 129th public minutes of Council not covered elsewhere on the agenda. The matters arising are set out below:

Minutes of the 129th public meeting of Council:

Item	Minute	Action	Outcome
Item 6: Chief Executive and Registrar's Report	Paras 8 - 9 refer	Council agreed the reappointment of HaysMac as external financial auditors	Completed: HaysMac have been notified of their reappointment.
Item 12: Research Framework	Paras 27 - 28 refer	Council agreed the Research Framework on the understanding that the suggested changes from PEC were in this version of the framework.	Note: The paper presented in November 2025 did not contain the suggested changes from PEC, although the substance of the framework has not substantially changed. An updated Framework has been prepared and is being shared with Council members via Admincontrol before this is published on our website.

Recommendation: To note the content of the report.

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Chair's report to Council: February 2026 - for noting

Recruitment

- We have completed the recruitment of the Scottish registrant post and hope to be able to make an announcement shortly.
- Planning for recruitment for a lay Council member role has started, following the departure of Gill Edelman from Council.

Stakeholders and external groups

Institute of Osteopathy

- I attended the iO convention in November in London.
- The CEO and I had a bilateral meeting with the CEO and President of the iO, also in November.

Osteopathy Europe

- I will be attending the Osteopathy Europe meeting in Austria in March.

General Medical Council

- The CEO and I attended the annual GMC conference in November on behalf of GOsC.

Institute of Regulation Chairs' Forum

- I will be chairing this (new) group in February. The group has been established for the Chairs of regulators to explore areas of mutual interest.

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Council

12 February 2026

Chief Executive and Registrar Report

Classification	Public
Action	For decision
Purpose of the paper	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Strategic Priority implications	Activities within this report will align with all three of the GOsC strategic priorities around trust, inclusivity and innovation.
Standards of Good Regulation implications	The report has a specific section related to our interactions with the Professional Standards Authority and the Standards of Good Regulation.
Communications implications	Engagement activities with osteopaths, patients and partner organisations are referenced in the report.
Financial, resourcing and risk implications	Specific matters related to finance and/or risk not covered under previously agreed business plans or budgets will be identified in the report.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report will include any updates on our work related to equity, diversity, inclusion and belonging not covered elsewhere on the Council agenda.
Welsh language implications	Where relevant, these will be identified within the paper.
Annex(es)	None.
Author	Matthew Redford
Background reading	PSA Standards of Good Regulation

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Recommendation(s)	<ol style="list-style-type: none">1. To note the content of the report.2. To approve the reappointment of:<ol style="list-style-type: none">a. Rob Jones, Independent Lay Member of Audit Committee for a further 4-year term from 01 April 2026.b. Sue Ware, Lay Member Professional Conduct Committee for a further 4-year term from 01 April 2026.3. To approve the appointment of:<ol style="list-style-type: none">a. Sarah Oliver, Osteopath Member of Investigation Committee for a 4-year term from 1 April 2026.b. Rebecca Messenger, Osteopath Member of Investigating Committee for a 4-year term from 1 April 2026.
Key messages <ul style="list-style-type: none">• My report provides a fuller update on matters related to our education, standards and development work as this is not contained elsewhere on the public agenda.• The GOsC facilitated sector wide development day was both well attended and has generated a lot of positive feedback.• We have been engaging with the profession and sector bodies related to areas including but not limited to:<ul style="list-style-type: none">○ the sale of the headquarter building○ PSA Performance Review process○ a range of international meetings○ responding to questions from Lord Mann and Baroness Taylor.	

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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.

Education

2. Our educational standards and quality assurance processes, and our work with educational providers and other interested parties, help to make sure that all UK graduates entering the register meet the competence and ethical standards outlined in the Osteopathic Practice Standards (OPS).

Health Sciences University

3. In May 2025, our independent Education Visitors visited the Bournemouth campus of the Health Sciences University (HSU) to approve a change of delivery so that the London course can also be taught from the HSU's Bournemouth campus. This was the first external review of the HSU delivery since the merger of the University College of Osteopathy and the Anglo European College of Chiropractic in 2024 (now known as Health Sciences University).
4. The Visitors reported on a number of areas of strength including student support emphasising health and well-being in all aspects of student life and the planned use of VR to simulate patient encounters with more detailed, relevant and quality feedback to students and the facilities at the proposed new clinic in Bournemouth.
5. The Visitors also reported on recommendations (opportunities for improvement) including: a detailed plan for the involvement of students, staff and patients in the design and delivery of the programme in Bournemouth, collection of anonymous feedback from the first cohorts and cross campus support in developing a sense of professional belonging. Recommendations will be monitored by the Policy and Education Committee (PEC) through their usual processes.
6. The Visit report was considered by PEC in October 2025 and the report is published on our website along with the Action Plan. As there is no expiry date, the Committee will continue to monitor the recommendations through our usual QA processes with reporting to Council only if our OPS are not delivered.
7. This visit was the last visit undertaken by Mott MacDonald.

BCNO Group

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8. Our first in house Visit took place to the BCNO in November 2025 facilitated by our in house team (Steven Bettles, Head of Education and Policy, Rekita Sparrow, QA Visit Manager and Banye Kanon, Senior QA Officer) and undertaken by our independent Visitors (osteopaths and lay).

9. The Report has been drafted and sent to the BCNO for the statutory period of not less than one month for comment. The report will be considered by PEC in March 2026.

Education Annual Reports

10. Each year, the educational providers submit narrative and evidence to show how they meet the Standards of Education and Training to deliver our Graduate Outcomes. These reports have been analysed by our in house team and the findings considered on the private agenda of the PEC in March 2026.

Sharing of good practice in education

11. We are working collaboratively with the Education Providers and also the Collaborating Centre for Values Based Practice on some educator roadshows for the next academic year. We hope the roadshows will support the building of communities and sharing of good practice in education with planned topics including outcomes, standards, artificial intelligence, equality, diversity, inclusion and belonging and good practice in teaching, learning and assessing shared decision making.

Statement on AI in health and care professional education

12. As shared with Policy and Education Committee in October 2025, we have been working with other health and care professional regulators on developing a collective set of guiding principles to provide clarity to education providers on regulator expectations in this area. The principles cover four areas, accountability; academic integrity; AI literacy for staff and learners; and, preparation for practice. The joint statement will have been published by the Council meeting and signed by the Health and Care Professionals Council, the General Pharmaceutical Council, the General Optical Council and the Royal College of Veterinary Surgeons.

13. Although the technology is developing rapidly, our principles based approach will help to ensure that the principles continue to remain relevant. We will continue engage with signatories to ensure the statement remains up to date and relevant.

Standards

14. Our call for feedback on the current edition of the OPS was launched in December 2025 and closes on 1 March 2026. We are encouraging all osteopaths, patients, students, and other interested parties to tell us what works well or less well in applying the standards and some more detailed questions about each of the themes.

15. It is intended that the feedback will inform a first draft and that we will work with a collaborative reference group to prepare a draft for consultation later in 2026.

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Continuing professional development

16. Last year PEC considered whether CPD on boundaries and in the area of inclusive practice be made mandatory elements. Before making a decision, PEC asked the Executive to work on more accessible revised guidance and supporting resources.
17. The team have updated the layered guidance and resources and these are currently being field tested with focus groups of osteopaths and regional groups. The updated CPD guidance and resources and the updated peer discussion review forms will be considered by PEC in March 2026 with further consideration by Council in May 2026.

Professional Standards Authority (PSA)

18. Since the previous meeting of Council we have submitted a response to the PSA consultation on proposed changes to the Standards of Good Regulation. We will continue to engage with the PSA ahead of changes that will be implemented in 2026 and likely to see a change to our review process in 2027. These standards matter because they should be a driver to help us as a regulator deliver our functions efficiently and effectively and to support high quality care.
19. We are engaging with the PSA around the current monitoring of our performance for the 2025-26 reporting year. The PSA have sent us a set of questions related to our work to which we will respond, and we will keep Council updated with the performance review process as it progresses.
20. The 2025-26 reporting year, which runs from April-March, is a monitoring year. As a reminder for members, the PSA operate a three-year cycle where one year is a periodic, detailed review, with two years being monitoring reviews.
21. The questions received relate in the main to Standard 3, Equality and Diversity, with other questions touching upon the other areas of our work. These questions were received in month 10 of the monitoring review year and our responses will help inform the PSA's initial assessment of our performance. We anticipate that we will receive the PSA's initial assessment of our performance against the 18 Standards of Good Regulation by end February 2026 with the final panel determination being by end March 2026.

Institute of Osteopathy (iO)

22. GOsC had representation from staff and Non-Executives members at the iO Convention held at the end of November 2025. The Convention was positive and we were pleased to be involved in the event, with good interaction from the profession at the GOsC stand.
23. Fiona Browne, Director of Education, Standards and Development and Kathryn Parkin, PhD student, presented at the conference on the topics of equality, diversity, inclusion and belonging and professional boundaries. The content of the topics are important as they speak directly to how we use and share our

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insight to try to educate and drive down concerns and potential areas of risk in clinical practice thereby contributing to high standards of osteopathic care. The presentations were very well received by delegates.

24. We have begun liaising with the iO about their regional conference programme for 2026 and GOsC staff will be present at the meetings held throughout the year. Attendance at these meetings give us the opportunity to build relationships with osteopaths, to share insights about our guidance and resources to support osteopathic care and to listen to find out about what matters to osteopaths.
25. A regional society leads online meeting has been scheduled for the evening 2 February 2026. The event is led by the Institute of Osteopathy and attendance will enable us to listen to the regional leads about what matters to them and to update on key issues and insights to support their work. Council will be given a verbal report about the meeting as this held after papers have been issued.

GOsC sector wide development day

26. We held a sector wide development day in January 2026 with c.75 attendees from across the osteopathic sector, including: the GOsC, iO, National Council for Osteopathic Research (NCOR), pre and post graduate educators, insurers and also representatives from regional societies, patients and students.
27. The purpose for the day was to facilitate dialogue, greater understanding, enhanced relationships and to improve trust, inclusivity between people and organisations, while enabling a focus on collective strategic leadership. Enabling the building of relationships and helping share perspectives aims to build trust and support better sector decision-making leading to a stronger profession progressing forward together.
28. Feedback from the event was positive both on the day, and subsequently. We heard in the room that colleagues from across the sector recognised the need to ensure safe space conversations, continued respectful dialogue and that it is okay to agreeably disagree as part of our collective strategic leadership culture.
29. Collaboration and trust were themes that ran throughout the whole day, with colleagues using the 'trust equation' as outlined by our keynote speaker, Brendan Hall, being seen to be of particular value. We thank Brendan for his talk which was impactful and generated conversation across the whole day.
30. Council will recall that the 'trust equation' is one which the GOsC team have been using with a blog about where GOsC can be better in our interaction with the profession published last year.

Department of Health and Social Care (DHSC)

31. Following the November 2025 Council meeting we have written to the DHSC concerning the outcome of the GOsC consultation on protecting the osteopathic

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title to ensure that we can address what we see as a patient protection issue. We will update Council during 2026 on progress.

32. In the meantime, we have taken other steps to continue to support patient and public confidence including: working with the Advertising Standards Authority (ASA) on a joint statement which emphasises the importance of not misleading the public and we are planning work in our next business year to reinvigorate the importance of patients checking that their osteopaths are registered and osteopaths promoting their registration. The joint-statement provides a route for raising a concern directly with the ASA about the advertising of someone not registered with GOsC. This pathway exists for individuals or organisations to raise concerns with the ASA.
33. In December 2025, health regulatory bodies were written to by Lord Mann who was undertaking a rapid review into tackling antisemitism and other forms of racism in the NHS and healthcare professional regulatory system. The aim of this review is to examine how the regulatory system for healthcare professionals, from employment through to national oversight and professional regulatory bodies, supports recognition and reporting of antisemitism and other forms of racism, and tackles it at every stage.
34. We responded to the eight questions asked and we are keen to continue to engage on these matters to support inclusive care and reduce health inequalities which is in line with our Strategy.
35. In January 2026, health regulatory bodies were written to by Baroness Taylor, who is Chair of the House of Lords Committee on Industry and Regulators about an inquiry into growth and regulation. The purpose of the inquiry is to support the 'Government's ambition for regulators to support investment and innovation and drive growth.
36. We responded to three questions asked and are keen to support growth and innovation which is in line with our Strategy.

Disclosure Scotland

37. We have been working jointly with Disclosure Scotland, an executive agency of the Scottish Government, to raise awareness of changes in Scottish legislation. The changes mean that from 1 July 2025, all osteopaths treating patients (adults and children) in Scotland must join the Protecting Vulnerable Groups scheme in order to treat patients lawfully.
38. We have undertaken direct mailings and three joint webinars for osteopaths to ensure that the relevant information is available to them. We have amended our registration materials and website to ensure that osteopaths are made aware of these legal requirements at the point of registration and that any osteopaths interested in working in Scotland are made aware that they should sign up for Disclosure Scotland updates directly.

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39. We have a further meeting with Disclosure Scotland in February to review the impact of our work and to consider how we might continue to work together in the future to support osteopaths to comply with the scheme.

Response to Welsh Government Consultation on NHS Bursaries

40. We have responded to the Welsh Government consultation on NHS bursaries to raise awareness of standards and regulation for osteopaths, to share information about the nature and extent of osteopathic education in Wales, osteopathic practice in Wales and to offer our support to the Welsh Government to explore how our data and how our regulatory work can better support the Welsh Government to meet the needs of Welsh patients.

Headquarter building sale

41. I participated in an online webinar, hosted by the iO, to answer questions about the decision of Council to sell the headquarter building of which the profession had been notified in October 2025. Around 100 people had registered to attend the webinar which I felt was productive and provided an opportunity to re-emphasise the rationale for the sale which had been set out in our news story, email and ebulletin communications. We have continued to respond to a limited amount of communication concerning the sale of building.

42. There has been interest in the building with a number of viewings held. We will keep Council informed as this matter progresses.

International matters

43. Our work in the international space is important. Raising awareness of our standards supports workforce quality and growth and enables us to continue to raise standards and to break down potential barriers that prevent mobility between jurisdictions.

Osteopathy Europe

44. A members network meeting was held in the evening on 27 January 2026 where the focus was on planning for the Spring conference which is being held in Austria in early March 2026. Planned agenda items include: AI, CEN and membership engagement.

Australia and New Zealand

45. A regular trilateral meeting was held with colleagues from the Australian Health Practitioner Regulation Agency, Osteopathy Board, and the Osteopathic Council for New Zealand (OCNZ) in December 2025. The meeting involved sharing insights about developments within our jurisdictions as well as planning for the Osteopathic International Alliance Conference which is being held in November 2026.

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46. At the November 2025 meeting Council agreed that a mutual system of registration be established within the OCNZ. This work was concluded in December 2025 and the memorandum of understanding came into effect on 1 January 2026.

Osteopathic International Alliance (OIA)

47. Planning for the OIA 2026 Conference in Paris is already underway with submissions for talks required by the end of January 2026. As the theme of the conference is 'Osteopathy, towards patients complexity', we have made submissions that focus on the patient voice and experience. Separately there have been joint-submissions from the regulators of Australia and New Zealand with our involvement.

CRM implementation

48. The implementation of the new CRM was undertaken in the first few weeks of January 2026 and means that we have moved away from a legacy system to a system that automates a number of processes which were manually undertaken by the Registration team and others across the GOsC. This new system will ensure that we have robust infrastructure around our registration records and will enhance how we interact with the profession.

49. As with any new IT implementation we are ironing out some minor bugs; however, on the whole, the implementation has gone smoothly.

Website development project

50. The website development project continues to progress well with an implementation date for launch of the new website scheduled for July 2026.

Appointments and Reappointment activity

Reappointments

51. In line with agreed process, People Committee have had oversight of the reappointments including application forms, feedback from Committee Chairs, appraisal forms and a recommendation from Chair of Council and are recommending to Council the reappointment of the following members:

- Rob Jones, Independent Lay Member of Audit Committee for a further 4-year term from 01 April 2026.
- Sue Ware, Lay Member Professional Conduct Committee for a further 4-year term from 01 April 2026.

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Appointments

52. We have received notice from Privy Council of the successful appointment of Katie Os nell as Osteopath Member of Council (Scotland) with an initial term starting from 1 February 2026 to 31 March 2029 (this position has been vacant since 1 April 2025).
53. The Investigating Committee selection panel has successfully recruited 2 osteopath members and satisfactory due diligence has been completed. Council agreement is sought for their appointments:

- a. **Sarah Oliver**, Osteopath Member of Investigation Committee for a 4-year term from 1 April 2026.

Sarah Oliver is a self-employed osteopath working in multiple clinics, having graduated from British College of Osteopathic Medicine with a degree in Osteopathic Medicine and diplomas in Osteopathy and Naturopathy. She has a special interest in managing Sciatic pain, Low back pain and shoulder problems. She uses Niel-Asher Technique and kinesiology taping alongside osteopathic technique, exercise and lifestyle advice.

Sarah has completed the iO's Leadership Accelerator Programme which has strengthened her skills in critical thinking, decision-making and teamwork.

- b. **Rebecca Messenger**, Osteopath Member of Investigating Committee for a 4-year term from 1 April 2026.

Rebecca graduated from Swansea University with a 1st class (hons) Masters of Osteopathy. She has a strong interest in foot biometrics, having completed her dissertation on the subject and undertook further training in RESTORE scar therapy. Rebecca is also completing her postgraduate certificate in Animal Osteopathy whilst running her clinic Advance Body Therapies.

54. The Council selection panel has successfully recruited two Council Associates, one to commence 1 April 2026 and another to start 1 April 2027, each for a term of 2 years. Due diligence is underway for both. We hope to provide a verbal update for Council in February 2026 on the successful candidates.

External engagement – bringing insight into our business

55. Other meetings, which have not been referenced elsewhere in the report, include:

- Chief Executives of the Regulatory Bodies forum
- 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

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- Institute of Osteopathy Education and Practice Committee Meeting
- Institute of Osteopathy Equity, Diversity, Inclusion and Belonging Reference Group
- Meeting with Adrienne Skelton to discuss the findings of our transition into practice workshop in October and next steps.
- Meeting with Steph Tempest and HCPC colleagues to discuss supporting resources following our joint series of webinars about Advanced practice
- Meeting of the Regulator and Education Liaison Group (RELM) to discuss developments on the 'educator prospectus', educator roadshows, quality assurance, artificial intelligence statements and more.
- Meetings with individual existing osteopathic educational providers
- Meetings with prospective osteopathic educational providers
- Regular supervision meetings with Dr Emma Harris, Professor Louise Wallace and Professor Gemma Blackwell-Ryan for our PhD student Kathryn Parkin
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Molinari Institute, meeting with student cohort
- General Medical Council, Education Conference
- GOsC, NCOR, Insurers annual meeting
- Michael Evans, IT Consultant and BPI On Demand (Salesforce)
- Martin Chaney, IT Consultant (website development)
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Lizzie Lockett, Royal College of Veterinary Surgeons
- Katie Griffiths, GOsC acting as host organisation for completion of her MBA
- Advertising Standards Authority
- Ongoing engagement with osteopaths including contributions to consultations and focus groups and CPD sessions with regional groups
- Ongoing engagement with patients including contributions to consultations
- Ongoing meetings with students
- All staff meetings and workshops.

Executive view

56. We are continuing as a staff team to engage proactively with the profession across a range of topics, notably in this report, through our sector wide development day. We welcome the opportunity to further engage with the profession and sector organisations and would encourage individuals and organisations to reach out to the team if opportunities present.

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Recommendations

1. To note the content of the report.
2. To approve the reappointment of:
 - a. Rob Jones, Independent Lay Member of Audit Committee for a further 4-year term from 01 April 2026.
 - b. Sue Ware, Lay Member Professional Conduct Committee for a further 4-year term from 01 April 2026.
3. To approve the appointment of:
 - a. Sarah Oliver, Osteopath Member of Investigation Committee for a 4-year term from 1 April 2026.
 - b. Rebecca Messenger, Osteopath Member of Investigating Committee for a 4-year term from 1 April 2026.

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Council
12 February 2026
Assurance reporting

Classification	Public
Action	For noting
Purpose of the paper	To provide Council with a set of assurance reports about the performance of the GOsC.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities.
Standards of Good Regulation implications	The assurance reports will touch on many of the PSA Standards of Good Regulation.
Communications implications	None
Financial, resourcing and risk implications	These are set out in the annexes to this report.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report provides demographic data about the Register.
Welsh language implications	We need to report annually on the number of Welsh registrants and Welsh language speakers on our Register.
Annex	A. Business Plan monitoring report - 31 December 2025 B. Financial Report - 31 December 2025
Author	Matthew Redford
Background reading	None
Recommendations	To note the assurance reports set out at the annexes.

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GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2025 - March 2026

**Monitoring Report as at 31
December 2025**

GOsC BUSINESS PLAN 2025-26

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

- Strengthening trust
- Championing inclusivity
- Embracing innovation

This document, the Business Plan Monitoring Report 2025-26, sets out the detailed activities in support of each of the goals and our progress against each.

Legend

Status

- On track
- Delayed
- Cancelled/postponed

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<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>						
Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Seek changes to enhance public protection under Section 32 of the Osteopaths Act - Protection of Title.	Undertake consultation and analyse responses.	March - June 2025	Chief Executive, Fitness to Practise, Professional Standards, Communications	□	Consultation launched on 17 June with wide ranging communication activity to encourage awareness and participation. Consultation closed 16 October with 372 responses received.	
	Agree Council position.	July 2025		□	Considered by Council in November 2025	
	Seek amendment to Section 32 with Department of Health and Social Care.	From July 2025		□	Communication with DHSC underway	
Implementation of Strategic Patient Partnership Programme at Council level.	Patient partner recruited and induction and ongoing support in place.	September 2025	Professional Standards	□	Our two patient partners started in role in September 2025. First 3 month evaluation data collected.	

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Lorna

<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>						
Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Ongoing development of the Patient Involvement Forum to enhance quality of patient input to our policy development.	July 2025		🟡	Patient involvement forum development day is planned to take place during March. Ongoing briefings and debriefings have taken place with the patient forum members as they are feeding into our work throughout the year. Patients from our patient involvement forum also attended our Sector wide Development Day on 20 January 2026.	
	Ongoing evaluation.	Post October 2025		🟢		
Develop and publish guidance and other online resources specifically for participants in GOsC remote hearings <i>6/9/01/2026 14:47:13</i>	Undertake a comprehensive review of remote guidance for witnesses and registrants for preparing for, and appearing in, GOsC remote hearings inviting contributions from stakeholders including Victim	From June 2025	Regulation, Communications	🟢	Communications and Regulation team met in July to discuss approach. As part of the wider FtP work, remote guidance has been highlighted as a priority. We are exploring further ideas for different kinds of media to compare options by cost and impact. A review of remote hearing guidance documents and web pages with a view to suggesting changes is being undertaken by comms.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Support and the Witness to Harm project at Open University.					
	Undertake consultation on guidance.	August - October 2025		□		March 2026
	Publish guidance.	November 2025		□		FY2026-27
Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsc strategic aims. <i>Coe, Lorna 29/01/2026 14:17:13</i>	Consideration of future registration fee modelling undertaken with any relevant consultations launched, responses analysed and results published.	From July 2025	Chief Executive, Resources, Communications	□	Papers under consideration by Council.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards.	Publish NCOR Concerns Report collaborating with NCOR, iO and insurers.	February 2026	Professional Standards, Communications	□	On Council agenda, February 2026.	
	Development of joint statement with insurers around professional responsibilities.	July 2025		□	Further consideration of feedback from sector parties required to find ground on which there can be collective agreement. There is a GOsC/NCOR/insurers meeting in February 2026.	February 2026
	Ongoing development of resources and engagement to support implementation of standards.	All year		□	We are continuing to respond to osteopaths queries on how to apply the standards to issues that arise during their practice. We monitor and collate these to gauge common themes, and reflect on whether more widespread guidance is necessary, or other ways of supporting the implementation of standards. Workbooks to support CPD in boundaries and EDIB are currently being tested with groups of osteopaths for feedback.	

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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
CoS Lorna 29/01/2026 14:47:13	Ongoing quality assurance activity as quality assurance of osteopathic education brought in-house.	All year to March 2026		□	Visits to HSU and BCNO have taken place in this business year, plus analysis of annual reports, consideration of concerns and ongoing sharing of good practice in areas such as Artificial intelligence.	
	Begin review of the Osteopathic Practice Standards by launching call for feedback.	From June 2025		□	The call for feedback was launched in December 2025 with a news story issued in January 2026. The call for feedback closes in March 2026.	
	Provide ongoing analysis of standards and ethical queries and responses to inform OPS call for feedback.	October 2025		□	An analysis was provided to PEC in June 2025. We are continuing to record all queries we receive from stakeholders and this continues to inform our communications and insight.	
	Complete report on Osteopathic Practice Standards call for	March 2026		□	The call for feedback launch was delayed to user test our feedback form and to make sure that we had broad stakeholder engagement and feedback on it before launch. This analysis	Summer 2026

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	feedback and launch Review of the OPS.				report of the initial feedback will be delayed to Summer 2026 as the consultation will close on 1 March 2026.	
Implementation of actions arising from independently facilitated review of GOsC Tone of Voice.	Independent review completed with action plan.	April 2025	Communications, Registration, Fitness to Practise	□	Ongoing sharing of resources to maintain momentum. Very positive online workshop held on 16 October with new members of staff, those unable to attend the in person session and members of the Communications team.	
	Implementation of agreed actions.	From May 2025		□		
Raise awareness of our role and increase engagement with stakeholders and implement DJS actions. <i>CoS Lorna 29/01/2026 14:47:13</i>	Implement student engagement plan.	From April 2025	Communications, Professional Standards	□	<p>Successful first meeting of the student forum was held on 20 October. 8 students from a number of providers attended. Just over half were mature students. Topics covered included the importance of networks, loss of tutor supervision, how to find a supportive principle, mentorship, compassion fatigue, and the effect of negative social media forums on new students.</p> <p>Student visit programme for 2025/26: Student engagement already undertaken includes sessions with cohorts from College of Osteopaths, Derby, London School of Osteopathy, HSU, Swansea and NESCOT.</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
					<p>Promotion of student ebulletin continues on social media, and via student ebulletin and posters to education providers. 4 sign-ups have been received so far.</p> <p>Carried out section 32 consultation which focuses on our role as the regulator</p> <p>Discussions are progressing with Gilly Woodhouse of OsteopathyWorks about GOsC guesting on one of her podcasts. Additionally myths and Independent Support Service details have been provided to share in her Facebook group.</p> <p>We are working with Independent Support Service to develop a new poster/social media image for promotion of the service.</p> <p>WhatsApp continues to be positively received by users, a user feedback survey was launched in October. Once the feedback survey is established the survey results will be evaluated as part of our regular digital evaluation.</p>	

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CoS Lorna 29/01/2026 14:47:13</p>	Explore appetite for holding an educator conference.	October 2025	Professional Standards	□	<p>We are working with the Collaborative Centre for Values Based Practice in Oxford and other disciplines to hold a workshop to support teaching, learning and assessment of shared decision making in undergraduate clinical education on 22 April 2026. Two OEIs have expressed interest in jointly hosting educator conferences to date and initial discussions are taking place with regards to dates during 2026. Agenda items are planned to include GOsC standards, outcomes and quality assurance, sharing good practice in teaching and learning with AI and inclusive practice: equity, diversity, inclusion and belonging.</p>	
	Undertake ongoing face to face regional engagement with osteopaths.	All year	All staff	□	<p>We met with the Waltham Forest Osteopathy Group in June 2025 to discuss boundaries and equality, diversity, inclusion and belonging. We attended the Scotland Osteopathic Society in September and visited the NI regional group on 4 October. We undertook online session on the CPD scheme for new graduates organised by the Kent & East Sussex group, and with the Cheshire group in January 2026. We visited the Molinari Institute in December 2025 to talk to postgraduate students on the women's health programme.</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
					<p>We also undertook face to face separate 2 hour sessions on inclusive practice: equity, diversity, inclusion and belonging (together with Alistair Booth) and boundaries (together with our PhD student, Kathryn Parkin) at the Institute of Osteopathy Convention in November 2026.</p>	
	Update fitness to practise sections of the website to include digital assets to explain the process clearly and accessibly.	July 2025	Communications, Regulation	□	<p>Fitness to practise and 'Raise a concern' sections on the website have been updated to include visuals on the concerns process/timelines, myth busters, and hearing set ups. The content has been reviewed following the publications of the FtP annual report and updated to reflect the report.</p> <p>A podcast episode on FtP was published in April and audiograms highlighting the FtP process and the Independent Support Service were shared on social media. These continue to be shared on social media and the ISS is promoted monthly on social, and appears in the ebulletin regularly.</p> <p>Work is ongoing to enhance the FtP content, including a jargon buster, remote hearing visuals and further promotion of the Independent Support Service, on social media, as well as in the ebulletin.</p>	

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<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>						
Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Update social media strategy and monitor use and impact of new communication channels and approaches including updated social media, WhatsApp and Drop in Sessions and evaluate.	March 2026	Communications	□	<p>The monthly digital report has been established, evaluating social media (and other digital channels). The report highlights social media audiences and key learnings. The comms team will reflect on the evaluation every 12 weeks and use it to enhance social media content.</p> <p>The GOsC discontinued its use of X (formerly known as Twitter). This followed agreement by SMT based on a short paper provided by the Communications Team. The social media strategy outlined in next year's business plan will explore the use of other more appropriate channels.</p> <p>WhatsApp launched in late January 2025 and has seen consistent engagement with approximate 50-60 messages each month. Response times are consistently improving with most enquiries receiving a response within 5-30 minutes. WhatsApp continues to be promoted on social media (monthly) and in the ebulletin.</p>	

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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 changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	<p>Publish information, throughout the year, including but not limited to:</p> <ul style="list-style-type: none"> - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Policy development and consultations. 	From April 2025	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources	■	<p>We launched an EDI monitoring survey in the summer which has seen a response rate close to 20% of the profession, which has significantly enhanced the data we hold.</p> <p>When the CRM has been implemented we will begin collecting EDI monitoring data at the point of annual registration renewal.</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or mitigations put in place.	From April 2025		Green	Our approach to Equality Impact Assessments is considered by the Senior Management Team and at their team meetings.	
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity. <i>Coe,Lorna 29/01/2026 14:47:13</i>	<p>Demonstrate progress against the new Equity, Diversity, Inclusion and Belonging Framework to include:</p> <ul style="list-style-type: none"> • Updated social media, and image strategy • EDIB progress updated on website • Key messaging for the CRM roll out to encourage 	All year with a specific Council annual report, July 2025	Chief Executive, Communications	Green	<p>Promotion of the student ebulletin and forum created and shared in Welsh too. Student ebulletin sent out in Welsh in May and October to students living and/or studying in Wales.</p> <p>Consultation on Section 32 published in June including an assessment of the impact on opportunities to speak Welsh.</p> <p>New images showing a wider diversity of people have been sourced and are being used across the ebulletin and social media.</p> <p>Further work is to be undertaken on the EDIB messaging post CRM roll out and to update the website.</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	<ul style="list-style-type: none"> completion of EDI data • Compliance with the Welsh Language Standards • Ongoing monitoring and reporting of equality impact assessments including for policy development and consultations • Ongoing support and resources for implementation of EDIB CPD subject to consultation. 					
Implementation of recommendations arising from <i>CoS update 29/03/23</i>	Independent review completed.	From May 2025	Human Resources, Chief Executive	■	Independent report completed and considered by People Committee.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
independent review into non-executive recruitment activity.						
	Action plan arising from independent review developed.	June 2025		■	Agreement from People Committee in October 2025 about approach for future non-executive recruitment campaigns in 2026+ for IC/PCC and Council appointments.	October 2025
	Implementation of agreed actions.	From July 2025		■	The 2026 IC/PCC appointment campaigns will follow our existing approach with a focus on streamlining questions and making the process as efficient as possible.	From October 2025
Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in	Publication of NCOR Research projects on recruitment and retention.	July 2025	Professional Standards, Communications	■	The 2023 report was published in April 2025. The 2024 report is being considered on the February 2026 agenda.	
	Implementation of NCOR research recommendations.	September 2025 onwards		■	We consulted on boundaries and inclusive practice: equity, diversity, inclusion and belonging becoming a mandatory part of CPD and we also developed and are testing workbook resources to support CPD in this area alongside our detailed work on boundaries as part of Kathryn Parkin's PhD.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
accordance with high standards.					We updated our infection control guidance and we disseminated the NCOR findings to OEIs via our Regulator and Educational Liaison meetings and in our ebulletin for osteopaths.	
	Transition into practice: Hold workshop with Osteopathic Development Group organisations to explore and inform sector wide actions including development of GOsC guidance.	June 2025		■	There was a slight delay in arranging the workshop which was independently facilitated. First very positive workshop was held in person on 14 October. Some suggested outcomes, for example the career development framework are being taken forward with the Institute of Osteopathy.	October 2025
	Consideration of workshop findings and agreement to next steps.	October 2025		■	A meeting took place with Adrienne Skelton on 11 December to discuss the findings and next steps for the workshop. A meeting is taking place with the Institute of Osteopathy on 12 February 2026 to discuss next steps on the practitioner / new graduate charter and a new graduate survey.	
	Ongoing discussions with European	All year		■	We met with Philippe Sterlingot, President, Syndicat Francais des Osteopathes (a professional body representing osteopaths in	

Coe Lorna
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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Regulators to clarify requirements for the recognition of professional qualifications and agree next steps.				<p>France) in September. We discussed recognition issues for UK trained osteopaths in France and he has agreed to support us in representations to the French government. We were due to meet again in November, but agreed to postpone given current political pressures in France. We plan to meet again with Philippe during Spring 2026.</p> <p>We also met with Giacomo Consorti in October from the Italian Register of Osteopaths who provided an update on the Italian government's progress in introducing osteopathic regulation in Italy. This helps us to understand the process for UK trained osteopaths wishing to practise in Italy once regulation is introduced.</p> <p>We also attended meetings with Osteopathy Europe, which has enabled us to raise our profile with European colleagues and forge relationships to aid work on qualification recognition.</p>	
Co-located 29/10/23	Implement and evaluate health and disability guidance for students.	July 2025	Professional Standards, Communications	□	Both the student and the educator versions published in English and Welsh on 5 September. Easy Read versions are in development.	August 2025

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
CoS Lorna 29/01/2026 14:47:43	Take steps to integrate health and disability guidance into engagement plans.	August 2025		■	<p>We mention the guidance when presenting to students to draw attention to it (and to the professionalism/FtoP guidance).</p> <p>We have asked educators to share this guidance with students and are including it in any student comms.</p> <p>Longer term we will be sharing this during every student visit as part of our wider approach to EDI.</p>	
	Collect data on awareness and use of guidance.	Ongoing to March 2026		□	<p>Anecdotal evidence suggests awareness of our supplementary guidance remains low. We are working on raising awareness of our supplementary guidance as part of our educator workshops during 2026/27 in addition to the student awareness workshops as outlined above. Our work to obtain the email addresses of students and educators and explore the best ways of communicating in addition to face to face and online workshops and emails will help us to improve and enhance dissemination, access and awareness. Consequently, collection of data currently has been delayed.</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Publish evaluation report in implementation.	March 2026		■	Delayed.	
Strengthen Equity, diversity, inclusion and belonging with the GOsC CPD scheme.	Complete consultation and analysis of results on updated CPD scheme strengthening communication and consent requirements through a focus on mandatory EDI and boundaries activities.	June 2025	Professional Standards	■	We consulted on adding a mandatory requirement to incorporate CPD in boundaries and EDIB to the current mandatory communication and consent element of the scheme. The consultation outcomes were reported to our Policy and Education Committee in June 2025. The Committee paused a decision on mandatory CPD pending further development of accessible guidance and resources. We did a blog to encourage CPD in these areas pending further development of resources. Further resources have now been developed and are currently being tested with osteopaths alongside more layered and accessible guidance and PDR forms. In March 2026, PEC will be asked to recommend updated guidance to Council for agreement which will make CPD in inclusive practice: equity, diversity, inclusion and belonging mandatory.	

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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
Through tendering, identify a supplier and develop a new public website	Invitation to Tender process concludes with identification of supplier.	June - July 2025	Communications, Chief Executive	□	We received 20 submissions in response to our ITT. We shortlisted 4 suppliers and presentations took place in July. The panel were unanimous in their decision to appoint DXW.	

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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
which provides scope for more modern, innovative and engaging channels and content.	Development of new public website.	From July 2025		□	Contract has been awarded and project initiated. After a slight delay in creating/finalising the complex contracts, kick off meetings were held from 16 October and we are now in the discovery phase of the project.	Contract awarded and project initiated with supplier: September 2025
	Implementation of new public website.	March 2026		□	The initial Discovery phase has been completed involving user research and technical investigation to refine user and technical requirements. Our GOsC Content working group has been established and are due to meet in Jan to start the review of our web pages. User research is ongoing - students, patients and osteopaths being engaged to test out how the new website could work for them. After a slight delay due to unexpected long term supplier sickness, we plan to start building and testing key parts of the new website in February.	Website implementation planned July 2026.
Review the impact of changes in the delivery of healthcare	Analysis of feedback on use of AI and agreement to statement about	June 2025	Professional Standards, Chief Executive, IT, Human Resources	□	We launched our interim guidance on the use of AI in osteopathic practice in May 2025. We are in the process of developing further supporting materials to aid understanding and promotion of the guidance.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
<p>including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation.</p> <p><i>Coe, Lorna 29/01/2026 14:47:13</i></p>	<p>expectations and use of AI in education and practice (if possible in collaboration with health professional regulators).</p>				<p>We have held further meetings at an inter-regulatory level and produced a draft joint statement on AI and healthcare professional education. This was presented at PEC in October and we plan to publish this with other interested regulators in January 2026.</p> <p>We are continuing to work with osteopathic educators to develop a shared position with regards to AI use and osteopathic education. This is also part of the new Council for Osteopathic Educational Institutions' Strategy and we will collaborate on this.</p>	
	<p>Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice.</p>	July 2025		□	<p>Our Business Plan for 2026/27 states that we will 'Put in place mechanisms for assessing use of AI in osteopathic practice and emerging risks.'</p> <p>We have been spending time this year making clear how our standards apply to the use of artificial intelligence in education and practice and working closely with other health regulators on this.</p> <p>Our next step will be to assess use.</p>	June 2026.

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
Deliver AI governance framework	Agreement to process of updating and next steps.	July 2025		Yellow	Feedback from stakeholders has not required the guidance to be updated to date. We are working on resources to support understanding and implementation.	March 2026
	Procure appropriate models of AI for GOsC and ensure updates and training for all staff to ensure a skilled workforce fit for the future.	June 2025		Yellow	We have developed appropriate governance measures to manage risk of use of AI within the organisation, whilst also ensuring benefits can be realised. An Acceptable Usage Policy is being rolled out to staff alongside a structured use of Microsoft Copilot.	February 2026
Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.	Results of board effectiveness review presented to Council.	July 2025	Chief Executive, Governance, Resources	Green	Paper presented to Council 15 July with the headline themes set out by Praesta (reviewers). Facilitated session held at September Strategy Day to prioritise recommendations.	
	Implementation of actions identified through board effectiveness review.	From August 2025		Green	Action plan arising from BER report developed in a facilitated session at Council Strategy Day in September. Output to be presented to Council in November and subsequent meetings.	November 2025

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Internal Audit plan agreed by Audit Committee.	June 2025		□	Three-year plan for 2025-2028 developed with TIAA and presented to Audit Committee in June. Revised by Audit Committee in October 2025.	
	Internal Audits programme commences.	From July 2025		□	Audits of registration (reported to Audit Committee, October 2025), fitness to practise and risk management completed (to be reported to Audit Committee in March 2026).	
Refine and implement Theory of Change to measure progress and implementation of the Strategy.	Hold theory of change workshops with staff.	June 2025	Professional Standards	□		
	First draft of Theory of Change to Council for consideration.	July / September 2025		□	On Council private agenda, July 2025	
	Ongoing development and agreement to final evaluation strategy and refine data collection.	October 2025		□	Theory of Change work stopped as was not to Council's preference. November Council considering direction of illustrative framework for measurements to underpin strategy.	From November 2025

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Implement more streamlined approach to data mapping, collection, insight and analysis and actions.	Collate comprehensive data map across organisation and update privacy policy and collection notices.	From May 2025	Professional Standards and Research, Data and Insight		<p>Data collection mapping is complete across organisation.</p> <p>Draft privacy policy for staff and organisation are developed and are being refined.</p> <p>SMT will be asked to approve this month.</p> <p>Data sharing agreements are updated and discussed with colleagues.</p> <p>Further work is being undertaken on our registration form consent notice to take account of changes in privacy notice, particularly around research consent.</p>	
	Align data sets and develop systematic analysis and reporting.	November 2025			<p>This work is ongoing. We are working to update the connection between student and registrant data and to consider how we make this data publishable.</p> <p>Work has been undertaken with regulation in relation to witness EDI forms which are now in place.</p> <p>The new CRM will provide more options for systematic collation and analysis of data and in</p>	

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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
					particular linking student enrolment, progression, graduation and registration data more accurately.	

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

In 2025-26 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.	█	5,551 renewal of registration forms processed to end December 2025. 4,146 fee reminders (28-day). 551 (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).	█	214 new applications fully processed at end December 2025. 1 international applications fully processed at end December 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 31/12/2025: 107 queries/concerns received 76 opened as an FTP case, of which 22 currently referred for Investigation 13 substantive hearings heard, three rule 19 considerations and two 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. Seven annual reports analyses will be considered by the Policy and Education Committee in March 2026. Two planned visits were undertaken this year.
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 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.
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.	█	1,876 queries received at 31 December 2025. 72 policy and ethical queries related to the application of the OPS at 31 December 2025. 4,390 registration queries received at 28 January 2026. 595 student queries received at 28 Jan 2026.
Send out 12 monthly ebulletins to registrants achieving an open rate of c60%.	█	April - 58% May - 59%

Annex A to 7

Metric	Status	Narrative, if relevant
		June – 60% July – 56% August – 60% September – 59% October – 26% November – 32% December – 27%
Send out 4 quarterly English language student ebulletins to 450 students (penultimate and final year) achieving an open rate of c40%.	□	February: 64% May: 55% October: 20%
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.	□	February: 55% May: 53% October: 12%
Receive and fulfil 150 requests for personalised Registration Marks	□	111 requests received at 31 December 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.	□	22 events attended by 31 December 25, with c.350 osteopaths, students and other interested parties attending. Held 4 webinars with c. 32 attendees plus attended 5 conferences and overseas events by 31 December 25 with approx. 300 osteopaths, students and other interested parties attending.
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.	□	3 patient engagement events held as at end December 2025. 50 individual touch-points with patients including where patients provide follow-up ideas to our work to end December 2025
Host 2 recruitment webinars attracting interested applicants for our governance roles.	□	Scottish Recruitment webinar in October - 3 osteopath attendees IC recruitment webinar in October - 4 osteopath attendees, a further 8 registered. All were sent follow-up emails.
Continue to regularly request and hope to 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	□	Positive feedback received after first Student Forum in October.

Annex A to 7

Metric	Status	Narrative, if relevant
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.	□	Induction meetings for new members happened from April. Council development/strategy day held in September. Education visitor training held. Sector wide development day held, January 2026
Provide training and development opportunities for our staff team.	□	Ongoing throughout the year.

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Financial Report 2025-26 (nine months to December 2025)

Key messages from the report:

- Total income is around £2.58m and is £90k over budget for the first nine months of the year.
- Operational expenditure is around £2.50m and is £81k over budget for the nine month period. Spending from designated reserves was £53k in the first nine months of the year.
- Cash at bank is currently around £218k lower than at year end; we have had a large cash spend on the CRM and new website projects, along with the increase in Regulation expenditure. Other operational spending is much as we had anticipated.

Background information

1. Our current financial year commenced on 1 April 2025 and will conclude on 31 March 2026. In this report it will be referred to as FY2025-26.
2. The budget for FY2025-26 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 period ending 31 December 2025, which is nine months through the financial year.

Forecast figures reflect the spend in the year to date, along with the remaining budget allocation. This gives an idea of what the position will be at the end of the year.

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8. The structure of this report is:

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

Summary of financial position

9. At the end of the nine month period to 31 December 2025, the income and expenditure account shows a surplus position (before designated spending from reserves) of £76k. Spending from reserves budgets in the nine month period was £53k.
10. We have budgeted a surplus position of around £6k, before designated spending, by year end.

Income

11. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.
12. At 31 December 2025, total income totalled around £2.58m, which is approximately £90k over budget for the same period. Registration fees accounted for 94% of the total income received. Investment gains, registration assessments, bank interest, and other income accounted for around 6% of income in the same period.

Expenditure

13. After the first nine months of the year, we have recorded actual expenditure of around £2.50m. This is approximately £81k over budget for the same period, and we are anticipating this to continue as the increase in Fitness to Practise cases continues.

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Annex B to 7

Income and Expenditure Account (top-level summary)

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

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
£	%					
Income						
Registration fees	2,432,384	2,424,919	7,465	0	3,113,225	3,120,690
Registration assessments	2,070	15,000	(12,930)	(86)	20,000	7,070
Other income	144,303	48,788	95,515	196	65,050	160,565
Total	2,578,757	2,488,707	90,050	4	3,198,275	3,288,325
Expenditure						
Employment costs	1,408,342	1,450,419	42,077	3	1,933,025	1,890,948
Education and professional standards	105,850	104,447	(1,403)	(1)	119,539	120,942
Communications, research and development	72,216	68,390	(3,826)	(6)	91,186	95,012
Registration administration	3,461	15,000	11,539	77	20,000	8,461
IT and infrastructure	107,190	93,833	(13,357)	(14)	125,110	138,467
Fitness to practise, including legal	413,179	300,000	(113,179)	(38)	400,000	513,179
Governance	188,241	204,338	16,097	8	260,450	244,353
Central resources and financing	203,949	185,413	(18,536)	(10)	243,217	261,753
Total	2,502,428	2,421,840	(80,588)	(3)	3,192,527	3,273,115
Surplus before designated spending						
	76,329	66,867	9,462		5,748	15,210
Designated spending	52,548	184,875	132,327		246,500	114,173
Surplus after designated spending	23,781	(118,008)	141,789		(240,752)	(98,963)

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

15. Detailed departmental expenditure accounts can be found further in the document.

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Balance Sheet

16. The Balance Sheet at 31 December 2025 shows total reserves of £2.62m (including designated funds). Cash held in hand and at bank totals £60k with a further £1.26m in the managed investment portfolio. The balance sheet below reflects the December 2025 valuation of the investment portfolio.

17. The Balance Sheet as at 31 December 2025 is set out below:

	31 December 2025		31 March 2025	
	£	£	£	£
Non-current assets				
Assets (fixed/intangible)		1,969,677		1,717,043
Investment (portfolio)		1,260,144		1,317,560
Current assets				
Debtors	116,891		193,311	
Cash in bank and in hand	60,315		277,969	
	177,206		471,280	
Liabilities				
Creditors:				
within one year	(782,172)		(904,809)	
	(782,172)		(904,809)	
Net current liabilities		(604,966)		(433,529)
Total assets less total liabilities		2,624,855		2,601,074
Reserves				
General reserve		2,330,872		2,065,385
Designated funds		293,983		535,689
Total Reserves		2,624,855		2,601,074

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Balance Sheet explanatory notes

Debtors

18. Debtors have decreased to £117k from the year end position of £193k. This is predominantly 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

19. Creditors have decreased to £782k from the year end position of £905k. The main contributor since year end is in relation to expense accruals and invoices payable; we have a lower creditor balance than we did in March 2025.

Designated reserves update

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

Reserve	Reserve at March 2025	New allocation in year	Spend in year	Transfer (to)/from General reserve	Reserve at Sept 2025
IT investment	152,093	-	-	(152,093)	-
Registrant perceptions	3,772	-	-	(3,772)	-
General legal reserve	123,031	-	9,982	-	113,049
NCOR infrastructure costs	123,500	-	22,166	-	101,334
Website development	136,005	300,000	-	(436,005)	-
Innovation fund	-	100,000	20,400	-	79,600
IO Convention 2023	(2,712)	-	-	2,712	-
Total	535,689	400,000	52,548	(589,158)	293,983

NB: We have capitalised the spend on both the new CRM system and the new website development, and will amortise the cost of this over its useful life once they have been implemented. The balances have been released back into general reserves.

Cash flow and investments

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

22. The cash at bank balance has decreased to £60k from the year end position of £278k. The cash position has trended down largely due to spending on major projects like the CRM, website consultancy, and an increase in Fitness to Practise activity. To manage the cash position until the main registration renewals, a

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drawdown on the investment portfolio was undertaken. The intention is to replenish the investment when the main registration renewals have occurred.

Investment portfolio

23. At 31 December 2025, the investment portfolio stood at £1.26m.

Charity Commission reporting

24. 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.

25. We do not foresee any need to make a report to the Charity Commission during financial year 2025-26.

Departmental Expenditure Accounts

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

Employment costs

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance £	%		
Expenditure						
Salaries & Pensions	1,346,680	1,384,500	37,820	3	1,846,000	1,808,180
Recruitment	19,511	11,250	(8,261)	(73)	15,000	23,261
Staff development & training	18,396	28,819	10,423	36	38,425	28,002
Temporary staff	3,032	2,875	(157)	(5)	3,500	3,657
Annual P11d tax cost	1,414	1,600	186	12	1,600	1,414
Staff benefits:						
Insurance premiums	13,084	12,750	(334)	(3)	17,000	17,334
Other staff costs & benefits	6,225	8,625	2,400	28	11,500	9,100
Total	1,408,342	1,450,419	42,077	3	1,933,025	1,890,948

27. The position after the opening nine months of the year shows a total expenditure of £1.41m, against a year-to-date budget allocation of £1.45m. The underspend is predominately due to salaries, pension, and training costs. There was an offset in recruitment costs.

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28. The underspend in salary and pension costs reflects staffing levels being lower than planned. Recruitment costs have increased due to shorter term contracts requiring more activity.

Education and professional standards

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
Expenditure		£	%			
Quality assurance	86,220	81,621	(4,599)	(6)	89,105	93,704
Research projects	14,929	19,669	4,740	24	26,225	21,485
Osteopathic Practice Standards	4,701	1,657	(3,044)	(184)	2,209	5,253
Publications & subscriptions	-	1,500	1,500	100	2,000	500
Total	105,850	104,447	(1,403)	(1)	119,539	120,942

29. The position after the opening nine months of the year shows a total expenditure of £106k, against a year-to-date budget allocation of £104k. There is some overspend on QA work; bringing the QA process in-house has significantly reduced costs in that area (down 49% compared to the same period last year). The overspend is due to an extension of the Mott McDonald contract through to October for their attendance at PEC in October, and completion of the HSU visit.

30. The Research projects category includes costs in relation to a PhD student doing research work, with budget in place for Boundaries (£6k), OPS (£12k), and other Research Projects (£2k). The budget for Publications & subscriptions will not be utilised following a review of costs, and can be used to offset any overall overspends in the department.

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Communications, research, and development

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
Expenditure		£	%			
Digital	21,626	19,346	(2,280)	(12)	25,795	28,075
Engagement and events	8,591	8,375	(216)	(3)	11,167	11,383
Welsh Language Scheme	6,679	6,305	(374)	(6)	8,406	8,780
Publications	5,194	4,364	(830)	(19)	5,818	6,648
<i>Research</i>						
IJOM	30,126	30,000	(126)	0	40,000	40,126
Total	72,216	68,390	(3,826)	(6)	91,186	95,012

31. The position after the opening nine months of the year shows a total expenditure of £72k, against a year-to-date budget allocation of £68k. The overspend is predominantly due to Digital, with some underbudgeted spend on WhatsApp and Google, and an unbudgeted Student Ebulletin; these have been allowed for more appropriately in the draft 2026-27 budget.

32. The overspend in Publications relates to two invoices from Mighty Agency which were sent late by the supplier; the work was in the previous financial year but missed the year end cut off.

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Registration administration

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
Income		£	%			
Registration assessment income	2,070	15,000	(12,930)	(86)	20,000	7,070
Total	2,070	15,000	(12,930)	(86)	20,000	7,070
Expenditure						
Registration assessments	3,461	15,000	11,539	77	20,000	8,461
Total	3,461	15,000	11,539	77	20,000	8,461
Net expenditure	1,391	-	(1,391)	(100)	-	1,391

33. The position after the opening two months of the year shows a total net expenditure of just over £1k. The cost of registration assessments is largely offset by the fee-paying applicants applying for the assessments, and we expect the income and expenditure to be largely equal and opposite once assessments are completed.

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IT infrastructure

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
Expenditure			£	%		
CRM and infrastructure	64,433	57,382	(7,051)	(12)	76,510	83,561
IT Security	19,133	16,838	(2,295)	(14)	22,450	24,745
Software - Licensing	10,672	13,613	2,941	22	18,150	15,209
IT Consultancy cover	7,590	3,750	(3,840)	(102)	5,000	8,840
Other IT costs	5,362	2,250	(3,112)	(138)	3,000	6,112
Total	107,190	93,833	(13,357)	(14)	125,110	138,467

34. The position after the opening nine months of the year shows a total expenditure of £107k, against a year-to-date budget allocation of £94k. The overspend is predominantly due to spending on CRM & Infrastructure, annual leave IT cover, and Other IT costs (which includes small sundry items for staff, including those working remotely).

35. CRM spend is overbudget due to the new CRM taking longer than planned to implement and therefore paying for two systems at the same time; we had to renew the existing CRM system in November for a full year to November 2026.

36. Spending on IT sundries has increased due to a programme of refreshing laptops and associated accessories, and purchasing equipment for new starters.

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Fitness to practise, including legal

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
			£	%		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee	219,257	224,325	5,068	2	299,100	294,032
• Investigating Committee	148,278	48,000	(100,278)	(209)	64,000	164,278
FtP panel member holiday pay & pension	44,510	15,000	(29,510)	(197)	20,000	49,510
Section 32 cases	1,134	3,300	2,166	66	4,400	2,234
Other FtP projects	-	9,375	9,375	100	12,500	3,125
Total	413,179	300,000	(113,179)	(38)	400,000	513,179

37. The position after the opening nine months of the year shows a total expenditure of £413k, against a year-to-date budget allocation of £300k. There is an overspend of £95k in costs across the various committees in the year so far due to the large increase in cases this year. The increased caseload, and also the complexity, shows no signs of slowing down, and the draft budget for 2026/27 reflects this.

38. Something to note is the panel member holiday pay and pension costs: £27k of the amount paid so far relates to the two years to 31 March 2025. We have £20k budgeted per year for this, and for the nine months of the year to date, we have paid just over £13k on holiday pay and pensions. At the 2024 year end, the provision for FtP panel member holiday pay and pension was removed after taking advice from the external auditors; had this been left in, we would not have had that additional expense in the current year relating to previous years.

39. There is also additional budget for projects such as an external audit on the function. No spend has gone through in the year to date for these items.

40. Statutory committee costs (including panel member holiday pay and pension costs) represent just under 100% of the department expenditure so far this year, 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.

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41. As of 29 January 2025, the following hearings and meetings for the next six months are scheduled:

February 2026	March 2026
x1 4-day PCC hearing (resuming) x1 8-day PCC hearing x1 10-day PCC hearing starting (2 days in February) x1 1-day IC meeting x1 IC training day	x1 10-day hearing (remaining 8 days from February) x1 10-day hearing x1 1-day IC panellists induction day x1 half-day PCC chair training x1 1-day IC meeting
April 2026	May 2026
x1 2-day PCC hearing (resuming) x1 3-day PCC hearing x1 3-day PCC hearing x1 2-day hearing (one day in April) and the second the day after that falls in May 2026) x1 2-day PCC hearing x1 1-day restoration hearing	x1 2-day hearing (remaining day from April) x1 5-day PCC hearing x1 1-day IC meeting
June 2026	July 2026
x1 3-day PCC hearing x1 1-day IC meeting	x1 1-day IC meeting

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Governance

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
Expenditure			£	%		
Honorariums & responsibility allowances	79,822	82,500	2,678	3	110,000	107,322
Council and committee costs, incl. reappointments	44,258	45,008	750	2	60,010	59,260
Board effectiveness	43,200	36,000	(7,200)	(20)	36,000	43,200
PSA levy	11,769	12,180	411	3	16,240	15,829
Internal Audit	5,760	10,800	5,040	47	14,400	9,360
Tax liability (on Council expenses)	2,742	7,500	4,758	63	10,000	5,242
Equality & Diversity	690	1,500	810	54	2,000	1,190
Skills audit	-	8,850	8,850	100	11,800	2,950
Total	188,241	204,338	16,097	8	260,450	244,353

42. The position after the opening nine months of the year shows a total expenditure of £188k, against a year-to-date budget allocation of £204k. The majority of the underspends are due to the new projects for Internal Audit, and a skills audit of Governance members. No spend has gone through in the year to date for the skills audit, and the internal audit programme is now up and running so we expect to see the costs increase soon. The tax payable on Council member expenses was also lower than expected.

43. There is an overspend in Board Effectiveness costs due to an additional facilitated session requested by Council.

44. Honorarium and responsibility allowances of £80k represent 42% of the total expenditure for the nine month period.

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Central resources and financing

	Year to Date 1 April 2025 – 31 December 2025				FY Budget	FY Forecast
	Actual	Budget	Variance			
			£	%		
Expenditure						
Premises	59,991	63,165	3,174	5	80,220	77,046
Depreciation	46,633	40,425	(6,208)	(15)	53,900	60,108
Office administration	36,598	27,878	(8,720)	(31)	37,170	45,890
Financing	33,225	25,500	(7,725)	(30)	34,000	41,725
Financial audit fee	17,954	19,656	1,702	9	26,208	24,506
Publications and subscriptions	5,310	3,764	(1,546)	(41)	5,019	6,565
International conferences	4,238	5,025	787	16	6,700	5,913
Total	203,949	185,413	(18,536)	(10)	243,217	261,753

45. The position after the opening nine months of the year shows a total expenditure of £204k, against a year-to-date budget allocation of £185k. The majority of the overspend relates to unbudgeted expenses in relation to marketing the headquarter building (shown under Office administration above), bank charges and depreciation.

46. The overspend on depreciation relates to a programme of upgrading and replacing staff laptops, in addition to upgrading the office backup power system; the costs for these are spread over three years.

47. 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 (£60k), and office administration including insurance, postage, and photocopying (£30k). These two areas represent 45% of the total expenditure after the nine month period.

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Council
12 February 2026
Fitness to Practise report

Classification	Public
Action	For noting
Purpose of the paper	Quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.
Strategic Priority implications	<p>Delivery of our statutory fitness to practise activity in a timely and fair manner will help with the strategic priority of Strengthening Trust.</p> <p>We have outdated, prescriptive legislation so to be efficient and cost-effective and fair we also Embrace Innovation.</p>
Standards of Good Regulation implications	There are five Standards of Good Regulation which relate specifically to Fitness to Practise. The paper and annexes speak to these five Standards - see background reading.
Communications implications	We engage with registrants, complainants and third parties throughout the whole fitness to practise process. All parties involved in an investigation have access to the Independent Support Service.
Financial, resourcing and risk implications	Financial aspects of Fitness to Practise activity are considered in Annex B of the Chief Executive and Registrar Report.
Patient perspectives	Our fitness to practise processes are central to patient protection and the public interest. We support complainants who raise concerns at every stage of the fitness to practise process.
Diversity implications	Ongoing monitoring of equality and diversity trends will form part of the Regulation department's future quality assurance framework.
Welsh language implications	There are no implications for the Welsh Language arising from this paper.

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Annex(es)	A. Fitness to Practise Data Set B. Fitness to Practise Dashboard
Author	Sheleen McCormack, David Bryan
Background reading	PSA Standards of Good Regulation The GOsC Concerns Process Fitness to Practise Annual Report 2023-24 Protecting the osteopathic title, Section 32

Recommendation(s)	To note the report.
Key messages	
<ul style="list-style-type: none">As reported to Council at its last meeting, we are continuing to manage the highest number of open cases since 2017-18.In this reporting period, we continue to see a significant increase in the number of concerns received compared to last year.Currently 39% of the overall caseload relates to concerns regarding a breach of boundaries. This represents a slight decrease in the number received since the last quarter.As of 31 December 2025, we have listed 14 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 dataset at Annex A.The Investigating Committee met on five occasions and considered 17 cases in total.During the reporting period eight cases were considered by the PCC consisting of; six substantive hearings, of which one went part heard, and two rule 19 meetings (cancellation of hearing).There is a high volume of hearings that have either been scheduled over Q4 2025-26 including scheduling for Q1 of 2026-27.	

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- In November 2025 we successfully prosecuted Ms Lilly Iaschelcic, a former registrant for breach of title, in accordance with section 32 of the Osteopaths Act.
- There was a significant increase in the number of interim suspension order applications before the IC and PCC during the reporting period.

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Fitness to practise caseload and case trends

1. In this reporting period, the Regulation Department received 29 concerns, with 8 formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 13 concerns and 4 formal complaints were opened.
2. Of the 29 concerns; 7 related to a breach of boundaries, three related to poor communication, two related to conduct not linked to treatment, one related to a conviction, one related to a lack of insurance and 15 related to inadequate treatment.
3. Of the eight formal complaints, these related to; a transgression of boundaries (4), poor communication (2), conduct not linked to treatment (1), inadequate treatment (1).
4. Currently 39% of the overall caseload relates to alleged breach of boundaries. The majority of these cases relate to allegations of sexual touching / sexually motivated conduct. Applications for interim suspension orders are correspondingly high, with four applications made to the IC and three made to the PCC during the reporting period.
5. As at 31 December 2025, the Regulation Department's fitness to practise caseload was 97 cases (68 formal complaints and 29 concerns). This represents the highest number of open cases since 2017-18. In comparison, the Regulation department's fitness to practise caseload as of 31 December 2024, was 71 cases (57 formal complaints and 14 concerns). An explanation on the impact throughout the end to end FtP processes is illustrated below:
 - There has been a sustained increase in the number of new concerns received over the last few quarters (in Q4 2024-25 - 23 concerns were received, in Q1 2025-26 - 19 concerns received, Q2 2025-26 - 28 concerns and 29 concerns received in this reporting period)
 - Over recent quarters screeners have referred more concerns to the Investigating Committee. This represents the highest rate of referral since Q2, 2018-19.
 - Over the last year, the IC has referred more cases to the PCC. For example in Q4 2024-25, the IC referred 14 cases to the PCC – a significantly high number of cases. We consider that this is a reflection of the fact we are getting more concerns and the seriousness of the concerns received 14 cases referred in one quarter alone (Q4, 24-25) the majority were serious cases.
 - The number of third party cases over the last few years has impacted the number of live cases as these remain open for longer due to ongoing police investigation and/or court procedures.

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6. We continue to encounter delays in the progress of some cases related to third-party investigations. During the reporting period 23% of our total caseload is currently, or has been, with third parties.
7. We continue to experience ongoing difficulties in terms of engaging and re-engaging complainants. This has negatively impacted on progress some cases expeditiously. This is particularly challenging in light of the high number of serious concerns we have received. We are managing several complex cases involving vulnerable witnesses and have been managing fluctuations in their engagement with the FtP process.
8. There has been a rise in applications for interim suspension orders. During the reporting period there were four applications to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO), of which three orders were imposed and in one application undertakings were accepted by the IC. Three applications for an ISO were made to the PCC, in which three suspension orders were imposed.
9. During this quarter eight cases were considered, including four substantive hearings, two rule 8 PCC meetings (consensual disposal) and two PCC Rule 19 considerations (cancellation of a hearing), with a total of 21 PCC hearing days during the reporting period.

Fitness to practise case progression

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

Case stage	Key Performance Indicator	Performance Target	Median figures achieved this quarter	Median figures excluding 3rd party cases
Screening	Median time from receipt of concern to the screener's decision	9 weeks	9 weeks	8 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	42 weeks	26 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	124 weeks	72 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A	N/A

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11. In this reporting period the Screener KPI was met at eight weeks.

12. The IC KPI was not met during this reporting period. This was for several reasons: as the number of cases waiting for consideration by the IC has risen dramatically, we have noted that cases that are otherwise ready for consideration by the IC cannot be considered for the next meeting (or two) due to the fact that the IC cannot consider more than around 2/3 cases per meeting and advance agendas are already full. We have, where possible, listed additional meeting days but this has been hindered by the upward trend in other IC activity such as interim order hearings and the associated costs. We have been considering alternative ways of improving IC efficiency by enabling more cases to be considered at meetings by streamlining how the IC considers cases whilst not compromising the quality of decision making and the written reasons. We met with the IC Chair in December 2025, to discuss implementing a pilot in February 2026 which will streamline how written reasons are finalised using SharePoint.

13. The median output of the PCC cases was 124 weeks. The median over the last quarter was 72 weeks. Although we are managing a very large caseload relative to the size of the organisation, it is very small in comparison to e.g. the Nursing and Midwifery Council (NMC). As such, the KPI output will fluctuate, sometimes sharply from quarter to quarter which is representative of the age, complexity and severity of the FTP caseload. We have scheduled for hearing several of our oldest most complex cases in the next quarter and so this trend will continue. Difficulties we encountered over this quarter ranged from: a lack of communication from the Registrant's representative, difficulty in engaging a young witness and in both rule 19 matters these were complex in nature.

Third party investigations - data comparison

14. We are unable to progress cases that are being investigated by the police and/or are before the courts. 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	1 (3%)
IC stage	36 weeks	35 weeks	7 (22%)
PCC stage	90 weeks	64 weeks	14 (47%)
Total	32 weeks	24 weeks	22 (23%)

FtP Hearings

15. We have scheduled 'back to back' hearings between January and March 2026, consisting of 51 hearing days over a three month period. Several of these are multiple day hearings lasting 10 days and are complex involving vulnerable witnesses and registrants.

16. We are in the process of listing a further seven substantive hearings, with listing questionnaires being sent in preparation for listing from April 2026 onwards. This is because due to the consecutive hearings already scheduled and resourcing issues we are not in a position to run simultaneous hearings as the default position, although we have done on a number of occasions over the last twelve months (such as ISO hearings).

Breach of title prosecution

17. The Regulation team successfully prosecuted Lilly Iaschelcic for unlawfully using the title 'osteopath'. Ms Iaschelcic was found guilty at City of London Magistrates' Court on 26 November 2025. Ms Iaschelcic had been removed from the Register on 25 January 2022 following non-payment of fees and was therefore not permitted to use the title. The offence related to a website advertising Ms Iaschelcic as an osteopath, despite multiple prior warnings to her that doing so was a criminal offence.

18. The court imposed a fine of £623, payable within three months. Ms Iaschelcic was also ordered to pay £85 in costs to the GOsC and a £249 Victim Surcharge.

Appeals of decisions made by FtP Committees

19. On 5 November 2025, the GOsC received a court stamped notice of hearing that a statutory appeal had been lodged at the High Court against a determination of the Professional Conduct Committee to impose an interim suspension order against a registrant in an ongoing FtP case.

Working with others

20. The Director of Fitness to Practise attended the inter-regulatory Directors of FtP meeting on 12 December 2025. There was an informative discussion on the rise of AI in the construction of fitness to practise concerns being submitted by members of the public to Healthcare Regulators and the increase in threats of AI generated pre court action disclosure requests. The future use of AI in the closure of concerns received was also discussed.

PCC and IC Training Day

21. The PCC Annual training day took place at Osteopathy House on 14 January 2026. The agenda included an interactive session on managing vulnerable witnesses and achieving best evidence, and a lively session on AI and its impact on FtP. In the afternoon we had a further interactive session focussing on case law updates and the application in hearings.

22. A further on line Chair training event for PCC lay panellists has been scheduled for 20 March 2026. This event, like the previous one, will focus on best practice

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and skills required to chair a hearing, including softer skills relating to witness management.

Fitness to Practise audit

23. TIAA, was appointed by GOsC as internal auditors in April 2025. An internal audit of the FtP function was planned and agreed in August 2025 with an initial planning meeting between TIAA and GOsC held in September 2025. The audit work commenced in October 2025. The auditors tested a sample of open and closed cases.

24. The scope of the review covered two of the PSA Standards of Good Regulation¹ and specifically the following Key Performance Indicators (KPIs)

- KPI: That parties must be notified of the Screener's decision within five days.
- KPI: That all parties are notified of the IC's decision and reasons within two working days of the decision being made.
- KPI: That all parties to a complaint are kept updated on the progress of their cases at least monthly.
- KPI: That there is evidence of an initial and continuing risk assessment on a case upon receiving new evidence or information throughout the life cycle of the case.

25. A sample of open and closed cases in the past 12 months was reviewed for quality and timeliness of communications sent. Testing a 70:30 split of open and closed cases. Feedback was provided to the Regulation team in December 2025 following the completion of the audit. A standout, headline point falling out of the audit was that GOsC identifies and prioritises all cases which suggest a serious risk to the safety of patients/service users and general public.

26. The full report will be considered by the Audit Committee at its next meeting and Council will be provided with a detailed evaluation at the next meeting in May 2026.

• ¹ Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate and

Standard 18: All parties to a complaint are kept updated on the progress of their cases and supported to participate effectively in the process.

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Executive view

27. We are of the view that our fitness to practise process enables GOsC to deal with cases fairly, justly and expeditiously in the public interest. We are mindful that dealing with cases justly and at proportionate cost includes dealing with a case proportionately:

- i. to the importance of the case
- ii. to the complexity of the issues.

Recommendation: To note the report.

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Fitness to practise dashboard 01 October 2025 to 31 December 2025 (Q3)

Case progression – at a glance

- We have received 29 new concerns during the reporting period, this represents an increase of one concern received, which is the highest we have received since reporting year 2019/2020.
- The Investigating Committee (IC) met remotely on five occasions and considered 17 cases.
- During this reporting period the Professional Conduct Committee (PCC) considered eight cases, concluding seven with one going part heard.

Referrals Received	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Formal complaints closed under TC	0	1	1	2
Formal complaints referred to IC by Screener	8	13	13	8
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	24	29	34	32
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	32	29	30	30
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	5	6	16	14
PCC/HC Cases part heard (as at end of quarter)	1	2	2	1
Formal complaints open (as at end of quarter)	56	62	67	68
Cases that need review hearings (as at end of quarter)	3	4	3	6

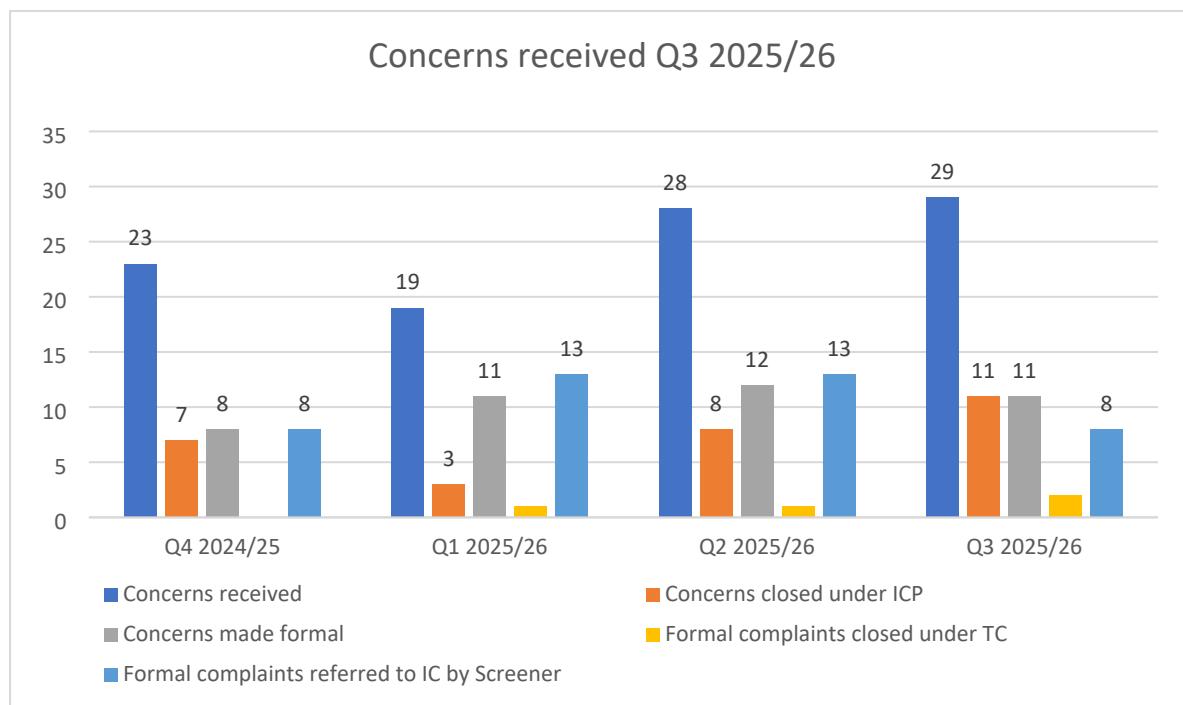
Age of Caseload from Date Received	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
52 weeks – 103 weeks	19	19	16	13
104 weeks – 155 weeks	10	14	9	11
156 weeks and above	3	6	7	10

New Referrals

- We have received 29 new concerns during the reporting period.
- Eleven cases were closed under the Initial Closure Procedure (ICP).

Annex A to 8

- Two cases were closed under the threshold criteria.
- There were 22 cases considered by screeners, eight of these were referred to the IC.



Referrals Received	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Concerns received	23	19	28	29
Concerns closed under ICP	7	3	8	11
Concerns made formal	8	11	12	11
Formal complaints closed under TC	0	1	1	2
Formal complaints referred to IC by Screener	8	13	13	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	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Self-referral by the registrant	0	1	1	3
Registrar's allegation	0	1	0	0
Non-NHS employer	0	0	0	1
Patient or service user	6	14	9	20
NHS	0	0	0	0
Another registrant	1	1	0	1

Annex A to 8

Anonymous informant	0	0	0	0
Another regulatory body	0	0	0	0
Any other informant	1	2	2	4
Total	8	19	12	29

Key Performance Indicators

- The Screener KPI was met, at eight weeks.
- The Investigating Committee KPI was not met, at 42 weeks.
- The Professional Conduct Committee KPI was not met, at 124 weeks.

Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
Screening	Median time from receipt of concern to the screener's decision	9 weeks	8 weeks	6 weeks	9 weeks	8 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	52 weeks	51 weeks	26 weeks	42 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	82 weeks	91 weeks	72 weeks	124 weeks

Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Median	9 weeks	6 weeks	9 weeks	8 weeks
Longest case	24 weeks	22 weeks	33 weeks	28 weeks
Shortest case	1 week	0 weeks	1 week	1 week
Time from receipt of complaint to final IC decision (26 weeks)	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Median	52 weeks	51 weeks	26 weeks	42 weeks
Longest case	123 weeks	84 weeks	110 weeks	104 weeks
Shortest case	6 weeks	29 weeks	26 weeks	10 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Median	49 weeks	36 weeks	43 weeks	45 weeks

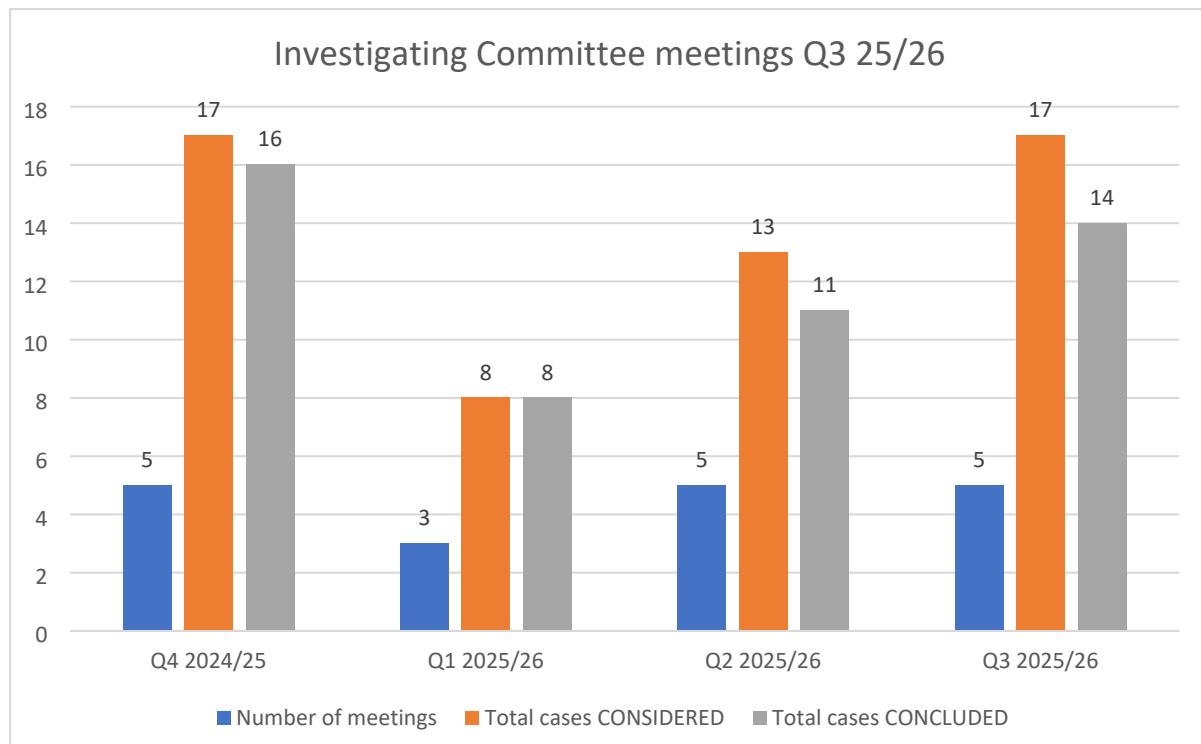
Annex A to 8

Longest case	49 weeks	80 weeks	24 weeks	175 weeks
Shortest case	49 weeks	18 weeks	153 weeks	29 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Median	82 weeks	91 weeks	72 weeks	124 weeks
Longest case	82 weeks	141 weeks	174 weeks	203 weeks
Shortest case	82 weeks	43 weeks	72 weeks	58 weeks
Median time to interim order committee decision:	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
From receipt of referral	3 weeks	5 weeks	23 weeks	9 weeks
From decision that there is information indicating the need for an interim order	2 weeks	3 weeks	5 weeks	4 weeks

Investigating Committee

- The IC met remotely on five occasions during the reporting period and considered 17 cases. This represents the joint highest total of IC considerations in a quarter (also Q4 2024/25) since 2018/2019.
- The IC KPI was met not met during this quarter, at 42 weeks.
- The overall number of cases sitting at the IC stage has only decreased by two cases, despite the high level of case throughput at the IC stage during the reporting period.
- Seven of the 32 cases (22%) at the IC stage are currently recorded as third party.
- The IC considered four Interim Suspension Order (ISO) applications during the reporting period.

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Investigating Committee Decisions	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
No Case to Answer	1	4	3	4
No Case to Answer with advice	1	1	0	2
Referred to PCC	14	3	7	6
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	1	0	2	3
Stayed	0	0	0	0
Rule 19 agreed	0	0	1	2

Professional Conduct Committee

- During the reporting period eight cases were considered by the PCC, consisting of six substantive hearings, of which one went part heard, and two rule 19 meetings.
- The number of cases at the PCC stage has remained the same as the last quarter, at 30 cases.

47% of cases at the PCC stage are, or were, third party cases (police) which is an increase from 40% recorded at the previous quarter. This is reflective of the serious nature of concerns progressed during the reporting period – cases where

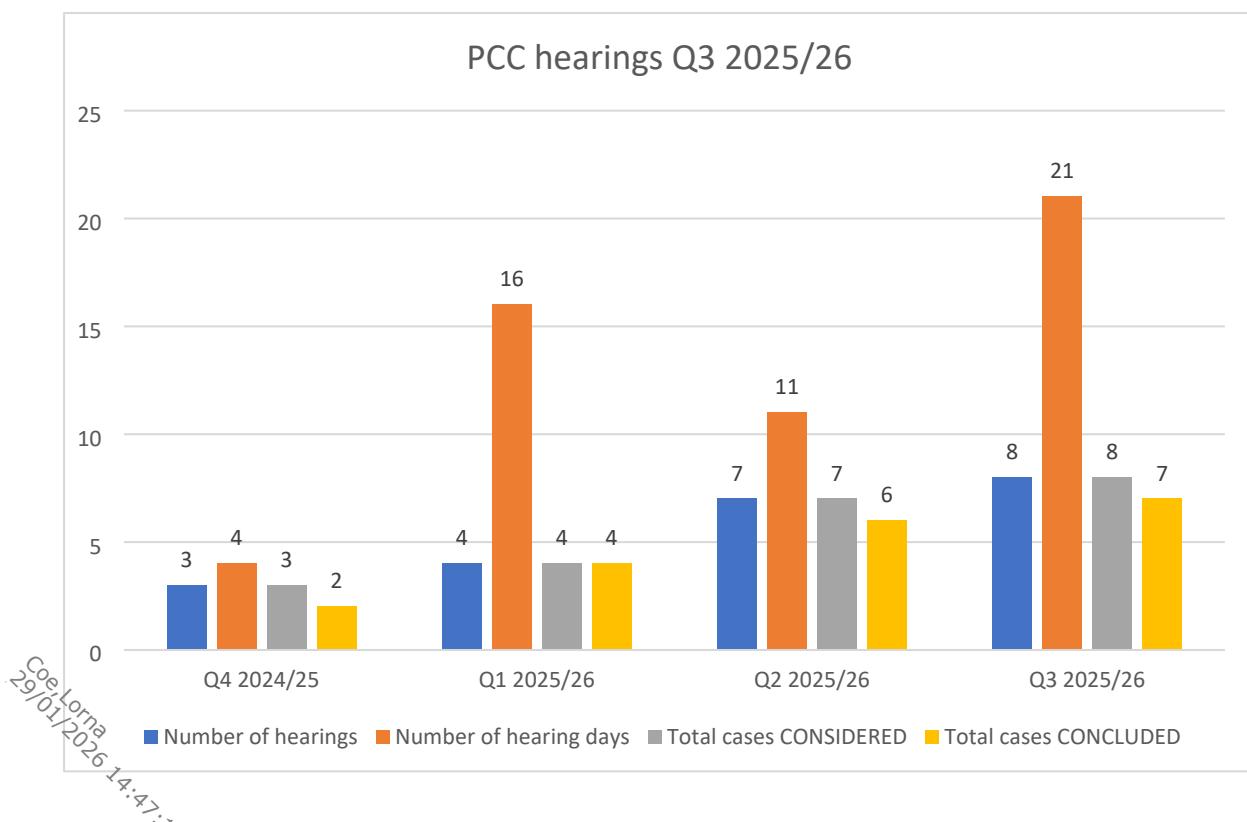
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Annex A to 8

the Registrant was subject to an interim suspension order imposed initially by the IC, but also since imposed by the PCC.

- The status of the 30 cases at the PCC stage are broken down as follows:
 - 14 cases have been listed for hearing
 - In three cases there are other concerns relating to the Registrant at the pre-IC stage. Consideration may need to be given to joining these cases if they are referred to the PCC.
 - Four are currently with the police or awaiting a court trial.
 - In four cases we are in the process of serve fo the case on the Registrant.
 - Five cases are in the process of scheduling for hearing.

Professional Conduct Committee Hearings	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of hearings	3	4	7	8
Number of hearing days	4	16	11	21
Total cases CONSIDERED	3	4	7	8
Total cases CONCLUDED	2	4	6	7



Annex A to 8

PCC Decisions	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Allegation not 'well founded'	0	1	2	1
Admonished	1	1	1	1
Conditions of Practice	0	1	0	1
Suspension	0	0	0	2
Removal	0	0	0	0
Rule 19	0	0	1	2
Adjourned	0	0	1	1
Conditions/Suspension to expire at end of order	1	0	0	0
Rule 8 Admonishment	1	0	2	0
Stayed	0	0	0	0
Referred to the HC	0	0	0	0
Referred to PCC hearing (rule 8)	0	0	0	0
Conviction has no material relevance	0	1	0	0

Health Committee

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

Interim Suspension Orders

IC Interim Suspension Order Decisions	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
Applications made	1	1	4	4
Interim Suspension Order imposed	1	0	1	3
Undertaking	0	0	0	1
Adjourned	0	0	0	0
Median time to IC decision from receipt of referral	N/A	5 weeks	23 weeks	9 weeks
Median time to IC decision from decision that there is information indicating the need for interim order	N/A	3 weeks	5 weeks	4 weeks

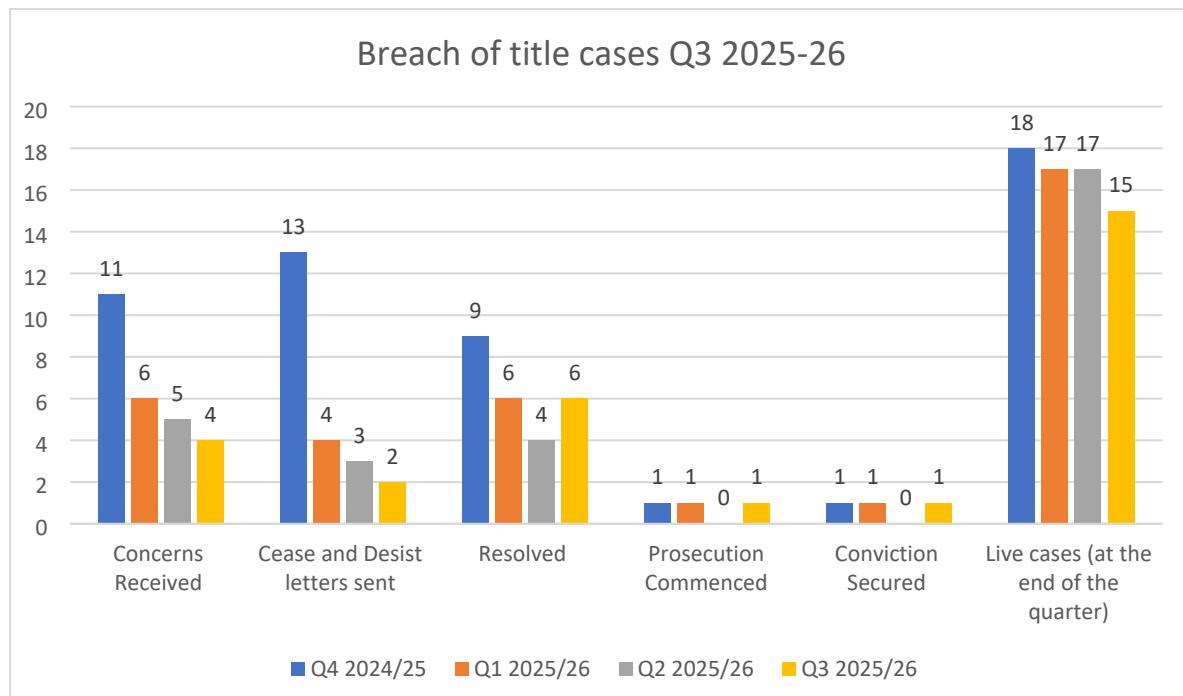
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Annex A to 8

PCC/HC Interim Suspension Order Decisions	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
Applications made	1	0	1	3
Interim Suspension Order imposed	1	0	1	3
Undertaking	0	0	0	0

Protection of Title

- There are currently 15 active Section 32 investigations, a decrease by 2 since the previous quarter.



Protection of Title	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Concerns Received	11	6	5	4
Cease and Desist letters sent	13	4	3	2
Resolved	9	6	4	6
Prosecution Commenced	1	1	0	1
Conviction Secured	1	1	0	1
Live cases (at the end of the quarter)	18	17	17	15

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Annex A to 8

Appeals

- One appeal has been received during the reporting period, in relation to a decision of the PCC to impose an Interim Suspension order.

Total number of registrant appeals in the quarter which are:	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Ongoing	0	0	0	0
Opened	0	0	0	1
Concluded	0	0	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	Q4 2023/24	Q1 2025/26	Q2 2025/26	Q3 2025/26
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 two voluntary removal applications in the reporting period – one pre-IC and one post IC stage. No applications for voluntary removal were granted by the Registrar.

Number of voluntary erasure/removal applications: Subsequent to the FTP case being considered by an IC.	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Received	1	1	3	2
Granted	0	1	0	0

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Statistics at a glance

Key:

The colour green represents that this statistic is on target, amber represents that the fact we are over KPI but there is both active progression of cases and cogent reason for being over KPI, with red representing that there was no active progression of cases and cogent reasons for being over KPI.

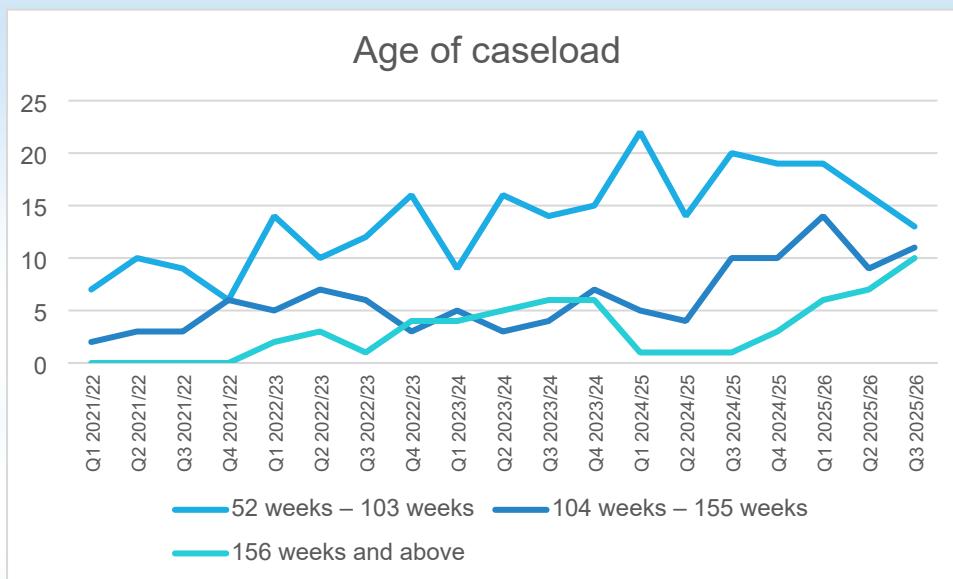
	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Screener stage				
Formal concerns referred to IC by Screener	8	13	13	8
IC stage				
Concerns referred to the PCC	14	3	7	6
Awaiting IC consideration	24	29	34	32
PCC stage				
Awaiting PCC consideration	32	29	30	30
Awaiting PCC consideration – listed for hearing	5	6	16	14
PCC/HC Cases part heard	1	2	2	1
Cases that need review hearings	3	4	3	6
General statistics				
Formal complaints open	56	62	67	68

	Q1 2025/26	Q1 2025/26	Q2 2025/26	Q3 2025/26
Receipt to screener decisions (9 weeks)	9 weeks	6 weeks	9 weeks	8 weeks
Receipt to IC decision (26 weeks)	52 weeks	51 weeks	26 weeks	42 weeks
Receipt to PCC decision (52 weeks)	82 weeks	91 weeks	72 weeks	124 weeks

Third party statistics

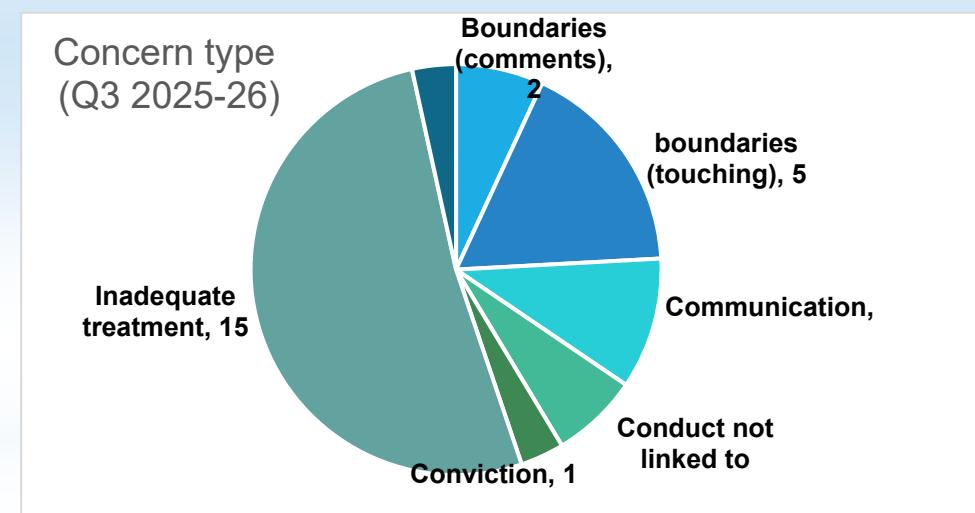
	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	6 weeks	6 weeks	1 (3%)
IC stage	36 weeks	35 weeks	7 (22%)
PCC stage	90 weeks	64 weeks	14 (47%)
Total	32 weeks	24 weeks	22 (23%)

Age of Caseload



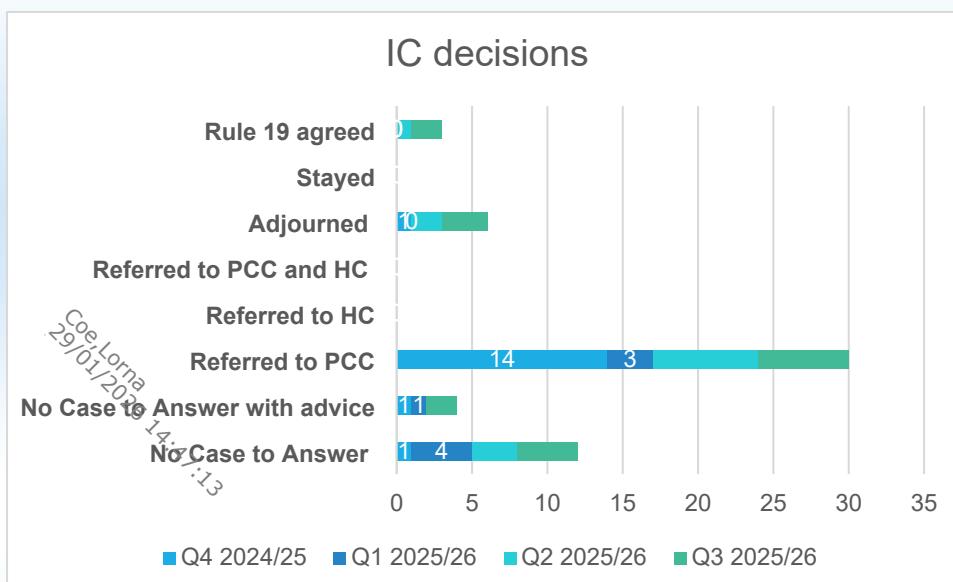
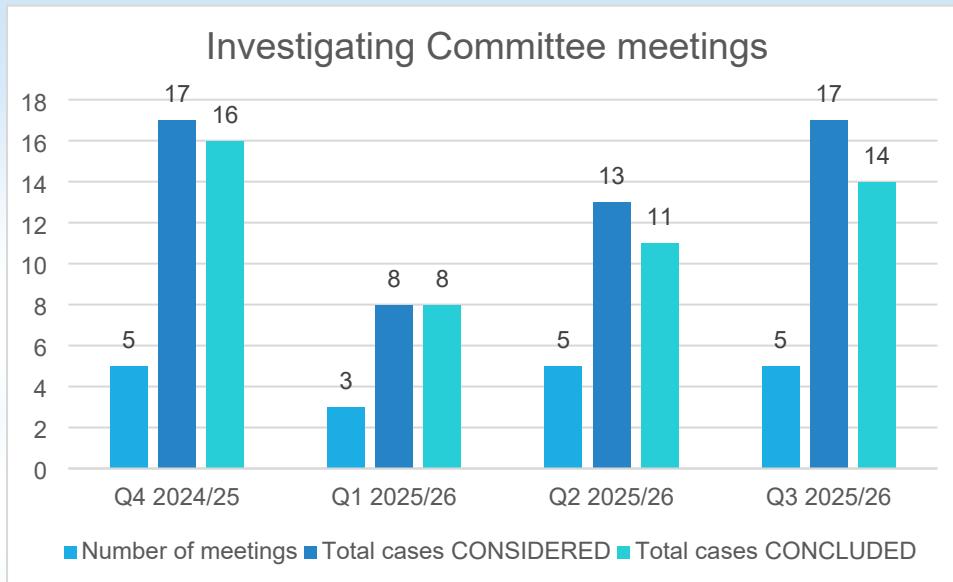
Screener stage

Referrals Received	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Concerns received	23	19	28	29
Concerns made formal	8	13	12	11
Screening decisions made	16	17	17	21



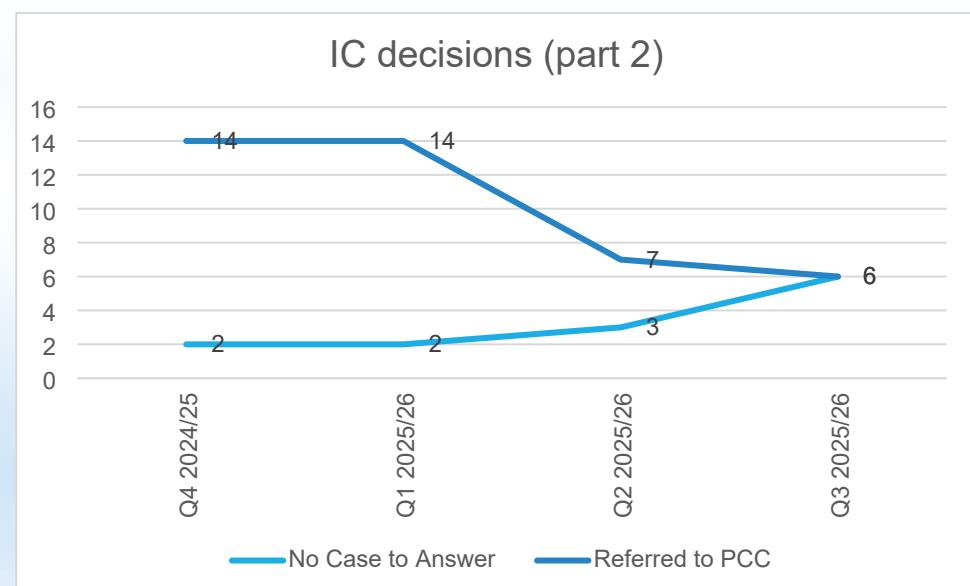
Source of formal complaints	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Self-referral by the registrant	0	1	1	3
Registrar's allegation	0	1	0	0
Non-NHS employer	0	0	0	1
Patient or service user	6	14	9	20
NHS	0	0	0	0
Another registrant	1	1	0	1
Anonymous informant	0	0	0	0
Another regulatory body	0	0	0	0
Any other informant	1	2	2	4

Investigating Committee stage

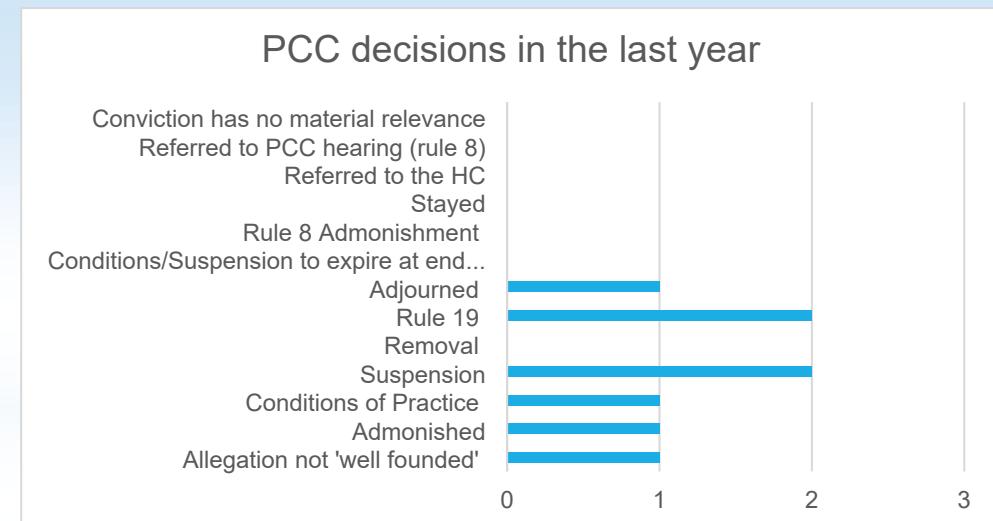
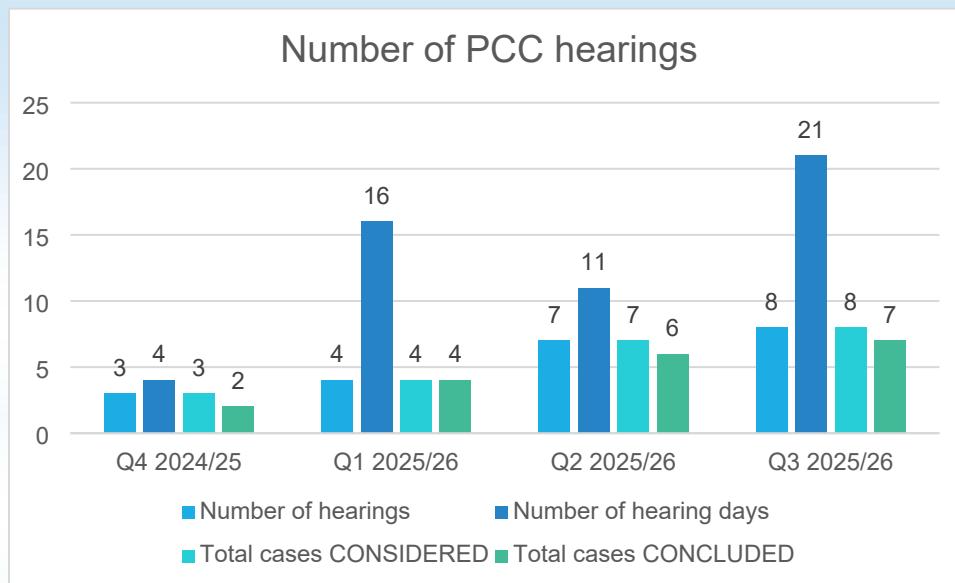


IC stage observations

- There were 8 cases referred to the IC by the screeners.
- Feedback from the IC suggests 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.



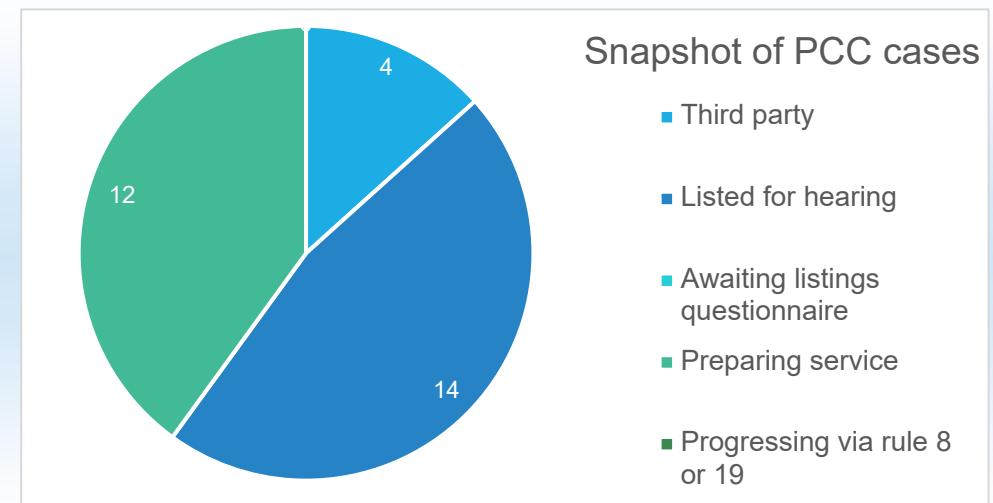
Professional Conduct Committee stage



PCC stage observations

- Eight cases were considered by the PCC during the reporting period.
- We have scheduled 14 of the 30 cases at the PCC stage, which we consider a healthy number of cases to be listed. We are mindful that we have eight further cases to list, aside from other cases that we are currently preparing.

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Council

12 February 2026

Appointment of Independent Legal Assessors

Classification	Public
Action	For decision
Purpose of the paper	To obtain approval from Council for the appointment of Independent Legal Assessors Ltd (ILA) to assist Fitness to Practise Committees.
Strategic Priority implications	Delivery of our statutory fitness to practise activity in a timely and fair manner supports our strategic priority of Strengthening Trust.
Standards of Good Regulation implications	There are five Standards of Good Regulation which relate specifically to Fitness to Practise.
Communications implications	We engage with registrants, complainants and third parties throughout the whole fitness to practise process.
Financial, resourcing and risk implications	The costs of Legal Assessors are contained within the Regulation department budget.
Patient perspectives	Our fitness to practise processes are central to patient protection and the public interest. We support complainants who raise concerns at every stage of the fitness to practise process.
Diversity implications	Ongoing monitoring of equality and diversity trends will form part of the Regulation department's future quality assurance framework.
Welsh language implications	There are no implications for the Welsh Language arising from this paper.
Annex(es)	None
Author	Sheleen McCormack

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Background reading	<p>Information about our hearings for witnesses can be accessed here: https://www.osteopathy.org.uk/raise-a-concern/hearings/attending-a-hearing/witness-guidance/</p> <p>Information relating to Independent Legal Assessors Ltd can be found here: https://independentlegalassessors.co.uk/our-assessors/</p>
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Recommendation(s)	To agree to appoint Independent Legal Assessors Ltd as a service provider for the empanelling of legal assessors to our statutory committees.
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Key messages

- As reported to Council we are continuing to manage the highest number of open cases since 2017-18.
- We are currently scheduling 'back to back' hearings. For example, between January and March 2026, we have scheduled 51 hearing days. This trend is set to continue for the rest of 2026.
- All our FtP Committees are required to have an independent legal assessor appointed to assist panels with legal advice and to ensure the meeting and/or hearing is procedurally fair.
- Over the past few years, several of our legal assessors stepped down from GOsC as they had retired or taken up full time judicial positions.
- Independent Legal Assessors Ltd is a company that is able to provide a pool of suitably qualified and experienced legal assessors to the professional regulatory bodies that appoint them.
- We intend to empanel the additional legal assessors available from Independent Legal Assessors Ltd to ensure we can adequately resource the significant increase in our hearing activity in 2026 and beyond.

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Background

1. Section 27 of the Osteopaths Act 1993 requires Council to appoint Legal Assessors who have the function of giving legal advice to the Fitness to Practise Statutory Committees comprising of the following:
 - The Investigating Committee
 - The Professional Conduct Committee
 - The Health Committee
 - The Registration Appeals Committee.
2. A Legal Assessor performs a vital role at hearings and is required to advise on any question of law and to intervene to advise the Committee where there is a possibility of a mistake of law being made or where there is any irregularity in the conduct of the proceedings.
3. We currently use a pool of legal assessors. The last legal assessors were appointed by Council in 2017. Since then several legal assessors have stepped down from GOsC as they had retired or taken up full time judicial positions, only a few months ago one legal assessor was successful in her appointment as a salaried High Court judge.
4. As reported within the FtP quarterly report to Council, there has been a sustained increase in the number of new concerns received over the last two quarters. We are managing the largest caseload since 2017-18. Around 40% of the overall FtP caseload relates to alleged breach of boundaries which are likely to be referred to a hearing. We anticipate that the trend for a significant increase in hearings will continue. We have scheduled 'back to back' hearings between January and March 2026, consisting of 51 hearing days over a three month period. Several of these are multiple day hearings lasting 10 days and are complex.
5. We are in the process of listing further substantive hearings, with listing questionnaires being sent in preparation for listing from April 2026 onwards.

Discussion

6. Independent Legal Assessors (ILA) has specialist knowledge and experience gained over many years working with a wide range of professional regulators. ILA is able to provide a pool of over 25 suitably qualified and experienced legal assessors to the professional regulatory bodies that appoint them. ILA manage empanelment on behalf of the legal assessors to tribunals and committees. Indeed ILA has worked with GOsC for many years as GOsC appointed two of ILA's legal assessors to our pool of legal assessors back in 2013.
7. We intend to empanel additional legal assessors available from ILA while still utilising our existing pool of legal assessors to ensure we can adequately resource the significant increase in our hearing activity in 2026 and beyond.

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8. As the Osteopaths Act refers to the need for appointment of Legal Assessors to be made by Council, to avoid any potential for challenge, the appointment of ILA to provide such services needs to be approved by Council.

Executive view

9. The Executives view is there is no requirement under the Act for Council to appoint named individuals to act as legal assessors. Given this, it is therefore permissible to appoint a service provider in this manner. By doing so it would increase the resource available to us and ensure that we can operate our processes efficiently and meet the increasing need for hearings whilst, most importantly, maintaining public protection.

Recommendation

To agree to appoint Independent Legal Assessors Ltd as a service provider for the empanelling of legal assessors to our statutory committees.

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Council

12 February 2026

Financial and Asset Framework, 2026-30

Classification	Public
Action	For decision
Purpose of the paper	The purpose of the Financial and Asset Framework is to ensure the financial sustainability of the GOsC so that we can deliver on our statutory responsibilities. This paper seeks Council approval of the Framework for publication.
Strategic Priority implications	We need to ensure that we have sufficient resources to invest in the GOsC strategic priorities of trust, inclusivity and innovation.
Standards of Good Regulation implications	Insufficient resources to meet our business and strategic plans will lead to a failure in the Standards of Good Regulation.
Communications implications	The Financial and Asset Framework will be published on the GOsC website.
Financial, resourcing and risk implications	These are set out in the Framework.
Patient perspectives	We need to ensure we have sufficient resources to bring the patient voice/perspective into our work.
Diversity implications	We need to ensure we have sufficient resources to meet our responsibilities around equity, diversity, inclusion and belonging.
Welsh language implications	We need to ensure we have sufficient resources to meet our obligations under the Welsh Language Scheme.
Annex(es)	Financial and Asset Framework, 2026-30
Author	Matthew Redford, Darren Pullinger
Background reading	PSA Standards of Good Regulation

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Recommendation(s)	1. To agree the Financial and Asset Framework for publication.
<p>Key messages</p> <ul style="list-style-type: none">• The Financial and Asset Framework has been developed setting out our forecast position from 2026 to 2030.• The Framework, which is annexed, highlights the current financial position, the forecast future financial positions, assumptions and caveats associated with the forecasts, and actions that have been identified.• The 2026-27 financial year will be a deficit year for GOsC as a result of needing to significantly increase the financial resources to deliver the increased fitness to practise caseload. As previously reported to Council the caseload volume and complexity has grown substantially and this brings additional costs as cases now head towards the hearing stage.• The Framework identifies actions that can be taken to bring the financial position back into surplus from 2027-28 and 2028-29.• The profession and the wider sector is under pressure and facing uncertainty. We have a convening/facilitation role within the sector and we can be a stabilising force.• Council considered the draft Financial and Asset Framework at its private meeting in November 2025. Council is now asked to agree the Framework for publication on our website.	

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Introduction

1. The Financial and Asset Framework has been developed setting out our forecast position from 2026 to 2030.
2. The Framework, which is annexed, highlights the current financial position, the forecast future financial positions, assumptions and caveats associated with the forecasts, and actions that have been identified.

Discussion

Situational context

3. It is important for Council to understand the situational context within which the Framework is positioned. While the Framework will of course be focused on our own financial sustainability, it should not be considered in a silo, as decisions we make will have consequences for the sector.
4. The context within which the Framework has been developed is as follows:
 - The education sector is under pressure through a reduction in student numbers and financial challenges associated with delivering osteopathic courses. We have seen mergers within the education sector, courses failing to recruit and providers teaching out existing programmes. These have been factored into our forecasts.
 - There are potential 'green shoots' with a possible new course and the development of an apprenticeship pathway led by the Institute of Osteopathy - but these will take time to materialise.
 - Societal cost of living pressures impact on osteopaths who are predominately self-employed and more vulnerable to economic shocks. We need to be mindful that actions we take will directly influence behaviour within the profession.
 - The profession and the sector is experiencing a period of sustained uncertainty. As one of the most influential bodies within the sector we have a facilitation/convening role to help keep channels of dialogue open with the profession and also between osteopathic bodies. We can be, and need to be, a stabilising force for the sector.
 - The regulatory cost burden on the profession is high, and while registration fees have never been increased (in effect a real-terms decrease – the fee should be c.£900), this is not felt by the profession, with the £570 practising fee higher than most other healthcare regulators registration fee, except for dentists and chiropractors.
 - While we may understand that registration fee levels are directly influenced by the number of registrants (i.e. GOsC, 5.6k registrants, £570 fee compared to NMC, 841k registrants, £120 fee), this message does not

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always resonate with the whole profession, some of whom would prefer to be part of a multi-profession regulator with a lower registration fee.

- The number of registrants continues to increase although not by as many as in years gone by. The age population of the profession is at the higher end of the scale, meaning we may see an increase in retirements/leavers from the Register in future years.
- We have been absorbing cost inflation year on year as registration fees have never increased. However, our statutory responsibilities have not changed nor has our commitment to supporting the profession to deliver high-quality patient care. Our expenditure levels have been increasing significantly in recent years.
- We are seeing a significant increase in fitness to practise complaints received - many of which are complex - which leads, in turn, to increased volume going through to Investigating Committee and Professional Conduct Committee. With prescriptive legislation, this means expenditure will continue to be high in this area despite our own cost efficiencies. There will be a direct impact on the 2026-27 financial year meaning we will need to operate a deficit budget.
- We will be moving to a different way of working post sale of the headquarter building. The ability to work more 'on the turf' of osteopaths, especially regionally, is one we must grasp and use as a mechanism for changing perceptions.
- The advancement of AI is fast and we need to embrace this change, and other future technological developments, so that we maximise their benefit, increase our efficiency and where possible, reduce our expenditure. However, for the purpose of our forecasts, we have not assumed AI will lead to immediate financial savings and so have not accounted for these in the forecasts.

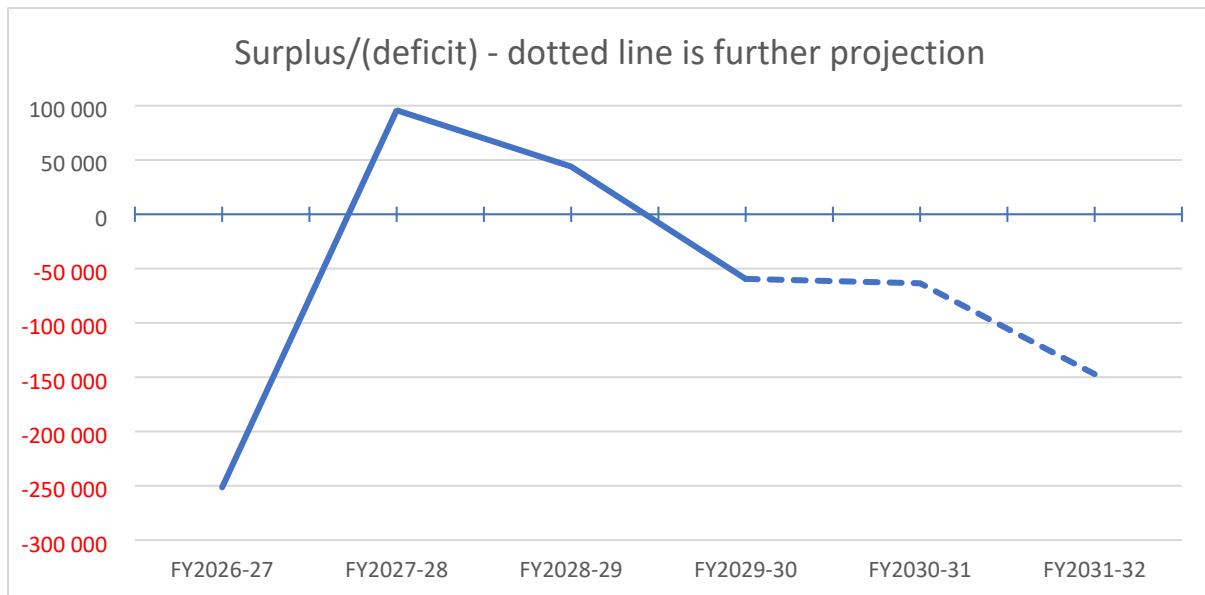
Financial and Asset Framework 2026-30

5. The work we have undertaken has highlighted that in 2026-27, our expenditure will significantly outstrip income due to a substantial increase in funds required to service fitness to practise cases which, as members will know, have been increasing in volume and complexity. Therefore, the 2026-27 budget will be in deficit. While fitness to practise has been under budget in previous financial years, the need to schedule a significant number of cases means we must allocate resources in this area.
6. There are actions we are currently taking which will lead to expenditure reductions in the future. Our decision to sell the headquarter building will generate financial savings (current operating costs less new ways of working), with the move to a different model of working resulting in alternative staffing requirements to service facilities/estates.

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7. The forecast allows for an increase in the investment income generated by an increased investment portfolio following the sale of the headquarter building. We have built this forecast income into the budgets from 2027-28 onwards, but have taken a very prudent approach by only recognising half of what the current investment manager is predicting on a portfolio of +£4m. They predict investment income of +£200k, whereas we are only including half of this sum in our forecasts. We may reassess whether to budget for a higher sum in future years as our experience develops.
8. We will, throughout 2026-27 explore the ways in which expenditure can be reduced. We will look at how we undertake our operation and seek savings accordingly.
9. We have forecast that by taking action on expenditure we can bring the operating budget back into a surplus position in 2027-28 and 2028-29. The forecast slips back into a deficit position again in 2029-30, although we would caveat this by highlighting that one of our main assumptions is general expenditure increases by 3% 'year on year' for inflation, with fitness to practise incurring a 5% compounding increase. While this is prudent for forecasting purposes we recognise expenditure may not behave exactly in this linear manner.
10. Additionally, there are activities towards the end of 2030 which Council may choose not to undertake at that time, or it may choose to undertake the activity in a more cost efficient manner. For example, we have budgeted in 2030 another full board effectiveness review. Council may choose a different way of undertaking this activity without a full review and associated costs. We will bring papers for decision on areas of expenditure to Council in 2026.
11. For the purpose of the framework, we have also looked two years beyond the end of the reporting period and indicated the direction of travel for financial years 2030-31 and 2031-32.
12. In effect, we are saying that financial year 2026-27 is a period in which we will run a large deficit budget, but that actions we have already taken, and decisions we will need to take during the coming year, will bring us back into an operating surplus. While 2026-27 will be a challenging year, the Executive have a plan for managing this situation.
13. Post sale of the headquarter building, our financial position/reserves, become liquid easing pressure on Council with higher investment income, and while acting prudently, Council will be able to determine where it invests its resources in order to deliver its strategic priorities. The following graph is taken from the Financial and Asset Framework as a visual of what we have set out above.

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14. The Framework also discusses what might happen in the event of a future registration fee increase. The framework sets out in simple terms what a fee increase, if applied consistently to every registrant, would generate in terms of additional funds. An extract from the Framework is replicated below:

Fee increase	Additional income per year	% increase for year 1 entry fee	% increase for year 2 practising osteopaths	% increase for year 3 practising osteopaths
£10	£55,960	3.13%	2.33%	1.75%
£50	£279,800	15.63%	11.63%	8.77%
£100	£559,600	31.25%	23.26%	17.54%

Executive summary

15. The Financial and Asset Framework has been discussed by Council in Private meetings during 2025. We bring this Framework into the public domain to highlight to the profession and sector organisations the financial pressures and challenges we face as a business and seek Council agreement to publish the Framework.

Recommendation

1. To agree the Financial and Asset Framework for publication.

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**General
Osteopathic
Council**

Financial and Asset Framework 2026-30

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Introduction

1. The General Osteopathic Council Strategy has three priority areas being:
 - Strengthening trust
 - Championing inclusivity
 - Embracing innovation
2. The purpose of the framework is to ensure the financial sustainability of the GOsC so that we can deliver on our statutory responsibilities.
3. The framework sets out:
 - Our governance around the framework
 - Our current financial and asset position
 - Our forecast financial and asset position
 - The future actions we need to take.
4. In simple terms, we need to ensure that we have sufficient income to meet the forecast levels of future expenditure.

Our Strategy: Vision and Priorities

Our Vision: to be an inclusive, innovative regulator trusted by all.

Our Priorities:

- **Strengthening Trust:** We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.
- **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
- **Embracing Innovation:** We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

Our Values

Our values underpin the way we work now and in the future. This includes how we work with patients and the public, osteopaths and stakeholders and how we work within our organisation in and across our teams.

We work **collaboratively** to be an **influential** and **respectful** regulator with an **evidence-informed** approach.

Our governance for the Financial and Asset Framework

Our governance: to ensure financial sustainability we will continuously review and reflect on our approach in accordance with best practise and changing circumstances.

5. The Head of Resources and Assurance is responsible for ensuring that the Financial and Asset Framework is relevant to the work of the GOsC and is maintained and updated regularly. They will be held accountable by the Chief Executive and Registrar.
6. The Council of the GOsC has overall accountability for ensuring the organisation is sustainable.

Our current financial and asset position

Our current position: by articulating our current position we will know the baseline from which we can build.

7. The annex to the Framework summarises our current financial and asset position as at September 2025. By articulating our current position, we will understand the base from which our future forecasts can be built.

Our forecast financial and asset position

Where do we want to be: by forecasting our future position we can ensure we are financially sustainable as an organisation.

8. The annex to the Framework articulates the future financial and asset position through to 2030 and the assumptions and evidence which underpin these forecasts. This approach will enable us to make evidence-informed decisions to ensure our financial sustainability.

Future actions

The actions we intend to take: we will identify the actions we need to take in order to ensure the GOsC is financially sustainable.

9. The annex to the Framework highlights the practical steps we will take to ensure our financial sustainability.

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Annex to framework:

Current financial and asset position

Tangible assets

- As at 30 September 2025 the Net Book Value of GOsC's tangible assets totalled £1,497,075. This is comprised of:
 - Headquarter building £1,449,510 (96.82%)
 - Computer hardware £33,288 (2.22%)
 - Office furniture £14,277 (0.96%)
- The Council has taken the decision to sell the headquarter building. The market value is not reflected on the Balance Sheet. We anticipate the saleable value of Osteopathy House to be in excess of c.£3m.
- Running costs of Osteopathy House, excluding staffing, are c.£143k per annum from the operational budget. Sale of the headquarter building means that we will reduce expenditure in future years.
- We have no plans to purchase any significant additional tangible assets nor to undertake any significant refurbishment or redevelopment activities. All staff laptops were replaced recently, which will negate much more spending in that area for the remainder of this framework period.

Investments

Investment portfolio:

- As at 30 September 2025, the investment portfolio was valued at £1,433,676.
- The portfolio is managed by Brewin Dolphin. The investments are held in a medium risk diversified portfolio incorporating a mix of equities: £926,882, bonds: £479,459, and other assets including cash: £27,335.
- GOsC first invested £1m in April 2011. The investment has risen by 43% over 14 years, at an average of 2.6% year-on-year.
- In terms of inflation, the value of the £1m invested in 2011 is equivalent to £1.74m in September 2025¹.
- If we had invested in bank bonds, we may have achieved an average of c.2.2% each year; however bond rates have picked up since 2021 and have averaged around 3.9% in the last 4 years.

¹ <https://www.hl.co.uk/tools/calculators/inflation-calculator>

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Annex to 10

- Had we invested in the bonds from 2011, the investment balance would have been around £1.38m at September 2025. This is relatively low due to the almost-zero bond rates from 2020-2021. This indicates that we should be using a combination of a managed investment portfolio along with utilising the bond markets, especially considering how well they have improved since 2021.
- Investment income, net of fees, of £11,248 was generated in financial year 2024-25.
- The investment gain in the year to 31 March 2025 was just under £48k. The half year to September 2025 has seen a further gain of £116k.

Cash at bank:

- As at 30 September 2025, cash at the bank totalled £277,969. Interest earned on the cash balance in the half year to September 2025 was £1,267.
- We have been investing significantly in our CRM and website infrastructure and therefore, we have seen, and will see, the cash balance at lower levels than held in previous years.
- In addition to this, the caseload in our Fitness to Practise team has increased substantially, which in turn affects the cash position. Given the increased caseload we are expecting this to continue for the foreseeable future.

Reserves

- As at 30 September 2025 the total reserves of the GOsC were £2,740,456. The reserves were comprised of:
 - General reserves £2,036,028
 - Designated reserves
 - General legal £115,578
 - NCOR infrastructure £108,014
 - Website development £397,464
 - Innovation fund £79,600
 - Registrants perception £3,772
- We are currently capitalising the spend on the CRM implementation project. This will be amortised over its useful life once the implementation is completed.
- We have spent around £102k since the start of the last financial year from the £500k website development fund. Additionally, funds for the Values project have been fully spent, and the Registrants perceptions work has a small reserve remaining which will be released back into reserves at year-end.
- The newly set up Innovation fund has had £20k spent so far, predominantly on an all-staff Tone of Voice workshop facilitated externally.

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Annex to 10

- The current policy Council has agreed is that it would be prudent to hold reserves within a target range of £350,000 - £700,000. As at 30 September 2025, Council is holding reserves of £196,276 which was calculated as follows:

○ General reserves	£2,740,456
○ Designated reserves	(£704,428)
○ Operational fixed assets	(£1,839,752)
○ Reserves remaining	£196,276

- Note that a significant amount is 'locked' in the headquarter building, which makes up around 79% of the operational fixed assets figure above. Please see the section on the Forecast financial and asset position further down this document for an indication of how the reserves position is likely to look following the sale of the building.

Expenditure

- Expenditure has increased year-on-year, rising by almost 12% across the last 3 full financial years.
- Expenditure in each department, including employment costs (salaries and pensions), and central function across the last 3 full financial years is summarised below:

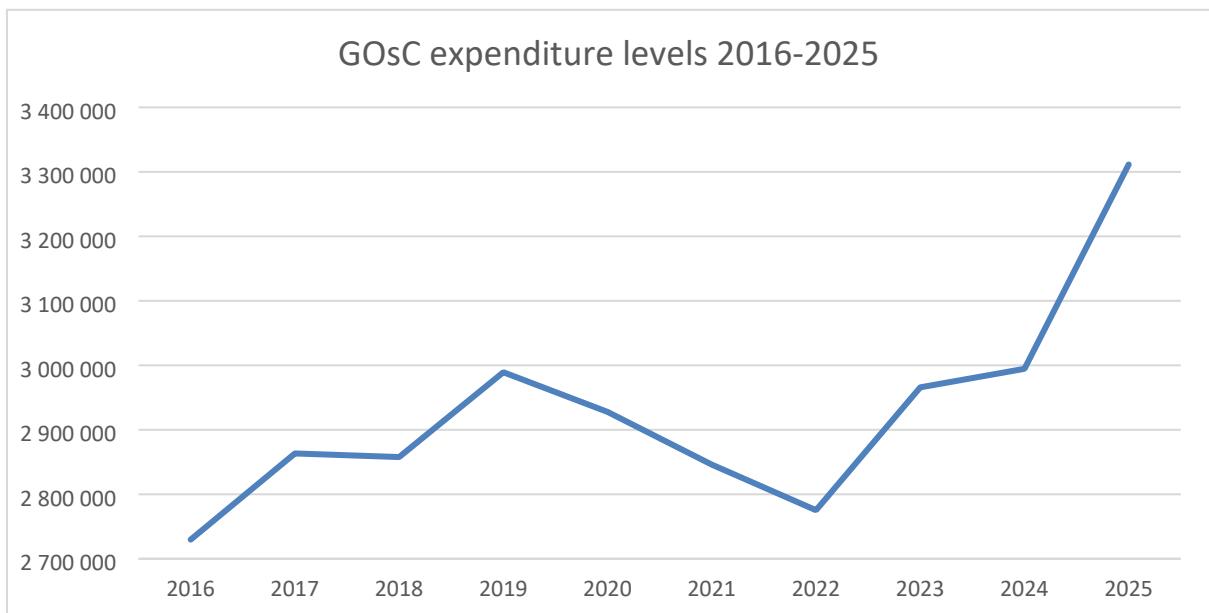
Function	2022-23	2023-24	2024-25	inc/(dec) in last 3 years
Fitness to Practise	830,870	618,335	865,417	4.2%
Education and Professional Standards	437,773	525,382	673,656	53.9%
Communications and research	420,890	434,964	463,446	10.1%
Governance	264,583	263,721	267,097	1.0%
Admin	270,187	245,725	255,340	-5.5%
Council and Committee costs	167,066	220,454	241,752	44.7%
IT	128,440	216,849	132,879	3.5%
Resources and Assurance	162,096	206,519	169,387	4.5%
Registration	182,753	175,986	177,533	-2.9%
Central staff costs including training	101,189	86,655	64,937	-35.8%
Total	2,965,847	2,994,590	3,311,444	11.7%

• Expenditure has now surpassed pre-pandemic levels, with the increase since the main lockdown period.

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Annex to 10

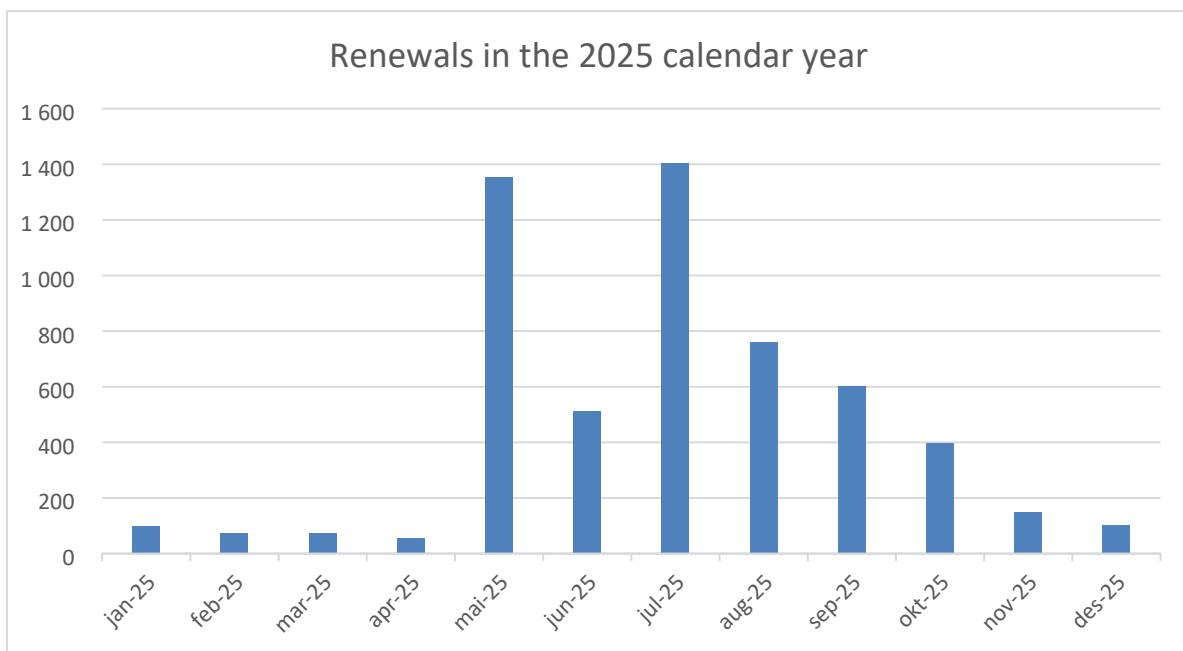
- A significant increase in Fitness to Practise expenditure in the last year reflects the increased caseload in the Regulation team and the associated costs.
- The Education and Professional standards team have also seen a large increase in costs, mainly stemming from Quality Assurance (QA) work. However this will start to reduce as bringing QA in house take effect.
- Costs in the Communications department are going up gradually, mainly as a result of increased engagement around the country, and a general increase in staffing costs
- However central staff and training costs (which does not include salaries) are going down, indicating a lower amount being spent on staff training.
- The increase in Council and Committee costs is partly due to in-person events, but also Governance recruitment, with a large turnover in Council and Committee members in the previous few years.
- Expenditure will likely continue on an upwards trajectory, especially with the after-effects of high inflation. Regular costs for items such as service contracts are increasing 5-10% year on year due to inflation and cost-of-living rises when contracts are renewed.



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Registration fees

- There is no single date on which the whole register renews their registration. Based on the GOsC Application for Registration and Fees Rules Order 2000, the start of a registration year commences on the date an applicant is entered onto the Statutory Register of Osteopaths. Therefore, we have registrations happening in each month.
- In the 2025 calendar year, registration renewals are spread throughout the year as follows:



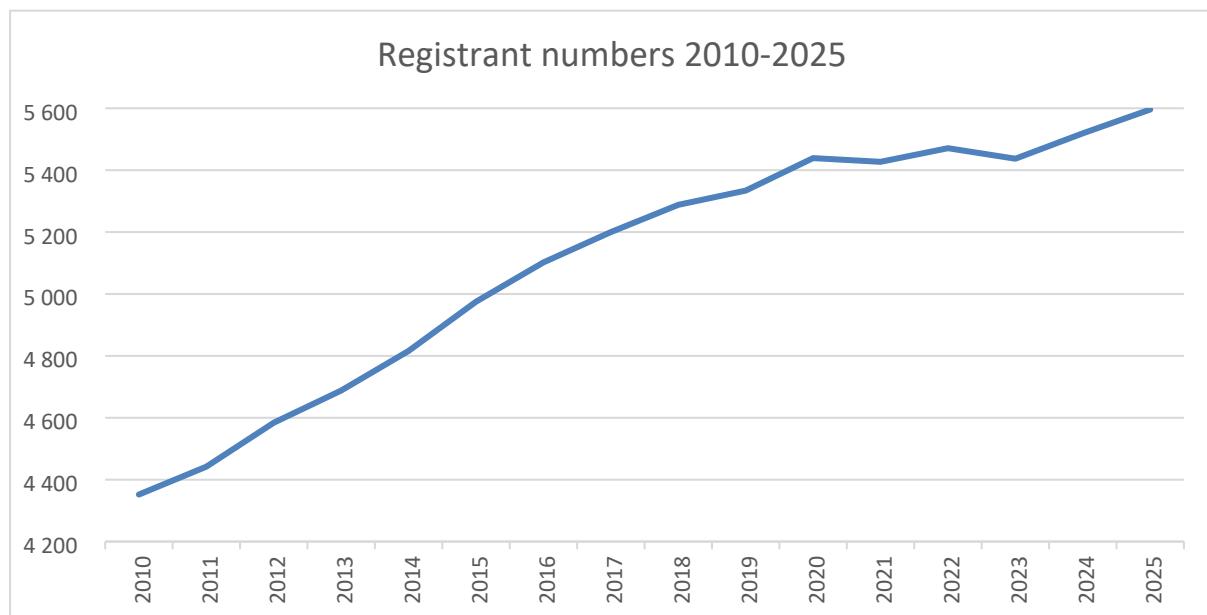
- There are a variety of registration fees paid by registrants which are based on how long an individual has been registered, whether the individual is practising or non-practising, where the individual is located and whether the individual pays in full or by direct debit.

Registration level (lump sum)	Registration fee
Year 1, entry	£320
Year 2, practising	£430
Year 2, reduced rate	£215
Year 3, practising	£570
Year 3, reduced rate	£320

Registration level (direct debit)	Registration fee
Year 1, entry	£330
Year 2, practising	£445
Year 2, reduced rate	£225
Year 3, practising	£590
Year 3, reduced rate	£330

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- Registration fees have remained at the same level for eleven years, with 92% of registrants paying the year 3+ registration fee level.
- The UK practising fee was £750 from 2000 - 2012, before being gradually reduced year-by-year to £570 between 2012 - 2014, a 24% reduction.
- Taking into account inflation, £570 in March 2014 would be worth £913 in September 2025². This equates to roughly £1.57m of potential lost income in the 2024-25 year alone.
- Registrant numbers have steadily increased since 2010, with a small flatlining occurring around the pandemic period. Numbers increased again in 2024 and continue to rise, albeit more slowly than in previous years:



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² <https://www.hl.co.uk/tools/calculators/inflation-calculator>

Forecast financial and asset position

Tangible assets

- **We will sell the headquarter building and transition to a new arrangement.** For those staff members who value office working we will hire a small number of desks in a London location, and we will also implement regular staff connection days to ensure the culture of the GOsC is maintained. The new working arrangement will enable GOsC to take a more regional approach to where meetings, i.e. Council/Committees, are held.
- Other tangible assets will remain at a similar value to the current financial position, apart from some office furniture upgrades which are still depreciating.

Investments

Investment portfolio:

- **We will conclude the review of the investment portfolio and implement changes to maximise the return.** This work commenced in 2025 and we will make recommendations to Council in early 2026 so that we can generate the best possible return from our invested funds.
- The investment portfolio currently managed by Brewin Dolphin is £1.43m, as at September 2025. Projections indicate this could rise to £1.83m after five years, or £2.33m after ten years. This is in a Balanced portfolio.
- An alternative investment is with Cambridge Investments Ltd. Projections indicate the current £1.43m could rise to £1.92m after five years, and £2.57m after ten years. This is in a Balanced portfolio.
- Projections set out below show the forecast portfolio if we added a further £3m from the sale of Osteopathy House, to give a starting point of £4.43m. These are summarised as follows:
 - Brewin: Balanced - 5 years £5.64m; 10 years £7.19m.
 - Cambridge: Balanced - 5 years £5.93m; 10 years £7.93m.
- With an investment portfolio of around £4m post sale of the headquarter building, we expect investment income to significantly increase from current levels. Optimistically, investment income could be c.£210k; however, we would prudently budget for this to come in around half of that, c.£105k. We will revisit this assessment in the coming years.

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Additionally, we will explore with Council what proportion of the investment portfolio could/should be used to support the delivery of our statutory responsibilities.

Cash in bank:

- We will take a more proactive stance in terms of investing excess cash reserves in short-term bank deposits generating a greater level of income for GOsC.**

Reserves

- We will ensure our reserves position supports the delivery of our work whilst mitigating against unforeseen events.** We will also ensure that our reserves policy, which will be redesigned to meet our requirements, is consistent with the wider healthcare regulatory sector.
- We will ensure future designations of our reserves continue to support delivery of our statutory functions, as well as our approach to innovation and investment in infrastructure.
- Our reserves position at the end of the 2027-28 year, following sale of the headquarter building, is anticipated as being around c.£4m to £4.2m.

Expenditure

- In order to ensure we maintain and improve the financial position of the organisation, we will keep a tight grip on expenditure across all departments and central functions.** This is not intended to put a restriction on activities, but to understand that alternatives can be examined and implemented. A recent example of this is bringing in house the quality assurance of osteopathic education which we anticipate will save approximately a significant amount across the next five years.
- We do not anticipate changes in our regulatory functions or how they are delivered.
- We have forecast expenditure levels across the period of this framework, not including any savings arising from sale of the headquarter building, as follows:

Financial year	Expenditure levels³
2026-27	£3,381,968
2027-28	£3,488,292
2028-29	£3,595,595
2029-30	£3,754,938

Cost of reform 29/01/2026

- However, it will be necessary to make expenditure reductions across future financial years in order to ensure that we remain sustainable.

³ See Assumptions and caveats section below which explain how forecast expenditure levels increase year on year

These include, but are not limited to:

- following sale of the headquarter building, transition to new working model
- reassessing the staff structure for efficiencies
- reviewing benefits offered to staff including pension contributions
- reviewing the package of services offered to registrants through IJOM
- extending how frequently activities such as board effectiveness reviews and skills audits happen
- reassess the cost of governance fees and the cost of associated meetings
- retender contracts around banking and external audit
- explore options for shared services.
- We will also assess how Artificial Intelligence (AI) might help drive cost efficiencies across the work of the GOsC.

Following sale of the headquarter building, transition to a new working model

- We will implement a new working model following the sale of the headquarter building that includes hiring a small number of desks in a London location, holding regular staff connection days and taking a more regional approach to where meetings are held.
- We identified that the new working model will generate savings from when the building is sold.

Staff efficiencies

- With the sale of the headquarter building and the implementation of a new CRM system which will streamline multiple manual processes, we will reassess the size of the staff structure we need to operate efficiently and effectively.

Reviewing benefits offered to staff including pension contributions

- We will review the benefits (pension, health insurance) offered to staff and benchmark these against the wider healthcare sector and assess whether there are changes which can be made.

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Future expenditure levels

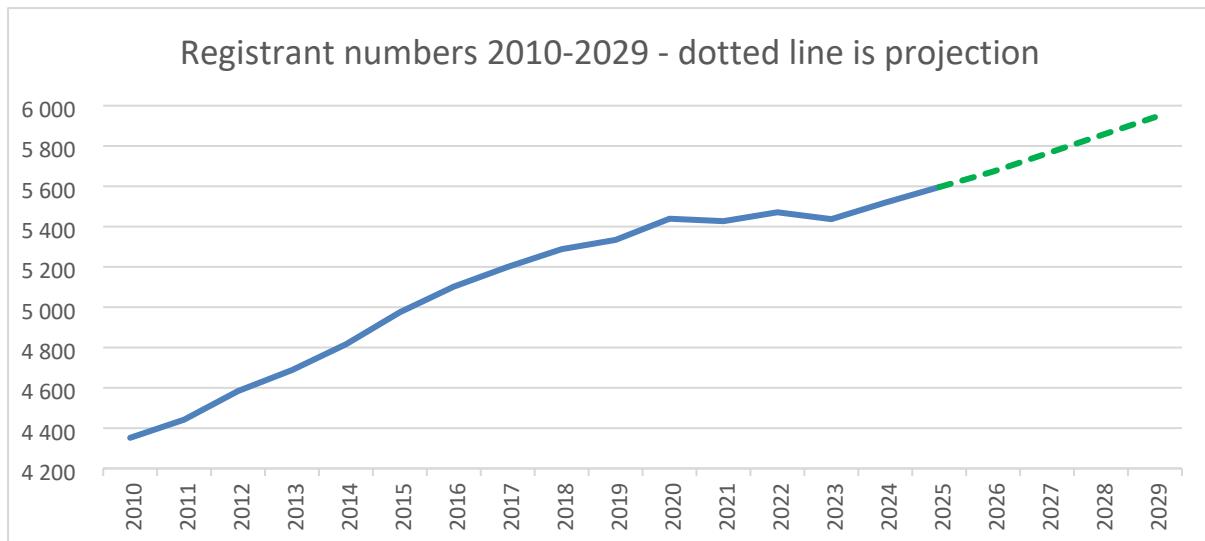
- Assuming we use 2026-27 to crystalise potential expenditure reductions, we forecast expenditure levels across the period of this framework to reduce to around the following levels:

Financial year	Expenditure levels
2026-27	£3,165,034
2027-28	£3,265,349
2028-29	£3,367,027
2029-30	£3,520,314

Registration fees

- We will ensure that if we need to make any changes to registration fee levels these will be evidence-informed.** We will not seek registration fee increases other than to ensure the financial sustainability of the GOsC as we recognise the regulatory cost burden already borne by osteopaths.
- The majority of our income is from registration fees. If GOsC were to increase registration fees a consultation would need to take place. The change in legislation would take around 18-24 months to implement.
- We understand that the Department of Health and Social Care would be amenable to straightforward registration fee changes, where the legislative change is in effect replacing one number with another. We understand they would not be amenable at this point in time to more significant changes in registration fee levels, i.e. index linking registration fee levels to inflation, although we can continue conversations with them on this.
- Currently registration renewals happen all year round. Equalisation of all registration dates would generate a large cash inflow at one point in the year, and with good treasury management, a larger return on bank deposits. However, it is unclear whether changing legislation to transition all registrants onto a single renewal date would attract support from the Department of Health and Social Care and this has not been explored further at this stage. This has not been factored into the forecast calculations.
- Using current student data along with assumptions based on the history, it is predicted that the number of registrants will continue to climb. Assuming 150 registrants leave the Register each year, registration figures may increase as demonstrated on the graph below:

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NB: Please refer to the Assumptions and caveats section below which outlines the approximate year-on-year increase percentage of registrants

- We have forecast registration fee levels across the period of this framework as follows:

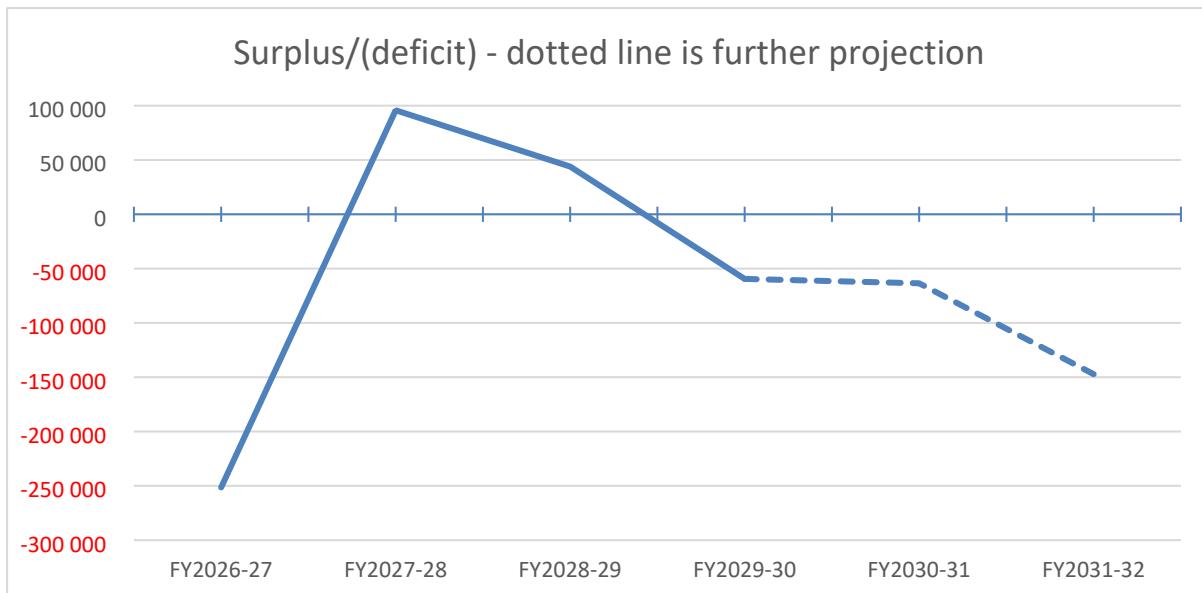
Financial year	Registration fee income levels
2026-27	£ 3,065,970
2027-28	£ 3,209,534
2028-29	£ 3,258,584
2029-30	£ 3,307,634

Forecast surplus/deficit positions

- The forecast income and expenditure across the period of this framework, applying the assumptions we have identified including investment income increasing and expenditure reducing, post-sale of the headquarter building, is as follows:

	Reg fee income	Investment and other income	Expenditure	Surplus/(Deficit)
FY2026-27	£ 3,065,970	£85,802	£3,381,968	(£251,448)
FY2027-28	£ 3,209,534	£151,576	£3,265,349	£95,761
FY2028-29	£ 3,258,584	£152,373	£3,367,027	£43,930
FY2029-30	£ 3,307,634	£153,194	£3,520,314	(£59,486)

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- We have continued the forecast beyond the reporting period of this framework so to provide Council with a direction of travel for future surplus/deficit positions.
- The forecasts can be used by Council to inform discussions about whether to draw down from the investment portfolio to underpin operating costs or whether to seek to raise funds from registration fee increases.
- This approach is consistent with the principles on which a future registration fee consultation would be conducted, as agreed by Council in May 2025.

Potential registration fee increases

- For every £10 increase in fee levels, income would increase by £55,960.
- A £50 increase in every registration fee would generate just below £300k, costing every registrant an additional £0.96p per week for their annual registration.
- A £100 increase in every registration fee would generate just over £550k, costing every registrant an additional £1.92p per week for their annual registration.
- This simple modelling, when put alongside the forecast surplus/deficit positions demonstrates that a small registration fee increase is likely to be sufficient to bring future deficit positions into surplus.

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Assumptions and caveats with the forecasting

- Financial modelling of the options has been undertaken and include the following assumptions and caveats:
 - a. There are no changes to our statutory responsibilities or delivery of our functions.
 - b. Inflation has been shown at an estimated 3% per year, unless specific costs are known for each financial year. Costs for Fitness to Practise have been increased by an estimated 5% due to the volatility of the nature of work in this area.
 - c. We have assumed the headquarter building has been sold by the end of the 2026-27 financial year.
 - d. The projections from Brewin Dolphin regarding investment returns indicated an annual gain of approximately £72k on the current £1.43m level, and an annual gain of approximately £220k on the higher +£4m investment level post sale of the headquarter building. We have taken the decision to be prudent and reduce these potential gains when forecasting.
 - e. We have assumed 220 new registrants will join the Register in the 2025-26 year, and a similar number in each of the following years. This is based on our understanding of current student data.
 - f. We have assumed 150 registrants will leave the Register each year, based on historic data.
 - g. The net effect of joiners and leavers on the register equates to a c.1.5% increase in registrant numbers per year, which is below the estimated 3% and 5% cost inflation on expenditure.
 - h. Any changes to registration fees would take 18-24 months to implement from the point Council was to launch a public consultation. For example, if a consultation was launched by the summer of 2026 we could expect to see a registration fee increase taking effect in financial year 2028-29.
 - i. We have not included in our calculations a transition to a single registration renewal date as we do not believe the Department of Health and Social Care would accept such a significant change to the legislation. Therefore the associated increase in bank interest has not been included.
 - j. We have not explored whether there are any benefits that would arise from sharing services with another healthcare regulator.

K:27 We have not made any assumptions about the potential savings the use of AI might generate.

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Future actions

Tangible assets

- Sell the headquarter building. Target sale completion - end of financial year **2026-27**.

Investments

- Make changes to the investment portfolio by end of financial year **2025-26**.
- Develop a proactive approach to Treasury Management to invest excess cash reserves into short-term bank deposits - **action date, 2027**.

Reserves

- Develop proposals for use of reserves post sale of the headquarter building - **action date, 2026-27**.
- Review the Reserves Policy based on the recent benchmarking exercise against other healthcare regulators - **action date, 2026-27**.

Expenditure

- Further develop culture of cost review and exploration of new ways of working to maximise cost efficiency and effectiveness - **action date, 2026**.
- Crystallise expenditure reductions, including but not limited to:
 - following sale of the headquarter building, transition to new working model
 - reassessing the staff structure for efficiencies
 - reviewing benefits offered to staff including pension contributions
 - reviewing the package of services offered to registrants through IJOM
 - extending how frequently activities such as board effectiveness reviews and skills audits happen
 - reassess the cost of governance fees and the cost of associated meetings
 - retender contracts around banking and external audit.
- Assess reliability of inflation assumptions around future expenditure levels - **action date, 2027-28**.

Registration fees

Agree whether to issue a consultation on increasing registration fees, and if agreeing to seek registration fee increases, agree when the consultation should be launched - **action date, 2026-27**.



Council
12 February 2026
Business Plan and Budget 2026-27

Classification	Public
Action	For decision
Purpose of the paper	This paper provides Council with the draft Business Plan and Budget for 2026-27.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities.
Standards of Good Regulation implications	We need to ensure that we have sufficient resources available to deliver our statutory responsibilities. In doing so, we go a long way to meeting the Standards of Good Regulation.
Communications implications	The Business Plan and Budget are public documents and available on our website.
Financial, resourcing and risk implications	These are set out in the paper and specifically Annex B, the budget for financial year 2026-27.
Patient perspectives	Resources have been allocated within the budget to ensure the patient voice is threaded throughout all that we do.
Diversity implications	<p>The Business Plan 2026-27 includes activities that relate to Equality, Diversity and Inclusion.</p> <p>In relation to project activity outlined in the Business Plan, Equality Impact Assessments will be undertaken as required, with the results reported to Council.</p> <p>Finally, an Equality Impact Assessment has been completed and is annexed to the paper.</p>
Welsh language implications	We have allocated resources within the budget to meet our obligations under the Welsh Language Scheme.

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Annex	A. Business Plan 2026-27 B. Budget 2026-27 C. Equality Impact Assessment
Authors	Matthew Redford, Darren Pullinger
Background reading	None

Recommendations	<ol style="list-style-type: none"> 1. To agree the draft Business Plan 2026-27. 2. To agree the draft Budget 2026-27. 3. To consider the Equality Impact Assessment
Key messages	
<ul style="list-style-type: none"> • The draft Business Plan for 2026-27 is presented at Annex A and represents the third year of the new Strategy, through to 2030. • The 2026-27 budget represents the challenges of a high case load in the Regulation department, and is shown in Annex B. • An Equality Impact Assessment has been completed for the introduction of the Business Plan and Budget 2026-27 and is presented at Annex C. 	

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Introduction

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

Discussion

Business Plan development

2. The Business Plan for 2026-27 is attached at Annex A.
3. Headlines from each priority area include:

Strengthening Trust

- Evaluate the Strategic Patient Partnership Programme and make recommendations about its future.
- Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.
- Raise awareness of our role and increase engagement with osteopaths, students, patients and interested parties to improve trust, understanding and implementation of standards.

Championing Inclusivity

- Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.
- Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.
- Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in accordance with high standards.

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- Strengthen equity, diversity, inclusion and belonging with the GOsC CPD scheme.

Embracing Innovation

- Implement and launch a new public website which provides scope for more modern, innovative and engaging channels and content.
- Consider the impact on osteopathic standards, regulation and patient care of Artificial Intelligence.
- Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.
- Develop mechanisms/structures for facilitating sector wide conversations which are built on trust, respect and psychological safety.

Budget

4. Council and the Executive recognise that the environment is one which is challenging and there are financial pressures on all types of organisations across all sectors, be that inflationary pressure, volatility within cost models and, as is the case for many within the healthcare sector, pressure on workforce numbers with a lower number of new entrants to a profession and/or retaining existing registrants on the Register.
5. With that context, Council is presented with a budget that has a sizable deficit position arising from the increase in fitness to practise caseload which has been rising across the previous 12-15 months.

Income

6. Within the income forecast is money received from registration fees generated from existing registrants and new entrants joining the Register.
7. We forecast registration fee income to be £3.07m for 2026-27.
8. Other income is from the GOsC investment portfolio and from registration assessments, bank interest, and other miscellaneous income streams.

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Expenditure

9. Budgeted expenditure for 2026-27 is higher than previous years, with a significant increase in Fitness to Practise due to the increase in volume and complexity of case load. Additional expenditure has been allocated for amortisation on the new CRM and website, and increased employment costs.
10. The budget also takes account of:
 - Our Education Quality Assurance costs, which have been brought in-house.
 - The need to ensure our organisation infrastructure is maintained.
 - The need to ensure sufficient funds are available for our statutory processes.
 - The need to pay staff and members of the Governance structure.
 - Monies set aside as designated funds from reserves.

Equality Impact Assessment

11. In preparing the Business Plan and Budget for 2026-27, the Executive have also prepared an Equality Impact Assessment (EIA). This is attached at Annex C.
12. Key headlines from the EIA are:
 - Workstreams within the Business Plan will be individually assessed for EDI implications. Council and/or its Committees will consider those implications as part of the papers presented to them.
 - The Business Plan reflects the GOsC Strategy, which has a key priority area to 'Champion Inclusivity'.
 - The income budget is predominately funded by registrants who pay their annual registration fees. Registration fees will not change in 2026-27.
 - There is no data which suggests that approval of the Business Plan and Budget will adversely impact on people with each/any protected characteristic

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Recommendations:

1. To agree the draft Business Plan 2026-27.
2. To agree the draft Budget 2026-27.
3. To consider the Equality Impact Assessment

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GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2026 - March 2027

DRAFT

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GOsC BUSINESS PLAN 2026-27

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

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

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

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

The 2026-27 Business Plan focuses on those key activities which we believe will progress the strategic priorities of Council in the next twelve months. The Business Plan does not report on many day-to-day operational activities which are overseen by the Senior Management Team. We believe this approach will allow Council to maintain its strategic oversight and ensure a clear focus on strategic delivery.

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

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

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

This document, the Business Plan 2026-27, sets out how we intend to work towards meeting the strategic priorities in the year April 2026 to March 2027.

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<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>			
Activity	Measurable actions	Timeline	Lead
Evaluate the Strategic Patient Partnership Programme and make recommendations about its future.	Council members, council buddies, patient partners and staff complete evaluations at three monthly intervals.	Ongoing	Data and Insight and Professional Standards
	Pre and post meeting briefings take place.	Ongoing	
	Evaluation is completed and considered by Council.	July 2026	
Develop our approach to ensuring high quality patient insight informs our work	Ensure that patient feedback informs all our work including: website development and analytic and insight reports, OPS review and CPD resources to support high quality patient care	All year	Data Insight, Professional Standards and Communications
	Ensure that the patient voice is visible in our work: for example, through social media campaigns	All year	
	Hold Patient Development Day	February 2027	
Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.	Present Council with appropriate decision papers to enable it to make financial decisions to discharge its statutory responsibilities.	All year	Chief Executive and Registrar
Ensuring and enabling all to raise a concern against an osteopath	Review, update and publish our guidance documents: How to complain about an osteopath and The Fitness to Practise - Complaints Procedures (Osteopaths under investigation)	December 2026	Regulation
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards.	Publish NCOR Concerns Report 2025 collaborating with NCOR, iO and insurers and disseminate learning to interested parties.	February 2027	Data and Insight, Professional Standards and Communications

<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>			
Activity	Measurable actions	Timeline	Lead
Raise awareness of our role and increase engagement with osteopaths, students, patients and interested parties to improve trust, understanding and implementation of standards.	Ongoing development of resources and engagement to support implementation of standards. This will include CPD sessions for regional groups and other osteopathic groups and ongoing development and dissemination of resources in the areas of boundaries, equity, diversity, belonging and inclusion and values based practice and shared decision making.	All year	Professional Standards, Data and Insight and Communications
	Ongoing quality assurance activity as quality assurance of osteopathic education brought in-house including ongoing visitor training, two visits, analysis of 7 annual reports, curricula analysis, evaluation including piloting graduate survey and sharing of good practice.	All year	Professional Standards
	Launch consultation on the updated Osteopathic Practice Standards	November 2026	Professional Standards
Raise awareness of our role and increase engagement with osteopaths, students, patients and interested parties to improve trust, understanding and implementation of standards.	Complete student forum pilot and produce evaluation report and recommendations for next steps.	By March 2027	Communications
	<p>Implementation of the Communications and Engagement Framework including reporting on success measures:</p> <ul style="list-style-type: none"> - Numbers of osteopaths promoting their registration as important protection for patients - Increased number of people using the register to confirm that an osteopath is registered - Increased promotion of our messages by partner organisations 	From April 2026 and all year	Communications

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<p style="text-align: center;">Strengthening trust:</p> <p style="text-align: center;">We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public</p>			
Activity	Measurable actions	Timeline	Lead
	<ul style="list-style-type: none"> - Increased engagement with osteopaths in regional locations - Increased use of a variety of communication channels - Improved positive, neutral reception of our communications - Increased number of individuals / groups engaging with us - Meeting and going beyond compliance for accessibility through our redeveloped website. - A programme of regular touch points to listen to and understand what matters to the profession, patients and partner organisations - Regular analysis of our insight to check we are on track and explore alternatives of required - Regular updates to our website with new, fresh content relevant to the profession, patients and partner organisations. 		
	Social media: campaign development, implementation and evaluation including in relation to value of regulation and fitness to practise	All year	Communications
	Develop and plan for implementing social media strategy update	March 2027	Communications
	In collaboration with the Council of Osteopathic Educational Institutions and individual educational providers hold 3 educator roadshows to promote wider learning communities in relation to key topics.	December 2026	Professional Standards and Communications

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<p style="text-align: center;">Championing inclusivity:</p> <p>It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so</p>			
Activity	Measurable actions	Timeline	Lead
Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	Develop recommendations and publish information (where appropriate), throughout the year, including but not limited to: <ul style="list-style-type: none"> - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Policy development and consultations. - Aggregated enrolment and progression data for students. - People Framework implementation 	From April 2026	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources
	Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or mitigations put in place.	From April 2026	
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 Annual Report, which demonstrates progress against our EDIB Framework	July 2026	Chief Executive and all departments
Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in accordance with high standards. <i>14.4.21.13</i>	In collaboration with the Institute of Osteopathy, work to progress proposed actions from the October workshop including a practitioner / patient charter and mechanisms for measuring impact.	June 2026	Professional Standards, Communications
	Pilot charter, pilot graduate survey	November 2026	Professional Standards, Communications

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
	<p>In collaboration with the Council for Osteopathic Educational Institutions support work to develop a collaborative prospectus for osteopathic education to support clearer understanding about what osteopathic education delivers and how osteopathy can be developed post registration.</p>	June 2026	Professional Standards
	<p>Work with NCOR to publish and disseminate the commissioned research in relation to enablers and barriers to recruitment and leavers projects.</p>	February 2027	Data and Insight
	<p>Ongoing discussions with international regulators to clarify requirements for the recognition of professional qualifications and agree next steps.</p>	All year	Chief Executive and Registrar
Strengthen equity, diversity, inclusion and belonging with the GOsC CPD scheme.	<p>Agree updated accessible layered CPD Guidance, PDR forms and resources to support CPD in inclusive practice: equity, diversity, inclusion and belonging and boundaries.</p>	May 2026	Professional Standards, Communications
	<p>Support the ongoing dissemination of materials to support osteopaths and patients in high quality inclusive practice.</p>	From July 2006	Professional Standards, Communications

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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
Implement and launch a new public website which provides scope for more modern, innovative and engaging channels and content.	<p>Development of a new public website.</p> <p>Launch of a new public website.</p> <p>Gather feedback, systemise analytics and dissemination and evaluate the impact of the new public website.</p> <p>Use insights to inform systematic, evidence informed and regular updates across the organisation</p>	<p>From April 2026</p> <p>June 2026</p> <p>From July 2026</p> <p>Ongoing following launch</p>	<p>Communications</p> <p>Communications</p> <p>Communications</p> <p>Communications and all departments</p>
Consider the impact on osteopathic standards, regulation and patient care of Artificial Intelligence.	<p>Work collaboratively with the Council for Osteopathic Educational Institutions to implement guidance on AI and to collaborate on learning and good practice.</p> <p>Develop and disseminate resources to support the use of AI in accordance with safe regulator standards.</p> <p>Put in place mechanisms for assessing use of AI in osteopathic practice and emerging risks</p> <p>Continue ongoing engagement with other health professional regulators and wider regulators to promote coherent regulatory framework to support safe standards in practice.</p>	<p>Ongoing</p> <p>June 2026</p> <p>July 2026</p> <p>All year</p>	<p>Professional Standards</p> <p>Professional Standards</p>
	Implement AI pilot within GOsC staff team supported by the Appropriate Usage Guidance.	From April 2026	Governance, IT

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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
Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.	Implement recommendations arising from the Board Effectiveness review and Internal Audit reviews.	From April 2026	Governance, Resources
Implement more streamlined approach to data mapping, collection, insight and analysis and actions.	Collate comprehensive data map across organisation and update privacy policy and collection notices.	From April 2026	Professional Standards, Data and Insight
	Align data sets and develop systematic analysis and reporting.	From April 2026	Professional Standards, Data and Insight
Develop mechanisms/structures for facilitating sector wide conversations which are build on trust, respect and psychological safety.	Evaluate learning arising from the sector wide development day held in January 2026.	May 2026	Chief Executive, Professional Standards
	Develop proposals for facilitating more sector wide conversations.	July 2026	Chief Executive, Professional Standards
	Consider options for sector wide development day, 2027.	October 2026	Chief Executive, Professional Standards

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

In 2026-27 we expect to:

- process c.5,750 registration forms (UK and International applicants and annual renewal of registration forms) and c.5,000 reminder notices.
- support c.220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).
- receive c.200 queries from patients, members of the public, registrants and other healthcare professionals. These may lead to c.75 fitness to practise cases being opened, of which c.30 may be referred for investigation.
- undertake quality assurance processes with the osteopathic educational providers including analysis of the annual reports and undertaking visits to osteopathic educational providers as required.
- hold 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.
- respond to c.2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c.60 policy and ethical queries related to our standards; c.1,000 registration queries and c.650 student queries.
- send out 12 monthly ebulletins to registrants achieving an open rate of c60%.
- send out 4 quarterly English student ebulletins to 446 students (penultimate and final year) achieving an open rate of c40%.
- send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.
- receive and fulfil 150 requests for personalised Registration Marks
- attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.
- ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.
- host 2 recruitment webinars attracting c.200 attendees and engage with c.150 interested applicants for our independent fitness to practise panel positions.
- continue to regularly receive feedback after our webinars and events that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic
- ensure Council and committee scrutiny and oversight of our work through servicing 15 meetings.

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- provide learning, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors.
- provide learning and development opportunities for our staff team.

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Background

1. The budget for the financial year 2026-27, which supports the delivery of the Business Plan activity, is presented below in two ways. First, by setting out the total cost of delivering each department's programme of work and second by the category of expenditure within each department.
2. To assist members in understanding the process, an outline of this is as follows; the Head of Resources and Assurance holds initial budget meetings with heads of departments in October, which is then collated for the Budget Strategy paper at the November Council meeting. Following this, further meetings are held throughout December and January to fine-tune, look at the detail, and finalise the draft budget ahead of the February Council meeting.
3. We also ensure we report accurate and timely figures to Council at each meeting. This is to keep members up to date with the financial position of the organisation and to make them aware of anything to note. We have made several improvements to this process following previous Council meetings which support our management accounting processes.

Income and Expenditure Account

4. The total cost of delivering each department's programme of work is set out in the Income and Expenditure Account below. The budget presented shows a sizable deficit as reported to Council in November.

	FY2026-27	FY2025-26	Variance	
	£	%		
Income				
Registration fees	3,065,970	3,113,225	(47,255)	(1.5)
Other income	89,550	85,050	4,500	5.3
Total	3,155,520	3,198,275	(42,755)	(1.3)
Expenditure				
Employment costs	1,989,807	1,933,025	56,782	2.9
Education and professional standards	72,500	91,105	(18,605)	(20.4)
Communications and development	103,398	91,186	12,212	13.4
Data, research and evaluation	24,327	28,434	(4,107)	(14.4)
Registration administration	10,000	20,000	(10,000)	(50.0)
IT & infrastructure	121,885	125,110	(3,225)	(2.6)
Fitness to practise	565,045	400,000	165,045	41.3
Governance	212,104	260,450	(48,346)	(18.6)
Central resources & financing	320,434	243,217	77,217	31.7
Total	3,419,500	3,192,527	226,973	7.1
(Deficit)/Surplus	(263,980)	5,748	(269,728)	

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NB: a positive variance indicates an increased budget allocation compared to the previous year, and vice versa. This applies to all tables which show a variance in this paper

5. Members will note an additional department in the table above. Following the creation of a new department led by Dr Stacey Clift, we have split out the spend on Data, Research and Evaluation. Expenditure has previously been spent in either Education and Professional Standards or Communications and Development. We have reallocated the FY2025-26 comparative from the previous department split to give a more accurate comparison from year to year in the new split.

Income

6. Registration fees are forecast to be £3.07m, compared to £3.11m the previous year. The minor revision is due to improvements in the budgeting process. Other income is primarily made up of investment income, registration assessments, bank interest, and other miscellaneous income streams.

Breakdown of expenditure by area/department

7. The expenditure budget for each department is set out below. Note that the layout of these is different to previous years, and reflects the quarterly finance updates to allow members to compare more easily.

Employment costs

Expenditure	FY2026-27 £	FY2025-26 £	Variance £
Salaries & Pensions	1,897,000	1,846,000	51,000
Staff development & training	40,004	38,425	1,579
Recruitment	15,000	15,000	-
Temporary staff	2,000	3,500	(1,500)
Annual P11d tax cost	1,500	1,600	(100)
Staff benefits:			
Insurance premiums	19,100	17,000	2,100
Other staff costs & benefits	15,203	11,500	3,703
Total	1,989,807	1,933,025	56,782

8. Salary, national insurance, and pension costs have been estimated at £1.90m. The staff salaries and pensions budget reflects the costs of all staff positions and allows for an approximate increase in salary (to be determined by the People Committee).

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9. Budget for recruitment costs has been maintained to allow for staff turnover and short term contracts. The training budget reflects additional human resource expertise requirements to support staff wellbeing.
10. The increase in other staff costs includes benefits (such as osteopathic treatment, eye tests, professional qualification memberships, and health assessments); and additional resources to support any equality, diversity and inclusion requests for reasonable adjustments.

Education and professional standards

Expenditure	FY2026-27 £	FY2025-26 £	Variance £
Quality assurance	50,000	89,105	(39,105)
Educator events	15,000	-	15,000
Osteopathic Practice Standards	7,500	-	7,500
Publications & subscriptions	-	2,000	(2,000)
Total	72,500	91,105	(18,605)

11. The reduction in budget for Quality Assurance (QA) is due to the work being brought in-house from July 2025. The budget provision includes Recognition of Qualification (RQ) visits and training activity. As at December 2025, QA expenditure was down 49% year-on-year, showing the benefits of this project.
12. A new budget line for Educator events is to hold more educator roadshows to increase engagement and build trust in the profession.
13. We have also added budget for Osteopathic Practice Standards (OPS) to allow for some more Engagement activity to provide assistance with implementing standards, such as additional OPS reviews and policy developments.
14. The large reduction in QA costs frees up resources to allow the department to carry out more work in these areas to increase engagement with registrants and educators.

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Communications and development

	FY2026-27 £	FY2025-26 £	Variance £
Expenditure			
Publications	31,605	14,224	17,381
Website and digital	30,931	25,795	5,136
Engagement and events	14,500	11,167	3,333
Research			
IJOM	26,362	40,000	(13,638)
Total	103,398	91,186	12,212

15. Publication costs have an increase compared to the previous year. The main contributor to the budget allowance is our Welsh Language Scheme (£17k) which we anticipate will be higher in the year once the new website has been implemented. The additional costs are for translating pages on the website into Welsh. Other costs include the two Annual Reports we prepare (the main GOsC Annual Report and Accounts, as well as the Fitness to Practise report).
16. We have also included £10k for Branding, split across two years, which links into the new website. This will help in bringing everything up to date and reflect a modern organisation.
17. The budget for Website and digital has been increased; the majority of this is for the hosting, maintenance, and support of the various GOsC websites. We are anticipating the new GOsC website to go live in the Summer of 2026.
18. The budget for engagement activities has been increased. This is to strengthen the opportunities to attend roadshows, conferences, and exhibitions. This includes travel, accommodation, and other costs for staff. There is also provision for online activity and incentives for osteopaths to attend meetings to support regional groups and communities. In years ahead, we aim to increase engagement following the sale of the headquarter building by undertaking more regional activity.
19. Expenditure for the National Council for Osteopathic Research (NCOR) shows in a designated reserve outside of the main operational budget. Costs for this are approximately £27k per year. The reserve covers five years of this cost, running to the end of the 2028-29 financial year.
20. The budgeted cost for the International Journal of Osteopathic Medicine (IJOM) has been reduced following a review of the publications provided for research.

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Data, research and evaluation

	FY2026-27 £	FY2025-26 £	Variance £
Operational Expenditure			
Research projects	18,227	26,225	(7,998)
CPD research & software	5,000	2,209	2,791
NCOR	1,100	-	1,100
Total	24,327	28,434	(4,107)

21. The budget for Research projects includes patient research (including hosting forums and workshops) and the Council Patient Partner pilot; costs for this will be covered in Governance following the successful pilot period, which aligns more with Council Associates.
22. There is £10k included under Research for an Open University (OU) student doing a PhD to help us to achieve the strategic aim of strengthening trust in regulation. The research project is on boundaries, which will be able help us target areas of risk in osteopathy and driving down concerns in this area which causes harm. We are jointly funding the project which will cost GOsC £30k across the 3 years, with OU funding the rest.
23. We have included budget for software used to develop and enhance the CPD process, such as Jisc Surveys and a mentoring software platform.
24. The budget for NCOR is for their annual Concerns and Complaints Report.

Registration administration

	FY2026-27 £	FY2025-26 £	Variance £
Expenditure			
Registration assessments	10,000	20,000	(10,000)
Total	10,000	20,000	(10,000)

25. The budget includes costs associated with the assessment of Return to Practice registration assessments and international registration applications. The registration assessors receive appropriate training and support when required. The decrease from the previous year is more reflective of the actual cost for these assessments averaged across the last few years.
26. Costs for registration assessments are largely recovered, and the associated £10k budget for recoverable costs is shown in Other Income in the Income and Expenditure Account on the first page of this Annex. Therefore, this is effectively a contra entry.

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IT and infrastructure

	FY2026-27 £	FY2025-26 £	Variance £
Expenditure			
CRM and infrastructure	69,104	76,510	(7,406)
IT Security	26,614	22,450	4,164
Software - Licensing	16,127	18,150	(2,023)
IT Consultancy cover	5,040	5,000	40
Other IT costs	5,000	3,000	2,000
Total	121,885	125,110	(3,225)

27. The budget for CRM service contracts reflects the costs for the new CRM. The new system should bring cost savings, with an annual cost of around £26k. infrastructure costs (£43k) are largely the same as last year.
28. The IT Security budget has increased due to additional requirements for systems and certifications such as Mimecast, Keeper password manager, the Cyber Essentials certificate, and the Heimdal Patch Manager. IT Security updates are reported to the Audit Committee on a regular basis. Software licencing has come down recently due to work done by the IT Manager to strip out any superfluous costs in the Microsoft contract.
29. The £5k for consultancy cover provides support for when the IT Manager is on leave. We have recently changed provider to Level Up Networks, who, although paid a monthly fee, represent better value than NexGen Cyber who were paid as and when we used the service.
30. An additional £5k has been budgeted for sundry items such as computer equipment (keyboards, screens, headsets, cables etc) for the office as well as staff working remotely.

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Fitness to practise

Expenditure	FY2026-27 £	FY2025-26 £	Variance £
Statutory committee costs:			
– Professional Conduct Committee	489,305	299,100	190,205
– Investigating Committee	47,740	64,000	(16,260)
FtP panel member holiday pay & pension	23,000	20,000	3,000
Section 32 cases	5,000	4,400	600
Other FtP projects	-	12,500	(12,500)
Total	565,045	400,000	165,045

31. Fitness to Practise (FtP) remains the largest area of spend for GOsC outside of employment costs. The budget has been increased significantly to reflect the increase in volume and complexity of case load.
32. Council receive an update on the FtP activity at each Council meeting, and will note that the case load reported will have a direct impact on both expenditure and cash flow as cases flow through the system. To help Council understand the level of spend on PCC cases (the largest area of spend), a breakdown of the average four-day hearing is shown below:
 - Panellists – 3 at £340 per day over 4 days = £4,080
 - Legal assessor – 1 at £700 per day over 4 days = £2,800
 - Counsel – 1 at £5,000 per hearing
 - Medical assessor (where required) – budgeted for 2 hearings per year at £700 per day
 - Reading fees (where required) – budgeted for 5 hearings per year at £75 per case
33. The trend for remote activity has continued, with approximately 88% of hearings in the current financial year (April 2025 to March 2026) being remote, 7% hybrid, and 5% fully in-person. We will continue to use the headquarter building, or another suitable venue, for in-person hearings when necessary. The considerations of which are specific to each Fitness to Practise case.
34. The process for paying panel members holiday pay, and offering a pension scheme, is now bedded in following implementation in April 2025. We anticipate £20k in holiday pay and £3k in pension contributions.

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35. Our current forecast for FtP activity across this period is higher than previous years, with a PCC hearing in the majority of weeks in the year, as shown below:

- Referred complaints and Interim Suspension Orders likely to stay at the same volume.
- 12 Investigating Committee (IC) meetings scheduled, excluding the IC annual training day (2025-26: 12).
- Up to 30 substantive Professional Conduct Committee (PCC) hearings (with an average of five days per hearing) forecast (2025-26: 23).
- Four PCC review hearings (with an average of one day per hearing), which may be completed virtually (2025-26: 5).
- Up to 8 Interim Suspension Order hearings, which may be completed virtually (2025-26: 8).
- Two Section 32 prosecutions (2025-26: 2).

36. We continue to monitor the spend in this area, and in the event of unplanned increases in costs, we will report this to Council alongside any proposed actions.

Governance and internal operations

	FY2026-27 £	FY2025-26 £	Variance £
Expenditure			
Honorariums & responsibility allowances	110,000	110,000	-
Council and committee costs, incl. reappointments	61,073	60,010	1,063
Internal Audit	18,450	14,400	4,050
PSA levy	15,581	16,240	(659)
Tax liability (on Council expenses)	5,000	10,000	(5,000)
Equality & Diversity	2,000	2,000	-
Board effectiveness	-	36,000	(36,000)
Skills audit	-	11,800	(11,800)
Total	212,104	260,450	(48,346)

37. Members' fees and responsibility allowances account for 54% of the Governance budget. The budget for Council and Committee costs has been largely held the same, and includes budget for governance recruitment and training.

38. The budget for Internal Audit has been increased based on the tender received from TIAA and reflects the work they are doing in the year. We have delayed an externally led planned skills audit of the Governance membership to reduce costs.

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39. The reduced budget for tax payable on Council expenses is more reflective of the actual cost to the organisation. The PSA levy is based on actual figures received from the PSA.

Central resources & financing

Expenditure	FY2026-27 £	FY2025-26 £	Variance £
Depreciation and amortisation	103,500	53,900	49,600
Premises	82,062	80,220	1,842
Office administration	54,719	37,170	17,549
Financing	40,000	34,000	6,000
Financial audit fee	27,203	26,208	995
International conferences	6,700	6,700	-
Publications and subscriptions	6,250	5,019	1,231
Total	320,434	243,217	77,217

40. The increase in budget for Depreciation and amortisation primarily reflects amortisation on the new CRM and website; these will be amortised over 10 years, which we anticipate will be the useful life of these once completed.

41. The total budget provision for 2026-27 of £320k is predominately comprised of costs to run the headquarter building (around £140k per year, or 44% of the Central resources & financing budget). The increased budget for Premises reflects an increase in Council Tax for the headquarter building, along with various increases in service contracts (such as energy costs and Health & Safety consultancy).

42. The Office administration budget is primarily down to general insurance costs, which are around £27k. Other costs consist of telephone systems, office supplies, and costs in relation to selling the headquarter building.

43. Included within telephone costs (under Office administration) is the implementation of WhatsApp, which gives people an additional way to contact us. Since launching in January 2025, we have seen consistent engagement with approximately 50-60 messages each month. Response times are consistently improving, with most enquiries receiving a response within 5-30 minutes.

44. Financing costs mainly relate to the charges in relation to accepting payments from registrants (approximately 84% of the £40k budget). We are planning to look into alternatives to the payment providers we currently use once the CRM and website projects have completed.

45. The budget for International conferences has been kept at the same level as last year; this gives scope for the Chief Executive and Chair of Council to attend the Osteopathic International Alliance (OIA) and Osteopathy Europe (OE)

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conferences respectively. These are currently planned for Paris in November 2026 (OIA), and Salzburg (March 2026) and Malta (October 2026) (OE).

46. The Publications and subscriptions budget has been increased to allow for annual memberships of the Association of Chief Executives (ACE), Public Chairs' Forum (PCF), Professional Associations Research Network (PARN), the Institute of Regulation, and Osteopathy Europe, among others.

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Equality Impact Assessment Template

Step 1 – Scoping the EIA

Title of policy or activity	
Business Plan and Budget 2026-27	
Is a new or existing policy/activity?	
The GOsC produces a new Business Plan and Budget for the year ahead which is subject to approval by Council.	
What is the main purpose and what are the intended outcomes of the policy/activity?	
<p>The Business Plan outlines the work which is planned for the year ahead to progress the new GOsC Strategy. Those workstreams will all have equality, diversity and inclusion (EDI) implications and we will ensure that papers prepared for Council and Committees will be cognisant of those issues.</p> <p>The Business Plan 2026-27 underpins the second year of the new GOsC Strategy. That Strategy has a key priority of 'Championing Inclusivity' and many of the workstreams which progress the strategy in this area have a clear link to equality, diversity and inclusion.</p> <p>The budget for 2026-27 sets out the forecast income and planned expenditure required to deliver the business plan activities. The income is primarily from registration fees paid by osteopaths.</p>	
Who is most likely to benefit or be affected by the policy/activity?	
The Business Plan activities will ensure the GOsC meets its statutory objectives. In doing there will be benefit for registrants, patients and other stakeholders.	
Does this policy or activity impact on the Welsh Language?	
The Business Plan references our work in relation to the Welsh Language Standards.	
Who is doing the assessment?	
Matthew Redford, Chief Executive and Registrar	
Dates of the EQIA	
• When did it start?	January 2026
• When is it due to be completed?	February 2026
• When should the next review of the policy/activity take place?	At quarterly review points

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	alongside implementation of this business plan and monitoring.
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Useful information

What information would be useful to assess the impact of the policy/activity on equality?

An assessment of the impact of the activities within the Business Plan will be made on an activity by activity basis, and considered by the relevant Committee and/or Council as well as through the monthly monitoring by the senior management team.

Information which would be useful to assess the impact of the activities, might include, but is not limited to, statistics about the profession and student population; equality monitoring data from consultation submissions; equality monitoring data from participants in surveys, webinars, recruitment campaigns. These data collection activities are outlined in detailed plans which underpin the overarching business plan.

Is there data relating to people with any/each of the protected characteristics?¹

EDI data is collected from osteopathic educational institutions about student enrolment, progression and graduation and registrants as they join the Register.

We collect EDI data in response to surveys and consultations so that we can assess, as far as possible, the demographics of those responding compared to the data we hold on the register as a whole and also the UK population as outlined in the most recent census data for the nations.

We collect EDI data from applicants to roles and compare this to population data at each stage of the recruitment process.

We are planning to enhance the breadth and depth of EDI data we collect as outlined in our business plan and underpinning activities.

Where can we get this information and who can help?

EDI data about registrants is stored securely in the GOsC CRM product.

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

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

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

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

Step 2 – Involvement and consultation

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

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

Step 3 – Data collection and evidence

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

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

The Business Plan and Budget will not adversely impact on registrants. Registration fees will not increase in 2026-27

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

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

Step 4 – assessing impact and strengthening the policy

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

We will assess EDI implications on an activity by activity basis. There is currently no data which suggests the introduction of the Business Plan 2026-27 will adversely impact on people with each/any of the protected characteristics.

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

No.

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

N/A.

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

If the Business Plan 2026-27 is approved by Council, when communicating with the profession we will specifically reference the commitment to EDI within the communications.

Step 5 – making a decision

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

The GOsC Council approves an annual Business Plan and Budget. This EIA covers the Business Plan and Budget for 2026-27. The activities contained within the Business Plan will be assessed on an activity by activity basis for EDI implications with data reviewed, analysed and prepared for Council and its Committees.

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

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

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

N/A

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

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

Step 6 – monitoring, evaluation and review

How will you monitor the impact/effectiveness of the policy/activity?
Through our reporting to Council and its Committees and through SMT oversight.
What is the impact of the policy/activity over time?
<p>Strengthening our data collection through our business plan activities and continuing to undertake research and data analysis will support our ongoing understanding of any hidden potentially discriminatory impacts and we will keep this under review as we review the Business Plan throughout the year.</p> <p>By assessing the impact of EDI on each of the Business Plan activities we will ensure that our policy developments and internal decision making processes are robust and that our activities have the greatest possible positive impact.</p> <p>The Business Plan 2026-27, like plans before it, lays the foundation for future business plans to be developed which will develop actions arising out of strengthened data collection and analysis as arising out of this business plan.</p>
Where/how will this EIA be published and updated?
The EIA is an annex to the Council paper that considers the Business Plan and Budget 2026-27. This will be published on the public GOsC website alongside the February 2026 Council papers.
We will publish updated plans on an ongoing basis.

Step 7 – action planning

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Ensure the EIA is annexed to the Council paper and published on the public GOsC website.	Matthew Redford	January 2026
Ongoing quarterly review alongside Business Plan Monitoring activities by SMT.	SMT	From April 2026

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Council
12 February 2026
Change of Investment Manager

Classification	Public
Action	For decision
Purpose of the paper	The current Investment Managers, Brewin Dolphin, have been in place for nine years. We are recommending a change of Investment Manager to Cambridge Investments Limited based on investment returns and fee structure.
Strategic Priority implications	This work shows we are proactive in looking at the best options to maximise the return on investments and reduce costs so we can support delivery of our strategic priorities.
Standards of Good Regulation implications	There is no direct Standard of Good Regulation but being proactive in managing the organisation's assets shows that the Executive and the Committee are looking at ways to maximise income for the GOsC.
Communications implications	The change will be reported in the Annual Report and Accounts, and in the Audit Committee and Council papers following the change.
Financial, resourcing and risk implications	We anticipate higher investment returns and lower fees by changing to a different Investment Manager. The fee for arranging the change will be around £10k.
Patient perspectives	Better investment returns mean that we will have more resources to invest in our statutory duty of protecting the public.
Diversity implications	None arising from this paper
Welsh language implications	None arising from this paper

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Annexes	<p>Fund factsheets:</p> <ul style="list-style-type: none">A. Brewin Dolphin Balanced Asset Index (current fund) and Brewin Dolphin Steady Growth IndexB. Cambridge Investments Tracker BalancedC. Cambridge Investments Tracker ActiveD. Charles Stanley Dynamic fund 3E. Charles Stanley Dynamic fund 4F. LGT BalancedG. LGT GrowthH. LGT Sustainable BalancedI. LGT Sustainable AdventurousJ. Fund fee structures
Author	Darren Pullinger
Background reading	<p>Members can review the March 2025 Audit Committee Paper 10 for background of who the various parties are in the investment structure, and for more detail on Cambridge Investments.</p> <p>Please note that these papers are available to Council members, Council associates, and Patient Partners only.</p>
Recommendation(s)	<ol style="list-style-type: none">1. To approve the change of Investment Manager to Cambridge Investments Limited.2. To agree that the Tracker Balanced fund is the preferred option of the two Cambridge Investment funds.
Key messages	<ul style="list-style-type: none">• The current Investment Manager Brewin Dolphin have been in place for almost nine years.• At the Council meeting in November 2024 we presented a paper which outlined a draft Finance and Asset Framework following its introduction at the October 2024 Audit Committee, of which the investment portfolio is a part. <p>Discussion on the investment portfolio took place with Council and Audit Committee throughout 2025.</p> <p><i>Copy to: 29/01/2026 14:47:13</i></p>



- Following work undertaken by the Executive, Cambridge Investments Limited emerged as an alternative Investment Manager, with higher historic returns as well as a preferable fee structure compared to Brewin Dolphin.
- Audit Committee are satisfied with the work and due diligence that has been undertaken and support the recommendation to move away from Brewin Dolphin to Cambridge Investments Limited.

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Introduction

1. The current Investment Manager, Brewin Dolphin, has been in place since the end of the 2016-17 financial year. As part of a draft Financial and Asset Framework introduced to Council in November 2024, we undertook a review of the investment portfolio to assess whether there are changes needed.
2. A timeline of the actions taken to reach this point is shown below:

Date	Action
Audit Committee, October 2024	Draft financial and asset framework introduced to Audit Committee, including a section on the Investment portfolio.
Private Council meeting, November 2024	A paper on the development of the draft financial and asset framework introduced to Council, including a reference to Investments.
December 2024	Cambridge Investments recommended by Tim Langman at Perspective. ¹
Public Council meeting, February 2025	Investment and Reserves annual review paper presented to Council which included reference to changing the Investment Manager. 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.
Audit Committee, March 2025	Change of Investment Manager paper presented to Audit Committee. Members requested further information and suggestions for other Investment Managers to enable a fuller comparison. Members sought clarification if there would be any tax implications on a sell down of the portfolio. GOsC's charity status means that there would not be any capital gains tax (or any other taxes) to pay on any sale of investments.

Coop 29/01/2025

Perspective Financial Group ("Perspective") is a UK-based financial planning and wealth management firm, offering services to individuals, businesses, and trustees. Their services include investment planning, retirement preparation, and tax planning. GOsC currently works with Perspective on financial planning and pension management.

Date	Action
Audit Committee, October 2025	<p>Follow up paper presented to Audit Committee with details of alternate funds. Members were happy to recommend the decision to be taken to the next Council meeting. Due to Council agenda constraints, this was pushed back to the February 2026 Council meeting.</p> <p>In making their recommendation, members requested clarification on whether the equity to bond proportion in the proposed fund differed from the current portfolio. It was confirmed to be the same; Council had previously agreed on a balanced risk approach (medium), with a target range of 60–70% equities.</p> <p>The Committee also asked about whether or not GOsC would be tied to Cambridge for a certain time period, especially if performance was to suffer. It was confirmed there is no tie-in or minimum time period.</p>

3. This paper is largely based on what was presented to Audit Committee in October 2025, and as Chair of the Audit Committee, Council member Harry Barton can provide members with assurance of the process followed and discussion at Committee.

Discussion

4. As we were preparing the draft Finance and Asset Framework in November 2024, Perspective proposed an alternative Investment Manager, Cambridge Investments Limited. This alternative looked to have better returns as well as a preferable fee structure compared to Brewin Dolphin.
5. Following the Audit Committee meeting in March 2025, members requested the Executive gather more information on other potential investment managers, which were presented to Audit Committee in October 2025. These are outlined below following additional research and advice from Perspective with information that outlines their historic returns and charging structure in order to give an overall picture of their performance potential.

Cambridge Investments Limited

Costs for 29/01/2026 14:47:13

6. Cambridge Investments Limited is an established discretionary Investment Manager which have been managing clients' assets since the 1970s. Their focus is solely on investment management, and having a smaller team aligns more

with GOsC. We feel we can have a more personal relationship with Cambridge and feel that we are a more important part of their client portfolio.

7. Cambridge Investments offer two funds similar to the existing Brewin Dolphin fund (we have a Balanced risk portfolio); these are Cambridge Investments Tracker Balanced and Cambridge Investments Managed Balanced. The Managed Balanced fund is a more actively managed fund.

Charles Stanley

8. Charles Stanley are one of the leading UK Wealth Management companies, and offer a range of services including investment management, financial planning, and asset management.
9. Charles Stanley offer two funds similar to the current investment fund; these are their Dynamic Passive Portfolios 3 and 4. Portfolio 3 has a risk profile of 5 (out of 7) with a performance target of inflation +2%. Portfolio 4 has a risk profile of 6 with a target return of inflation +3%.

LGT Wealth Management

10. LGT Wealth Management ("LGT") are part of a larger family-owned private bank, LGT Group. LGT are able to draw on extensive wealth management experience gained at some of the world's leading financial institutions.
11. LGT offer portfolios similar to the existing Brewin one; these are the Balanced and Growth funds. Their Balanced portfolio targets a volatility level of 5.6%-9.9%, with a medium level of investment in equities (up to 75%). Their Growth portfolio has a volatility target of 9.9%-12.6%, with a medium-high level of investment in equities (no more than 90%).
12. LGT also offer some funds in their Sustainable suite. The returns on these are not as good as their other funds, but we have shown these for completeness. These have a better ESG rating, but lower historic returns, along with higher charges. Although they have a better ESG rating, we do not advise choosing these funds as we want to maximise the return on the investment portfolio.

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Investment returns and charges

13. A comparison of actual returns (past performance), total fund charges, and fee savings compared to the current fund are shown below:

Fund	1 year returns	3 year returns	5 year returns	Total charges	Fee savings
1. Brewin Dolphin Balanced Asset Index (current fund)	9.44%	3.76%	26.93%	1.85%	-
2. Brewin Dolphin Steady Growth Index	10.77%	5.33%	35.75%	1.85%	-
3. Cambridge Investments Tracker Balanced	8.70%	25.70%	37.60%	0.76%	£16k
4. Cambridge Investments Tracker Active	10.40%	30.50%	51.00%	0.76%	£16k
5. Charles Stanley Dynamic fund 3	8.00%	24.60%	33.10%	1.00%	£12k
6. Charles Stanley Dynamic fund 4	9.50%	28.50%	42.40%	1.07%	£11k
7. LGT Balanced	5.77%	16.05%	25.11%	1.05%	£11k
8. LGT Growth	6.34%	18.69%	30.53%	1.07%	£11k
9. LGT Sustainable Balanced	4.74%	16.46%	25.66%	1.23%	£9k
10. LGT Sustainable Adventurous	4.74%	17.25%	30.90%	1.35%	£7k

14. Factsheets showing historic returns and other fund information are shown in annexes A-I.

15. A comparison of the fee structure of each of the Investment funds is shown in Annex J.

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16. Perspective will charge approximately £10k to carry out the work and arrange the transfer of portfolio from Brewin Dolphin to Cambridge Investments. As per the table above, we are likely to save at least this amount in charges in the first year under the new Investment Manager.
17. We propose that we proceed with the Cambridge Investments Tracker Balanced fund, which combines the better mid-long term returns and the lower investment management charges.
18. This approach was supported by the Audit Committee.
19. Once Council approve the change in Investment Manager, we will instruct Perspective to start the process. The transfer of the portfolio from Brewin Dolphin to the new Investment Manager should take around six weeks to complete.
20. The next steps, post Council approval, involve Perspective issuing a formal report and recommendation, which the Executive will action prior to the change in Investment Manager.

Executive view

21. We are satisfied that, following additional time to research more alternative investment managers, Cambridge Investments remain the best option. This is both in terms of historic returns, but also fees and charges. We should aim for maximum value for money wherever we can.
22. Whilst many investment funds are performing well in the current market, the charges on the Cambridge portfolio will give us significant savings each year, to help in the reduction of our overall cost base.
23. If any members want further information ahead of the meeting, please contact the Head of Resources and Assurance. Members are reminded of his career history in financial services and having a years of experience with investment managers and funds.

Recommendations:

1. To approve the change of Investment Manager to Cambridge Investments Limited.
2. To agree that the Tracker Balanced fund is the preferred option of the two Cambridge Investment funds.

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ARC Private Client Indices

March 2025



Percentage Return Data

RBC Brewin Dolphin Index	2022	2023	2024	1 Year	3 Years	5 Years	10 Years
Sterling Cautious Index	(8.99)	2.25	4.81	3.44	1.67	15.64	28.61
Sterling Balanced Asset Index	(10.77)	5.26	6.34	2.40	3.76	26.93	40.26
Sterling Steady Growth Index	(11.80)	6.38	7.87	1.70	5.33	35.75	51.29
Sterling Equity Risk Index	(12.81)	7.35	9.06	0.97	6.00	43.50	59.75

Relative Percentage Return Data (P.P. Difference)

RBC Brewin Dolphin Index Relative to PCI	2022	2023	2024	1 Year	3 Years	5 Years	10 Years
Sterling Cautious Index	(1.39)	(1.43)	0.24	0.23	(1.41)	(0.98)	5.38
Sterling Balanced Asset Index	(1.63)	(0.53)	(0.07)	(0.29)	(1.34)	(1.22)	2.96
Sterling Steady Growth Index	(1.57)	(0.82)	(0.02)	(0.36)	(1.13)	(1.87)	(1.13)
Sterling Equity Risk Index	(1.41)	(0.95)	(0.26)	(0.28)	(1.19)	(2.99)	(5.06)

Quarterly Percentage Return Data and Inception

RBC Brewin Dolphin Index	Q1 2025	Q2 2025	Q3 2025	Q4 2025	YTD	Inception
Sterling Cautious Index	0.64				0.64	44.20
Sterling Balanced Asset Index	(0.70)				(0.70)	68.63
Sterling Steady Growth Index	(1.44)				(1.44)	90.37
Sterling Equity Risk Index	(2.59)				(2.59)	101.33

Quarterly Relative Percentage Return Data and Inception

RBC Brewin Dolphin Index Relative to PCI	Q1 2025	Q2 2025	Q3 2025	Q4 2025	YTD	Inception
Sterling Cautious Index	0.41				0.41	5.85
Sterling Balanced Asset Index	0.00				0.00	5.63
Sterling Steady Growth Index	0.19				0.19	2.60
Sterling Equity Risk Index	0.27				0.27	(7.56)

Volatility

RBC Brewin Dolphin Index	Manager Volatility (3 Years)	PCI Volatility (3 Years)	Volatility compared to PCI	PCI Median Volatility (3 Years)	Manager Volatility (5 Years)	PCI Volatility (5 Years)
Sterling Cautious Index	4.8	4.2	0.6	4.4	5.0	4.4
Sterling Balanced Asset Index	6.8	6.2	0.6	6.6	7.2	6.6
Sterling Steady Growth Index	8.0	7.6	0.4	7.8	8.6	8.1
Sterling Equity Risk Index	9.0	9.0	0.0	9.3	9.9	9.8

ARC Private Client Indices ("PCI") are based on historical information and past performance is not indicative of future performance. PCI are computed using a complex calculation and the results are provided for information purposes only and are not necessarily an indicator of suitability for your specific investment or other requirements. ARC does not guarantee the performance of any investment or portfolio or the return of an investor's capital or any specific rate of return. ARC accepts no liability for any investment decision made on the basis of the information contained in this report. You should always complete your own analysis and/or seek appropriate professional advice before entering into an agreement with any PCI Data Contributor. The content is the property of ARC or its licensors and is protected by copyright and other intellectual property laws. Use of the information herein is governed by strict Conditions of Use as detailed on www.suggestus.com

Cambridge Tracker Balanced

◎ Cambridge Tracker Balanced Portfolio Strategy

In order to generate potential returns consistent with the level of risk, Cambridge will mostly invest in passive funds to create a varied portfolio comprised of UK and Global equities, Corporate and Government bonds and other Alternative assets such as commodities and property where appropriate. The starting position for equities in the classic range has an increased exposure to most clients' home market, the UK.

* Who is this portfolio for?

This portfolio is likely to be suitable for: An investor who is comfortable with holding a significant proportion of their portfolio in higher risk investments in order to have the opportunity for a greater investment return. An investor who is prepared to accept investment losses in the short-term in order to achieve potentially greater investment returns over the longer-term. The portfolio will be subject to fluctuations in value.

↖ Cumulative Returns

Time Period: Since Common Inception **31/12/2012** to **31/01/2025**



⌚ Cumulative Returns (%)

	1 MONTH	3 MONTHS	1 YEAR	3 YEAR	5 YEAR	INCEPTION
Cambridge Tracker Balanced	2.9	5.0	13.5	17.7	32.6	120.6
5050 - IA Mixed Investment 20-60 & 40-85	2.8	3.8	10.8	11.5	21.8	89.9
	01/02/2024 - 31/01/2025	01/02/2023 - 31/01/2024	01/02/2022 - 31/01/2023	01/02/2021 - 31/01/2022	01/02/2020 - 31/01/2021	
Cambridge Tracker Balanced	13.5	6.3	-2.4	7.2	5.1	
5050 - IA Mixed Investment 20-60 & 40-85	10.8	3.9	-3.1	4.7	4.3	

🌐 Monthly Market Commentary - January 2025

Global equities had a strong start to 2025, rising 4.2% in sterling terms in January. This was largely supported by exceptional returns across Europe and the UK, with value outperforming growth after investors rotated out of the US. Furthermore, central banks signalled further interest rate cuts, which sent bond yields lower, resulting in rising bond prices, with the global aggregate bond market up 0.4%.

European equities were the top performers among developed market peers, rising 8.2% in sterling terms. January saw the biggest rotation from the US into European equities in almost a decade, owing to a lower weighting in the technology sector and tentative signs of improvement in eurozone macro data. Investors fled lofty US tech valuations in favour of European financials and consumer discretionary sectors. The UK also outperformed strongly, rising 6.2%, with the sharp depreciation of sterling acting as a tailwind for these positive returns.

US large-cap technology stocks recovered from a widespread sell-off, settling at a positive return of 2.5% after Chinese start-up Deepseek revealed its ability to produce efficient, low-cost artificial intelligence models. Elsewhere, Japanese equities returned 2.4% in sterling terms, as the Bank of Japan's confidence in the sustainability of domestic wage growth increased.

Beyond equity and bond markets, the broader commodity index returned 4.1% in January. The price of gold rose 7.8% on the back of Trump's tariff threats, while Brent crude oil prices rose 2.2% due to widespread cold winter weather and US sanctions on Russia.

☰ Portfolio Objective **Balanced**

The leading objective of this portfolio is to maximise potential return for a given level of risk.

One measure of portfolio risk is how much of the portfolio is invested in equities (company shares). For this portfolio, over the long-term, we would expect the proportion invested in equities to be approximately 60%. This strategic exposure may be adjusted over the longer term to maintain adherence to the risk limits.

In the shorter term, we may also adjust this weight tactically as economic and market conditions dictate while not deviating by more than ±12.5%.

📊 Performance Information

The above tables show comparative performance against a relevant Investment Association (IA) sector benchmark so that you can compare performance to our competitors using relatively similar asset allocations. The benchmark is an indicator of similar investments performance relative to each other and is not intended to provide an indication of future returns or investor expectations. **Past performance is not a guide to future performance.**

Cambridge Tracker Balanced

Portfolio Characteristics

Standard Deviation	4.6
12 Month Yield	2.6
Since Inception Annualised Return	6.77
Risk Profile	Balanced
Inception Date	31/12/2012

Top Holdings (%)

HSBC American Index C Acc	15.00
ASI Global Corporate Bond Tracker B (Acc)	10.25
Vanguard US Equity Index Acc	10.00
iShares UK Equity Index (UK) D Acc	8.00
ASI Global Government Bond Tracker B (Acc)	8.00
iShares UK Gilts All Stocks Index Fund D (Acc)	6.50
ASI Short Dated Sterling Corporate Bond Tracker Fund B Acc	6.25
Cash	5.25
Vanguard FTSE Dev Eurp ex UK Eq Idx Inc	5.00
iShares North American Equity Index Fund (UK)	5.00

Data Definitions

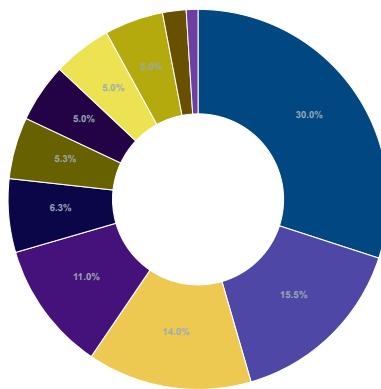
Standard Deviation: A statistical measurement of dispersion about an average, which, for a model, deviation of historical performance to try to predict the range of returns that are most likely for a given fund. When a fund has a high standard deviation, the predicted range of performance is wide, implying greater volatility. Morningstar computes standard deviation using the trailing monthly total returns for the appropriate time period. All the monthly standard deviations are then annualized.

Inception: The date at which the portfolio was first managed. This can be found at the top left corner of the investment growth graph.

12 Month Yield: Is the sum of a fund's total trailing 12-month interest and dividend payments divided by the last month's ending share price (NAV) plus any capital gains distributed over the same period.

Benchmark: IA OEMixed – The performance comparator provided in the cumulative return chart and the performance table below. The comparator benchmark(s) shown are representative of the risk/return of the model.

Portfolio Holdings Cambridge Tracker Balanced



● North America Equity	30.00%
● Govt Bond	15.50%
● UK Equity	14.00%
● IG Bond	11.00%
● Strat Bond	6.25%
● Cash	5.25%
● Europe Equity	5.00%
● Japan Equity	5.00%
● Global Emerging Market Equity	5.00%
● Emerging Market Bond	2.00%
● Asia Dev ex Japan Equity	1.00%
● Total	100.00%

Important Notes

The portfolio returns presented in this document are for information purposes only and should be regarded as indicative of the returns clients would have achieved with their actual investment portfolios, which are managed with the same investment style and risk profile. While client portfolio returns are expected to be very similar to the returns shown here, they may differ as a result of new monies having been introduced by the client, or withdrawn from the portfolio and/or the specific fee charging arrangements agreed between the client and the adviser. The performance does not account for the differences due to the limitations of a particular platform. Asset allocation: For operational efficiency and to cover all costs and charges, the investment manager makes sure there is at least 1% cash holding in every model portfolio when conducting a portfolio update. The information in this document does not constitute investment advice or a recommendation for any product and investment decisions should not be made on the basis of it.

Please be aware that adjustments to previously reported data can occur.

The value of investments and the income from them can fluctuate and it is possible that investors may not get back the amount invested.

All model returns are calculated in £-Sterling and include DFM fee and fund charges, but do not include investment platform and adviser charges.

Further information

For more details regarding this portfolio or further explanation of the terms used please contact your professional adviser.

About Cambridge Investments Limited

Cambridge Investments Limited ('Cambridge') is authorised and regulated by the Financial Conduct Authority ("FCA"); FCA Number 114762. You can check this on the FCA's Register by visiting the FCA's website <https://register.fca.org.uk/> or by contacting the FCA on 0800 111 6768. The FCA's address is Financial Conduct Authority, 12 Endeavour Square, London E20 1JN.

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Cambridge Tracker Active

◎ Cambridge Tracker Active **Portfolio Strategy**

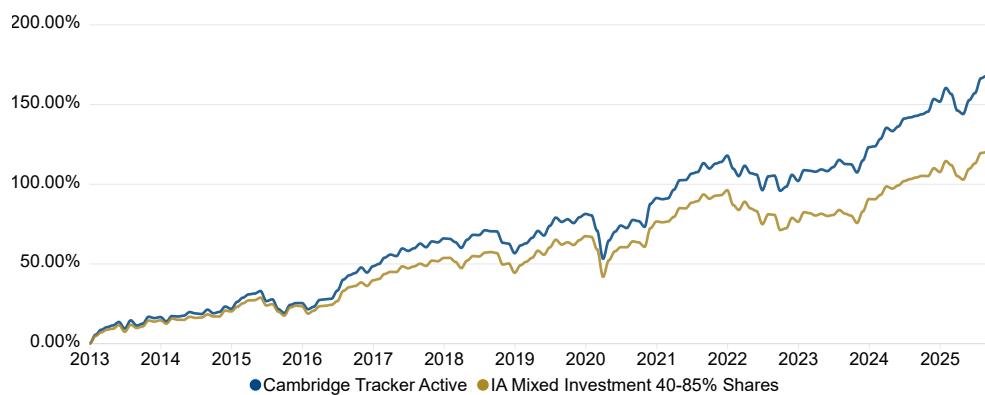
In order to generate potential returns consistent with the level of risk, Cambridge will mostly invest in passive funds to create a varied portfolio comprised of UK and Global equities, Corporate and Government bonds and other Alternative assets such as commodities and property where appropriate. The starting position for equities in the classic range has an increased exposure to most clients' home market, the UK.

* Who is this portfolio for?

This portfolio is likely to be suitable for: An investor who is comfortable with holding a significant proportion of their portfolio in higher risk investments in order to have the opportunity for a greater investment return. An investor who is prepared to accept investment losses in the short-term in order to achieve potentially greater investment returns over the longer-term. The portfolio will be subject to fluctuations in value.

↖ Cumulative Returns

Time Period: Since Common Inception **31/12/2012** to **30/09/2025**



⌚ Cumulative Returns (%)

	1 MONTH	3 MONTHS	1 YEAR	3 YEAR	5 YEAR	INCEPTION
Cambridge Tracker Active	2.3	6.7	12.5	40.0	55.1	174.3
IA Mixed Investment 40-85% Shares	1.9	5.3	9.3	31.0	37.2	124.3
	01/10/2024 - 30/09/2025	01/10/2023 - 30/09/2024	01/10/2022 - 30/09/2023	01/10/2021 - 30/09/2022	01/10/2020 - 30/09/2021	
Cambridge Tracker Active	12.5	14.8	8.5	-6.6	18.6	
IA Mixed Investment 40-85% Shares	9.3	13.8	5.3	-10.3	16.8	

🌐 Monthly Market Commentary - September 2025

Global equities continued to post gains, returning 4.0% for September. Emerging markets outperformed their developed market peers, with the Chinese market leading the charge, buoyed by the extension of the US-China trade truce and AI optimism. Bond markets shifted their attention from upside inflation risks to downside growth risks, with the global aggregate bond market rising by 0.7% in sterling terms.

Emerging markets have continued their positive run, rising 7.0%, which has continued to be supported by a weaker US dollar. The main contributor to this was Chinese equities, returning 9.1% in sterling terms for September, who were supported by positive policies for domestic chipmakers, alongside an acceleration in AI spend and product rollout from some of China's biggest tech names which fuelled the rally.

US equities were another large contributor of global returns, with US technology and large-cap equities returning 6.1% and 4.0%, respectively. The strong market performance was underpinned by the broader investor confidence around AI, with Oracle surging on major cloud demand. The Federal Reserve lowered their interest rates at its September meeting, marking the first rate cut of the year, signalling further easing ahead, which supported US equities further.

Japanese equities also performed strongly, returning 2.8% in September. Japan's corporate governance reforms are translating into tangible shareholder gains, improved performance and rising share buybacks.

Elsewhere, the broader commodity index rose moderately by 1.0%. In particular, the price of gold reached record highs, rising by 12.1%, which included strong demand from central banks building their reserves.

☰ Portfolio Objective Active

The leading objective of this portfolio is to maximise potential return for a given level of risk. One measure of portfolio risk is how much of the portfolio is invested in equities (company shares). For this portfolio, over the long-term, we would expect the proportion invested in equities to be approximately 75%. This strategic exposure may be adjusted over the longer term to maintain adherence to the risk limits. In the shorter term, we may also adjust this weight tactically as economic and market conditions dictate while not deviating by more than ±12.5%.

📊 Performance Information

The above tables show comparative performance against a relevant Investment Association (IA) sector benchmark so that you can compare performance to our competitors using relatively similar asset allocations. The benchmark is an indicator of similar investments performance relative to each other and is not intended to provide an indication of future returns or investor expectations. **Past performance is not a guide to future performance.**

Cambridge Tracker Active

Portfolio Characteristics

Standard Deviation	8.4
12 Month Yield	2.4
Since Inception Annualised Return	8.24
Risk Profile	Active
Inception Date	31/12/2012

Top Holdings (%)

HSBC American Index C Acc	19.20
Vanguard US Equity Index Acc	16.00
iShares UK Equity Index (UK) D Acc	11.60
Vanguard FTSE Dev Eurp ex UK Eq Idx Inc	7.60
Fidelity Index Emerging Markets P Acc	7.20
ASI Global Corporate Bond Tracker B (Acc)	6.50
ASI Global Government Bond Tracker B (Acc)	6.00
Fidelity Index Japan P Acc	5.00
Invesco UK Enhanced Index (UK) Z Acc	4.40
Legal & General Emerging Markets Gov Bond Local Currency Index I (Acc)	3.00

Data Definitions

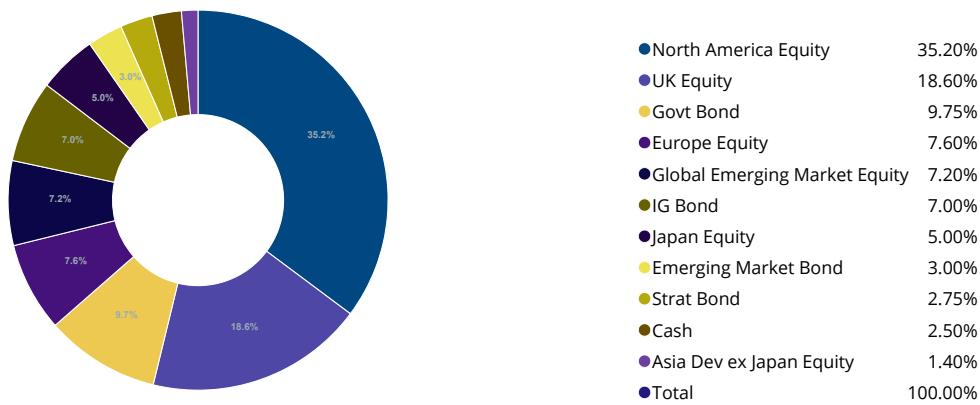
Standard Deviation: A statistical measurement of dispersion about an average, which, for a model, deviation of historical performance to try to predict the range of returns that are most likely for a given fund. When a fund has a high standard deviation, the predicted range of performance is wide, implying greater volatility. Morningstar computes standard deviation using the trailing monthly total returns for the appropriate time period. All the monthly standard deviations are then annualized.

Inception: The date at which the portfolio was first managed. This can be found at the top left corner of the investment growth graph.

12 Month Yield: Is the sum of a fund's total trailing 12-month interest and dividend payments divided by the last month's ending share price (NAV) plus any capital gains distributed over the same period.

Benchmark: IA OEMixed – The performance comparator provided in the cumulative return chart and the performance table below. The comparator benchmark(s) shown are representative of the risk/return of the model.

Portfolio Holdings Cambridge Tracker Active



Important Notes

The returns shown in this factsheet are indicative and may differ from actual performance. The returns do not account for the effect of capital additions and withdrawals, and / or advice and platform fees. A minimum of 1% of each portfolio is allocated to cash.

This document is not investment advice or a recommendation, you should not make any investment decisions based on it.

Further information

For more details regarding this portfolio or further explanation of the terms used please contact your professional adviser.

Please be aware that adjustments to previously reported data can occur.

The value of investments and the income from them can fluctuate and it is possible that investors may not get back the amount invested.

All model returns are calculated in £-Sterling and include DFM fee and fund charges, but do not include investment platform and adviser charges.

About Cambridge Investments Limited

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DP 3

Dynamic Passive

Investment objective and policy

These discretionary managed model portfolios offer risk-profiled investment solutions, all of which have a dynamic top-down asset allocation strategy implemented using low cost index tracking funds.

The investment objective for the Dynamic Passive 3 Model Portfolio is to provide a long-term total return which is superior to inflation plus 2% returns. The performance of the model portfolio is not intended to track the rise (or fall) of any specific index.

Key facts

Inception Date	30/09/2012
Typical Growth / Defensive Split	50:50
Annual Management Charge	0.20%
Total Ongoing Charges (of underlying funds)	0.12%
Portfolio Total Ongoing Charge	0.32%

Equity markets continued to rise in August, with US markets registering new record highs following a reassuring second-quarter earnings season. The second reading of US second-quarter GDP was also revised higher, boosted by strength in consumer spending, easing recessionary fears from earlier in the year. There were also few signs that the Trump tariff policy is stoking inflation, helping the positive tone. There are some concerns about the jobs market, which means a September rate cut, as signalled by Federal Reserve Chair Jerome Powell at his speech in Jackson Hole, remains likely.

The month began with heightened volatility across asset classes. The US Dollar Index surged early on the back of robust GDP and PCE data, only to retreat sharply following a disappointing Non-Farm Payrolls report. This reversal triggered a repricing of Federal Reserve expectations, with markets now anticipating rate cuts despite the Fed holding rates steady for a fifth consecutive meeting in August.

Equities reflected the uncertainty. The rally in US stocks eased. Meanwhile, European and Asian markets remained subdued amid renewed trade tensions and political instability.

Commodities saw dramatic swings. Gold dipped below \$3,270 per ounce before rebounding above \$3,340 as dollar weakness revived safe-haven demand. Oil prices climbed modestly, buoyed by easing trade tensions and US President Donald Trump's announcement of a ceasefire initiative in Ukraine.

Donald Trump's new tariffs on multiple countries rattled trade partners, though a US-EU agreement offered a glimmer of relief. Other countries have had punitive tariffs added, including India which now faces tariffs of 50% due to its continuing purchases of Russian oil, and equivalent tariffs on Brazilian goods due to its "persecution" of ex-president Jair Bolsonaro.

Markets continue to be caught between economic resilience and political unpredictability. Investors are bracing for a turbulent autumn, with central banks, conflict zones, and trade negotiations all having the ability to impact markets.

Performance %

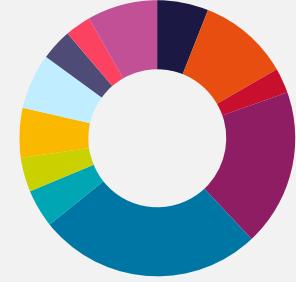
Discrete Performance	Aug 24 - Aug 25	Aug 23 - Aug 24	Aug 22 - Aug 23	Aug 21 - Aug 22	Aug 20 - Aug 21	3 yr Volatility
Dynamic Passive 3	8.0	13.1	2.0	-5.4	12.9	7.0
UK CPI +2%*	5.7	4.0	10.1	11.6	4.5	-
Cumulative Performance	1m	3m	6m	1yr	3yr	5yr
Dynamic Passive 3	0.3	5.2	4.8	8.0	24.6	33.1
UK CPI +2%*	0.5	2.3	3.4	5.7	21.1	41.3

All data as at 31 August 2025

Source: Performance figures and ongoing charges are taken from FE Analytics. All holdings data is sourced from Bloomberg. Past performance is not a reliable guide to future performance. The performance is net of Charles Stanley investment management fees, with income reinvested.

*UK Consumer Price Inflation figures quoted with a 1-month lag.

Asset Allocation



Cash & Equivalent	6.0%
Government Bond	10.7%
Inflation Linked	2.9%
Investment Grade Bond	18.4%
North American Equities	26.3%
UK Equities	4.5%
European Equities	4.0%
Japanese Equities	5.8%
Asia Pacific ex-Japan Equities	6.5%
Global Emerging Market Equities	3.7%
Property	3.0%
Infrastructure	8.3%

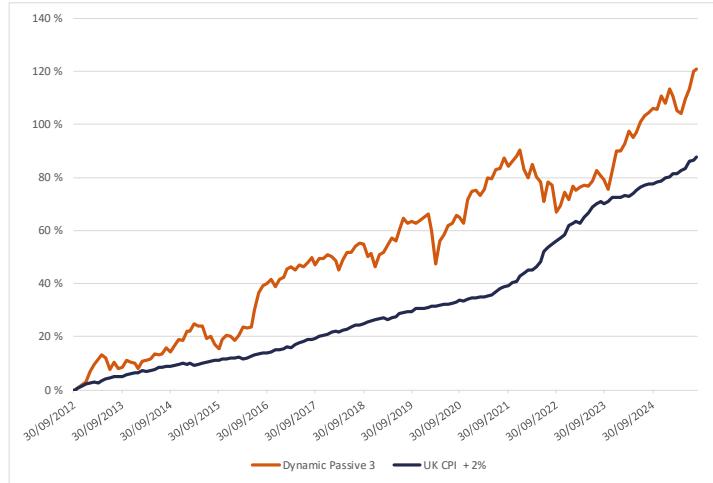
Top ten holdings

	%
Fidelity Index US P Acc Hdg	11.8
Legal & General Global Infrastructure Index C Inc	8.3
Legal & General US Index C Inc	8.1
L&G Short Dated Corp Bond Index C Inc	7.5
Vanguard UK Short Term Investment Grade Bond Index	7.1
Fidelity US Index Fund Inc	6.4
BlackRock ICS Sterling Liquidity	5.0
Legal & General UK Index Trust C Inc	4.5
L&G European Index Trust Acc	4.0
Legal & General Japan Index C Inc	3.9

Investment Team

The model portfolios are managed by the Charles Stanley Asset Management Division. The team of portfolio managers and analysts have extensive experience, drawing upon the expertise of investment specialists, strategists and economists both internally and externally. The research team looks for the best Index tracking funds from the available passive universe.

Performance since Inception



Risk Profile and ESG Ratings

MSCI
ESG RATINGS

CCC B BB BBB A AA AAA



Source: FE Analytics. Past performance is not a reliable guide to future returns. The performance is net of Charles Stanley investment management fees, with income reinvested.

FIND OUT MORE

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www.charles-stanley.co.uk

Charles Stanley
 Ropemaker Place
 25 Ropemaker Street
 London
 EC2Y 9LY

ACCOUNTS

- General Investment Account
- ISA
- SIPP
- Offshore Bond

Minimum suggested Investment = £1,000
 (subject to platform minimum requirements)

PLATFORMS

➤ Aegon	➤ James Hay
➤ M&G Wealth	➤ Standard Life
➤ Aviva	➤ Transact
➤ Novia	➤ Scottish Widows
➤ Nucleus	➤ 7IM
➤ Platform 1	➤ AJ Bell
➤ Quilters	➤ Wealthtime
➤ Fidelity	
➤ Parmenion	

Important Information

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DP 4

Dynamic Passive

CHARLES STANLEY

Managed Portfolio Service

Investment objective and policy

These discretionary managed model portfolios offer risk-profiled investment solutions, all of which have a dynamic top-down asset allocation strategy implemented using low cost index tracking funds.

The investment objective for the Dynamic Passive 4 Model Portfolio is to provide a long-term total return which is superior to inflation plus 3% returns. The performance of the model portfolio is not intended to track the rise (or fall) of any specific index.

Key facts

Inception Date	30/09/2012
Typical Growth / Defensive Split	65:35
Annual Management Charge	0.20%
Total Ongoing Charges (of underlying funds)	0.13%
Portfolio Total Ongoing Charge	0.33%

Equity markets continued to rise in August, with US markets registering new record highs following a reassuring second-quarter earnings season. The second reading of US second-quarter GDP was also revised higher, boosted by strength in consumer spending, easing recessionary fears from earlier in the year. There were also few signs that the Trump tariff policy is stoking inflation, helping the positive tone. There are some concerns about the jobs market, which means a September rate cut, as signalled by Federal Reserve Chair Jerome Powell at his speech in Jackson Hole, remains likely.

The month began with heightened volatility across asset classes. The US Dollar Index surged early on the back of robust GDP and PCE data, only to retreat sharply following a disappointing Non-Farm Payrolls report. This reversal triggered a repricing of Federal Reserve expectations, with markets now anticipating rate cuts despite the Fed holding rates steady for a fifth consecutive meeting in August.

Equities reflected the uncertainty. The rally in US stocks eased. Meanwhile, European and Asian markets remained subdued amid renewed trade tensions and political instability.

Commodities saw dramatic swings. Gold dipped below \$3,270 per ounce before rebounding above \$3,340 as dollar weakness revived safe-haven demand. Oil prices climbed modestly, buoyed by easing trade tensions and US President Donald Trump's announcement of a ceasefire initiative in Ukraine.

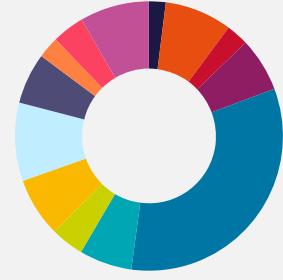
Donald Trump's new tariffs on multiple countries rattled trade partners, though a US-EU agreement offered a glimmer of relief. Other countries have had punitive tariffs added, including India which now faces tariffs of 50% due to its continuing purchases of Russian oil, and equivalent tariffs on Brazilian goods due to its "persecution" of ex-president Jair Bolsonaro.

Markets continue to be caught between economic resilience and political unpredictability. Investors are bracing for a turbulent autumn, with central banks, conflict zones, and trade negotiations all having the ability to impact markets.

Performance %

Discrete Performance	Aug 24 - Aug 25	Aug 23 - Aug 24	Aug 22 - Aug 23	Aug 21 - Aug 22	Aug 20 - Aug 21	3 yr Volatility
Dynamic Passive 4	9.5	14.9	2.2	-4.8	16.5	8.2
UK CPI +3%*	6.7	5.1	11.2	12.7	5.6	-
Cumulative Performance	1m	3m	6m	1yr	3yr	5yr
Dynamic Passive 4	0.4	6.7	5.7	9.5	28.5	42.4
UK CPI +3%*	0.6	2.5	3.9	6.7	24.7	48.3

Asset Allocation



- Cash & Equivalent 2.0%
- Government Bond 8.1%
- Inflation Linked 2.7%
- Investment Grade Bond 6.5%
- North American Equities 32.8%
- UK Equities 6.4%
- European Equities 4.0%
- Japanese Equities 7.1%
- Asia Pacific ex-Japan Equities 9.4%
- Global Emerging Market Equities 6.1%
- Global/Thematic Equities 2.6%
- Property 3.9%
- Infrastructure 8.4%

Top ten holdings

Fidelity Index US P Acc Hdg	15.5
Legal & General US Index C Inc	8.8
Fidelity US Index Fund Inc	8.5
Legal & General Global Infrastructure Index C Inc	8.4
L&G Short Dated Corp Bond Index C Inc	6.5
Legal & General Pacific Index C Acc	6.4
Legal & General UK Index Trust C Inc	6.4
Fidelity Index Emerging Markets P Inc	6.1
Legal & General Japan Index C Inc	5.0
L&G All Stocks Gilt Index Trust C Inc	4.3

All data as at 31 August 2025

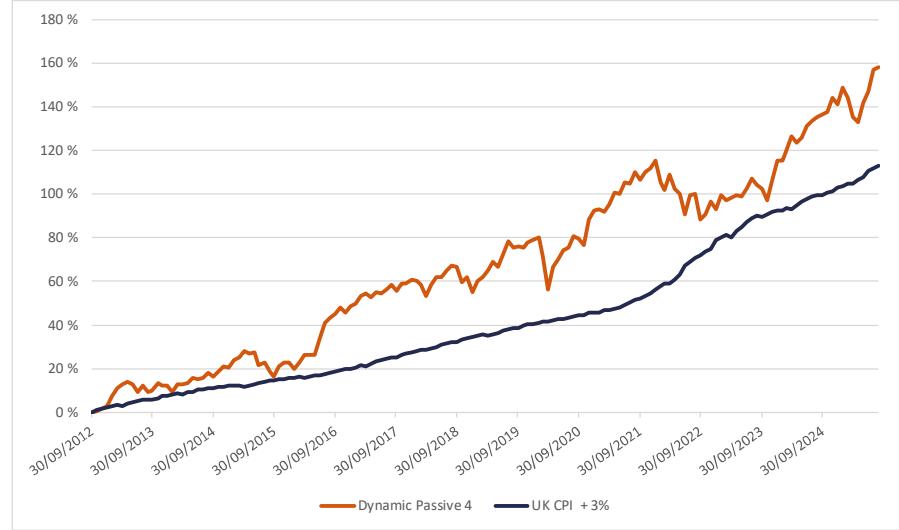
Source: Performance figures and ongoing charges are taken from FE Analytics. All holdings data is sourced from Bloomberg. Past performance is not a reliable guide to future performance. The performance is net of Charles Stanley investment management fees, with income reinvested.

*UK Consumer Price Inflation figures quoted with a 1-month lag.

Investment Team

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Performance since Inception



Source: FE Analytics. Past performance is not a reliable guide to future returns. The performance is net of Charles Stanley investment management fees, with income reinvested.

Risk Profile and ESG Ratings

MSCI
ESG RATINGS

CCC | B | BB | BBB | **A** | AA | AAA



FIND OUT MORE

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Charles Stanley
 Ropemaker Place
 25 Ropemaker Street
 London
 EC2Y 9LY

ACCOUNTS

- General Investment Account
- ISA
- SIPP
- Offshore Bond

Minimum suggested Investment = £1,000
 (subject to platform minimum requirements)

PLATFORMS

➤ Aegon	➤ James Hay
➤ M&G Wealth	➤ Standard Life
➤ Aviva	➤ Transact
➤ Novia	➤ Scottish Widows
➤ Nucleus	➤ 7IM
➤ Platform 1	➤ AJ Bell
➤ Wealthtime	➤ Quilters
➤ Fidelity	
➤ Parmenion	

Important Information

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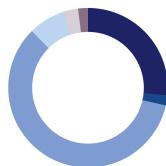
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Model Portfolio Service

September 2025

Asset allocation



- Fixed interest
- UK equity
- Overseas equity
- Absolute return
- Real assets
- Cash

Top 10 holdings

L&G International Index	7.0%
L&G Global Equity Index	6.4%
Brown Advisory Global Leaders	5.6%
AXA US Short Duration High Yield	5.5%
Troy Trojan	4.5%
L&G All Stocks Gilt Index	4.5%
Fundsmith Equity	4.1%
Vanguard Global Bond Index	4.0%
Muzinich Global Tactical Credit	3.8%
Redwheel Global Intrinsic Value	3.6%

MPS market update

August saw stronger-than-expected gains across markets. The S&P 500 rose nearly 2% for a fourth month in a row, while the equal-weighted index gained 2.7%, pointing to a broad rally beyond the largest technology stocks. Developed and emerging markets added to the advance, and bonds gained as US Treasury yields fell. Earnings were better than forecast, led by technology and AI-linked firms. Hopes of a Federal Reserve rate cut in September lifted sentiment, with markets pricing this at an almost 90% chance. Yet inflation remains sticky, with core PCE rising to 2.9% year-on-year, and tariffs beginning to weigh on some industrial companies.

UK bond markets came under pressure, with the 10-year Gilt rising and the 30-year hitting 5.7% in early September, its highest since the late 1990s. The move reflects stubborn inflation, rising borrowing, and fiscal concerns. Overall, equities and bonds showed resilience in August, helped by earnings strength and hopes of looser monetary policy. While August bucked the trend with gains, historically, September has been the weakest month of the year for US stocks, but the balance of evidence still points to resilient markets.

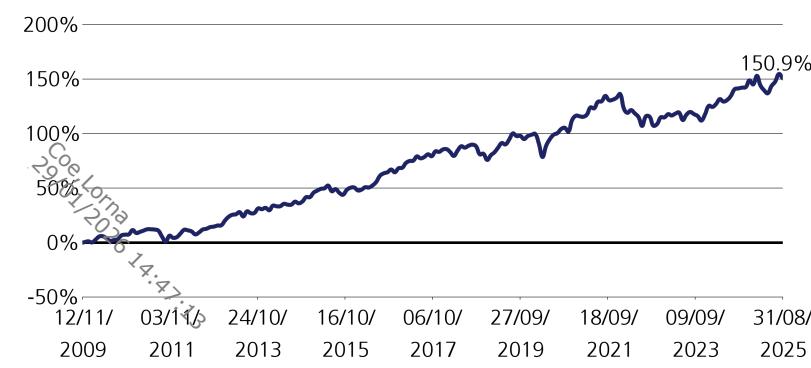
Performance and volatility

12 month rolling performance

31/08/2024 - 31/08/2025	31/08/2023 - 31/08/2024	31/08/2022 - 31/08/2023	31/08/2021 - 31/08/2022	31/08/2020 - 31/08/2021	Cumulative return since inception
5.68%	9.33%	0.72%	-7.73%	14.88%	150.92%

1 month	3 month	6 month	1 year	3 year	5 year
0.41%	4.76%	2.48%	5.68%	16.18%	22.99%

Performance since inception



Portfolio information

Launch date	12 Nov 2009
Min cash holding	2%
Annual management charge	0.25%
OCF	0.36%

There will be an additional 0.25%pa charge (no VAT) if LGT Wealth Management are asked to act as custodian and a third party platform is not used.

Model description

The primary objective of this portfolio is to achieve capital growth in excess of inflation. The portfolio is diversified across a range of asset classes, with a medium allocation to funds investing in equities (expected to be no greater than 75%) and other risk assets. Target Volatility: 5.6% - 9.9%

	Target	Realised (Since Inception)
Volatility	5.6-9.9%	7.09%
Return	3.3-10.8%	6.11%
Potential drawdown	-15.7%	-12.40%

	3 years	5 years
Realised volatility	6.39%	7.20%

Assumed yield	2.49%
Dividend	71%
Savings	29%

Where targets are given, these are for indication purposes only; the actual figures achieved could be more or less than the ranges given. Source: Morningstar. Net of underlying fund costs, gross of all other charges. *Source: Figaro. Fixed income considered saving income, all other asset classes (bar cash) considered dividend income.

Contact information

Phone +44 (0)20 3207 8484
advisersolutions@lgt.com



RSMR



TRUSTEE | MPI



Important information

LGT Wealth Management's fees for the management of model portfolios should be VAT exempt and it treats such fees accordingly. However, the firm is aware that the VAT liability of model portfolio management services is due to be reviewed by HM Revenue & Customs. If it is determined that such services should be subject to VAT, it will be necessary for LGT Wealth Management to add VAT to its fees.

The performance of actual portfolios linked to this Model Portfolio may differ from the performance of the Model Portfolio shown herein due to certain funds contained in the Model Portfolios not being made available for investment into actual portfolios by some investment platforms, the variation in timing of the initial investment or rebalancing differences resulting from minimum transaction size limits on the investment platform.

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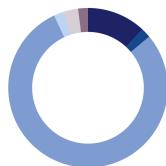
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Model Portfolio Service

September 2025

Asset allocation



- Fixed interest
- UK equity
- Overseas equity
- Absolute return
- Real assets
- Cash

Top 10 holdings

L&G International Index	7.1%
L&G Global Equity Index	6.6%
Brown Advisory Global Leaders	6.6%
L&G Japan Index	4.8%
Vanguard EM Index	4.7%
Fundsmith Equity	4.6%
Lazard Global Equity Franchise	4.6%
Vanguard Global Small Cap Index	4.6%
Beutel Goodman US Value	4.4%
Redwheel Global Intrinsic Value	4.3%

MPS market update

August saw stronger-than-expected gains across markets. The S&P 500 rose nearly 2% for a fourth month in a row, while the equal-weighted index gained 2.7%, pointing to a broad rally beyond the largest technology stocks. Developed and emerging markets added to the advance, and bonds gained as US Treasury yields fell. Earnings were better than forecast, led by technology and AI-linked firms. Hopes of a Federal Reserve rate cut in September lifted sentiment, with markets pricing this at an almost 90% chance. Yet inflation remains sticky, with core PCE rising to 2.9% year-on-year, and tariffs beginning to weigh on some industrial companies.

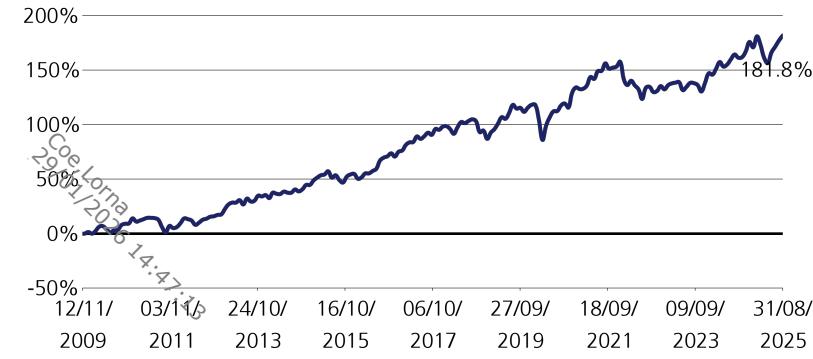
UK bond markets came under pressure, with the 10-year Gilt rising and the 30-year hitting 5.7% in early September, its highest since the late 1990s. The move reflects stubborn inflation, rising borrowing, and fiscal concerns. Overall, equities and bonds showed resilience in August, helped by earnings strength and hopes of looser monetary policy. While August bucked the trend with gains, historically, September has been the weakest month of the year for US stocks, but the balance of evidence still points to resilient markets.

Performance and volatility

12 month rolling performance

31/08/2024 - 31/08/2025	31/08/2023 - 31/08/2024	31/08/2022 - 31/08/2023	31/08/2021 - 31/08/2022	31/08/2020 - 31/08/2021	Cumulative return since inception
1 month	3 month	6 month	1 year	3 year	5 year
6.27%	10.89%	0.29%	-7.81%	17.56%	181.76%
0.45%	5.79%	2.58%	6.27%	18.04%	27.61%

Performance since inception



Source: Morningstar



Portfolio information

Launch date	12 Nov 2009
Min cash holding	2%
Annual management charge	0.25%
OCF	0.38%

There will be an additional 0.25%pa charge (no VAT) if LGT Wealth Management are asked to act as custodian and a third party platform is not used.

Model description

The primary objective of this portfolio is to achieve above average capital growth. The portfolio is diversified across a range of asset classes, with a medium-to-high allocation to funds investing in equities (expected to be no greater than 90%) and other risk assets. Target Volatility: 9.9% - 12.6%

	Target	Realised (Since Inception)
Volatility	9.9-12.6%	8.56%
Return	2.8-12.7%	6.68%
Potential drawdown	-20.9%	-14.80%

	3 years	5 years
Realised volatility	8.08%	8.57%

Assumed yield	2.10%
Dividend	87%
Savings	13%

Where targets are given, these are for indication purposes only; the actual figures achieved could be more or less than the ranges given. Source: Morningstar. Net of underlying fund costs, gross of all other charges. *Source: Figaro. Fixed income considered saving income, all other asset classes (bar cash) considered dividend income.

Contact information

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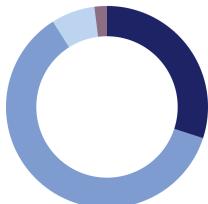
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Sustainable Model Portfolio Service

September 2025

Asset allocation



- Fixed interest
- UK equity
- Overseas equity
- Alternatives
- Liquidity strategies
- Cash

Top 10 holdings

Vontobel Sustainable Short Term Bond	9.00%
AB Sustainable US Thematic Equity	8.75%
Trojan Ethical	7.00%
Lazard Global Sustainable Equity Fund	6.25%
Schroder Global Sustainable Value	6.25%
Morgan Stanley Global Sustain	6.25%
Janus Henderson Global Sustainable Equity	6.25%
Sparinvest Ethical Global Value	6.25%
Stewart Investors Worldwide Sustainable	6.00%
Brown Advisory Global Sustainable Bond	5.00%



Portfolio information

Launch date	1 November 2018
Minimum cash holding	2%
Annual management charge	0.25%
Ongoing charge figure	0.55%

There will be an additional 0.25%pa charge (no VAT) if LGT Wealth Management are asked to act as custodian and a third party platform is not used.

Portfolio description

This portfolio looks to achieve capital growth in excess of inflation, whilst supporting inclusive economic development by investing in more environmentally and socially sustainable business practices. The portfolio will look to do this by investing in a diversified range of funds, which allocate capital to sustainable themes, such as healthcare and social housing, financial inclusion and education, the circular economy and renewable energy. The portfolio is diversified across a range of asset classes with a medium allocation to funds investing in equities (expected to be no greater than 75%) and other risk assets. Target volatility: 5% - 9%

United Nations Sustainable Development Goals



Portfolio pillar mapping

As part of the LGT Wealth Management Sustainable Model Portfolio Service, we have developed four sustainable investment pillars. These pillars encompass investment themes and the related the United Nation's Sustainable Development Goals (UN SDG), which they aim to support. Two of the pillars target social themes and two target environmental themes. This allows the translation of a framework based on a global, wide-reaching social and environmental change into an investable universe of ideas.

In order to better understand the thematic exposure of the portfolios, we have aligned the underlying funds to our sustainable pillars.



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Key

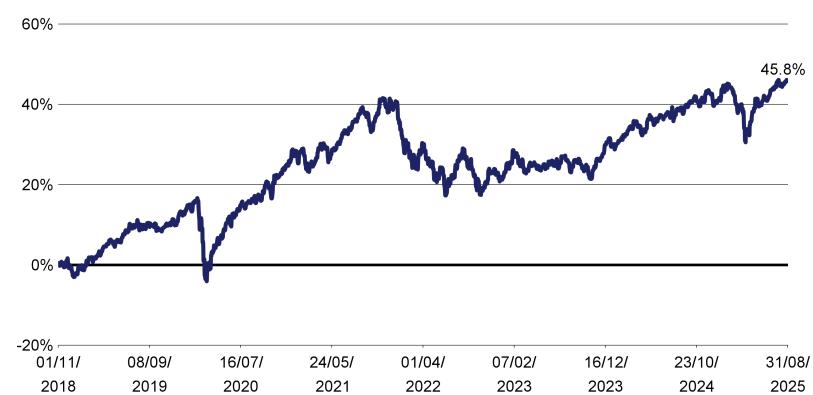
■ Healthcare and societal wellbeing	62%
■ Financial inclusion and education	3%
■ Circular economy and resources	9%
■ Climate and Environmental action	26%

Monthly investment update

August saw stronger-than-expected gains across markets. The S&P 500 rose nearly 2% for a fourth month in a row, while the equal-weighted index gained 2.7%, pointing to a broad rally beyond the largest technology stocks. Developed and emerging markets added to the advance, and bonds firmed as US Treasury yields eased. Earnings were better than forecast, led by technology and AI-linked firms. Hopes of a Federal Reserve rate cut in September lifted sentiment, with markets pricing an almost 90% chance. Yet inflation remains sticky, with core PCE rising to 2.9% year-on-year, and tariffs beginning to weigh on some industrial companies.

UK bond markets came under pressure, with the 10-year Gilt moving from 4.5% to 4.8% and the 30-year hitting 5.7% in early September, its highest since the late 1990s. The move reflects stubborn inflation, rising borrowing, and fiscal concerns. Overall, equities and bonds showed resilience in August, helped by earnings strength and hopes of looser monetary policy. While August bucked the trend with gains, historically, September has been the weakest month of the year for US stocks, but the balance of evidence still points to resilient markets.

Investment growth



Source: Morningstar

As at last month end	
1 month	-0.17%
3 month	4.02%
6 month	2.50%
1 year	4.74%
3 year	16.46%
5 year	25.66%
Since Inception	45.82%

Target	
Volatility	5 to 9%
Return	5.2 to 7.5%
Potential drawdown	-13.5%
Yield	
Assumed yield	1.75%
Dividend	68%
Savings	32%

Where targets are given, these are for indication purposes only; the actual figures achieved could be more or less than the ranges given. Source: Morningstar. Net of underlying fund costs, gross of all other charges. *Source: Figaro. Fixed income considered saving income, all other asset classes (bar cash) considered dividend income.

Important information

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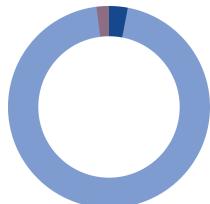


Sustainable Model Portfolio Service

September 2025

Sustainable Adventurous

Asset allocation



- Fixed interest
- UK equity
- Overseas equity
- Alternatives
- Liquidity strategies
- Cash

Top 10 holdings

AB Sustainable US Thematic Equity	10.00%
Sparinvest Ethical Global Value	8.50%
Stewart Investors Worldwide Sustainable	8.50%
Janus Henderson Global Sustainable Equity	8.50%
Lazard Global Sustainable Equity Fund	8.50%
Morgan Stanley Global Sustain	8.50%
Schroder Global Sustainable Value	8.50%
Polar Emerging Market Stars	7.00%
Stewart Investors Asia Pacific Leaders	7.00%
RobecoSAM Smart Materials	5.00%

United Nations Sustainable Development Goals



Portfolio information

Launch date	1 November 2018
Minimum cash holding	2%
Annual management charge	0.25%
Ongoing charge figure	0.66%
There will be an additional 0.25%pa charge (no VAT) if LGT Wealth Management are asked to act as custodian and a third party platform is not used.	

Portfolio description

This portfolio looks to achieve capital growth in excess of inflation, whilst supporting inclusive economic development by investing in more environmentally and socially sustainable business practices. The portfolio will look to do this by investing in a diversified range of funds, which allocate capital to sustainable themes, such as healthcare and social housing, financial inclusion and education, the circular economy and renewable energy. The portfolio is diversified across a range of asset classes with a medium allocation to funds investing in equities (expected to be no greater than 100%) and other risk assets. Target volatility: 10% - 16%

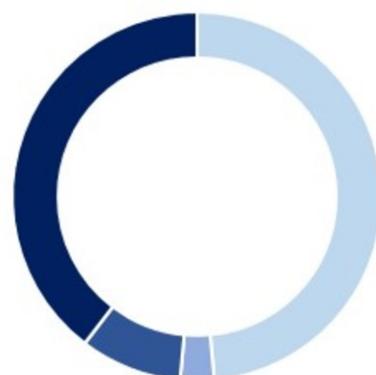
Portfolio pillar mapping

As part of the LGT Wealth Management Sustainable Model Portfolio Service, we have developed four sustainable investment pillars. These pillars encompass investment themes and the related the United Nation's Sustainable Development Goals (UN SDG), which they aim to support. Two of the pillars target social themes and two target environmental themes. This allows the translation of a framework based on a global, wide-reaching social and environmental change into an investable universe of ideas.

In order to better understand the thematic exposure of the portfolios, we have aligned the underlying funds to our sustainable pillars.



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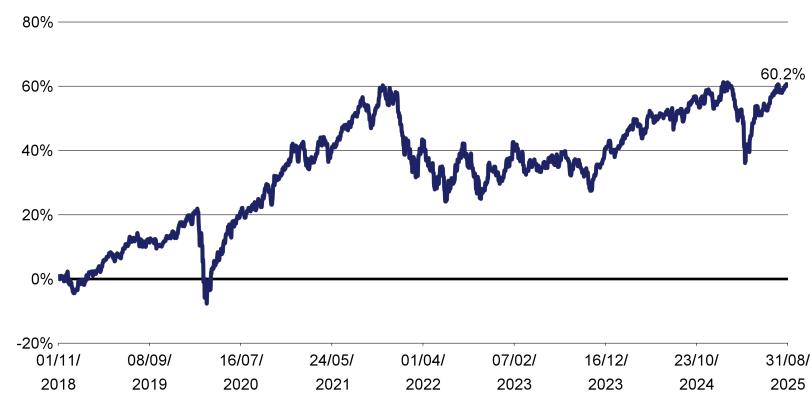
■ Healthcare and societal wellbeing	55%
■ Financial inclusion and education	3%
■ Circular economy and resources	8%
■ Climate and Environmental action	34%

Monthly investment update

August saw stronger-than-expected gains across markets. The S&P 500 rose nearly 2% for a fourth month in a row, while the equal-weighted index gained 2.7%, pointing to a broad rally beyond the largest technology stocks. Developed and emerging markets added to the advance, and bonds firmed as US Treasury yields eased. Earnings were better than forecast, led by technology and AI-linked firms. Hopes of a Federal Reserve rate cut in September lifted sentiment, with markets pricing an almost 90% chance. Yet inflation remains sticky, with core PCE rising to 2.9% year-on-year, and tariffs beginning to weigh on some industrial companies.

UK bond markets came under pressure, with the 10-year Gilt moving from 4.5% to 4.8% and the 30-year hitting 5.7% in early September, its highest since the late 1990s. The move reflects stubborn inflation, rising borrowing, and fiscal concerns. Overall, equities and bonds showed resilience in August, helped by earnings strength and hopes of looser monetary policy. While August bucked the trend with gains, historically, September has been the weakest month of the year for US stocks, but the balance of evidence still points to resilient markets.

Investment growth



Source: Morningstar

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A comparison of the fee structure of the Investment Managers is shown below:

Fees	1	2	3	4	5	6	7	8	9	10
Platform charge	0.82%	0.82%	0.18%	0.18%	0.18%	0.18%	0.18%	0.18%	0.18%	0.18%
Intermediary charges	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%
Fund charges	0.78%	0.78%	0.13%	0.13%	0.32%	0.39%	0.37%	0.39%	0.55%	0.67%
Discretionary Fund Manager (DFM) charge	N/A	N/A	0.20%	0.20%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%
Total charges	1.85%	1.85%	0.76%	0.76%	1.00%	1.07%	1.05%	1.07%	1.23%	1.35%
Fee saving compared to current fund	-	-	£16k	£16k	£12k	£11k	£11k	£11k	£9k	£7k

Fund references:

1. Brewin Dolphin Moderate (current fund)
2. Brewin Dolphin Moderately Adventurous
3. Cambridge Investments Tracker Balanced
4. Cambridge Investments Tracker Active
5. Charles Stanley Dynamic fund 3
6. Charles Stanley Dynamic fund 4
7. LGT Balanced
8. LGT Growth
9. LGT Sustainable Balanced
10. LGT Sustainable Adventurous

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Council

12 February 2026

Board effectiveness review: actions and next steps

Classification	Public
Action	For decision and noting
Purpose of the paper	To provide Council with an update on the actions and next steps arising from discussions at November 2025 Council Meeting.
Strategic Priority implications	Good governance underpins all that we do across the three strategic priorities.
Standards of Good Regulation implications	While there is currently no specific standard relating to Governance, actions arising from the board effectiveness review will stand the GOsC in good stead if a new standard is introduced from 2026-27.
Communications implications	Any future changes to the terms of reference for each committee, and how those committees are either constituted or work, should be discussed by the committees ahead of any Council decision.
Financial, resourcing and risk implications	Delivery of the actions and next steps are being managed from internal staff resource. The cost of the board effectiveness review was agreed within the budget for 2025-26. The fully facilitated development day was an additional, unbudgeted cost.
Patient perspectives	The patient partners were sent the Praesta report and were able to contribute at the September development day and November Council
Diversity implications	Diversity implications are being considered in relation to the individual next steps and are not specifically included in this paper.
Welsh language implications	Welsh language implications are being considered in relation to the individual next steps and are not specifically included in this paper.

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Annex(es)	A. GOsC Charter
Author	Lorna Coe, Matthew Redford
Background reading	<p>The current Scheme of delegation is outlined in the GOsC Governance Handbook.</p> <p>The May 2025 Council meeting, Item 9, discussed dashboard reporting.</p> <p>The Private meeting of Council November 2025, Item 5, discussed Charter, Recommendation Tracker, Scheme of Delegation, Strategic Priorities and Operational Measures, Council and Committee Planner.</p> <p>NB: this paper will not be accessible to members of the public as it relates to the private meeting of Council.</p>

Recommendation(s)	<ol style="list-style-type: none">1. To agree the GOsC Charter.2. To note the update on the:<ol style="list-style-type: none">a. Draft Scheme of Delegationb. Strategic priority and operational measures.
Key messages	<ul style="list-style-type: none">• The board effectiveness review was completed in the summer with a final report considered at the September 2025 Council development day.• The Executive have progressed a number of key activities and presented work to date at the November 2025 Council so members had oversight of the direction of travel.• Prior to the Christmas break, feedback was received from Council members and the Executive are providing an update on the Scheme of Delegation and Strategic priority and operational measures in this paper.

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Introduction

1. The Preasta Board Effectiveness Report contained a number of recommendations which Council discussed at their September 2025 development day and the Executive worked on for the November 2025 Council meeting.

Discussion

2. The headline actions remaining from the report include:
 - Development of the GOsC Charter
 - Development of a revised Scheme of Delegation
 - Reviewing the measurements that sit beneath the three strategic priorities
3. The paper takes each in turn.

GOsC Charter

4. The purpose of the GOsC Charter is to establish a shared ownership around the principles of effective collaboration. This was seen as an important development during the September strategy day and the November Council meeting.
5. The sector-wide Development Day held last month, and specifically the presentation from Brendan Hall which captured the importance and impact of effective collaboration so clearly, provided further impetus to develop the Charter into something we can all commit to.
6. The Executive believe that if we demonstrate the positive impact of effective collaboration and collective ownership in GOsC it will provide a solid foundation for stronger collaboration across the sector as a whole.
7. The Charter includes a reminder of the core GOsC purpose, a summary statement and the principles of effective collaboration which are:
 - Focus and clarity
 - Inclusive participation
 - Active and empathetic listening
 - Continuous improvement
 - Constructive challenge as an opportunity
8. The Charter also sets out the four stages required to achieve psychological safety which was something Council discussed at the Strategy Day and that was also highlighted in the presentation by Brendan Hall at the sector-wide Development Day as the key to effective collaboration.
9. It is imperative that we create an environment where everyone feels comfortable in contributing to discussion. The Executive believe that, only in doing this, can we ensure collective ownership of the path to success.

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10. Building on the discussions Council had in November, as well as the inspiring sector-wide Development Day presentation and discussions, we have added in a commitment to collective ownership and responsibility which we feel is an important aspect of how we can work collaboratively to achieve our aims.
11. Council agreed in November that it is important that we live this Charter rather than let it become just another document. It was suggested that there should be a collective reflection at the end of every meeting so we can evaluate whether the behaviours and promises within the Charter are displayed in all our work.
12. The GOsC Charter is set out at Annex A for approval.

Draft Scheme of Delegation

13. The draft Scheme of Delegation presented to Council in November reported the current position in terms of delegation but was in a new format.
14. The purpose of a Scheme of Delegation is to clarify roles, responsibilities, and decision-making authority within an organisation, outlining who has the power to make which decisions and the limits of that power.
15. Agreement was received from Council to the revised format and agreed work should progress in terms of looking at whether current delegations are fit for purpose and where changes could be made to enhance the current position and make the Executive, Council and its Committee work more effectively.
16. On reflection after the meeting, and in light of a change of circumstances, a working party is no longer considered necessary and the Executive will undertake this work, with the benefit of feedback from members of Council and within the confines of the Act.
17. Opinion and oversight will be sought from governance colleagues who have undertaken similar projects through the healthcare inter-regulatory Governance Group.
18. Our plan is that the revised Scheme of Delegation will be reported to Council for sign-off in May 2026.

Draft Strategic Priorities and Operational Measures

19. The draft Strategic Priorities and Operational Measures document was discussed at the November Council meeting and some feedback was provided. Council liked the structure and approach and advised that the measures should be more specific and granular. The Executive agreed with this feedback from Council.
20. Due to other competing priorities i.e. work on the Business Plan and the budget for 2026-27 this has not yet progressed but will be done for the May 2026 Council meeting when sign off will be sought.

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21. We would propose that the agreed measures would be in place for an agreed period, i.e. 12-18 months to allow a sustained period of reporting to enable judgement on efficacy.

Executive view

22. The content of the paper is presented for Council with an update on the work to address the outcome of the Board Effectiveness report and agree to commit to the GOsC Charter.
23. We believe commitment to the GOsC Charter will assist in collective ownership of our work towards the strategy.
24. We will progress work on the Scheme of Delegation and Strategic Priorities and Operational Measures. We welcome any further Council input so that we can bring decision papers back to Council in May 2026.

Recommendation

1. To agree the GOsC Charter.
2. To note the update on the:
 - a. Draft Scheme of Delegation
 - b. Strategic priority and operational measures.

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GOsC Charter: Principles for Effective Collaboration

Purpose of the Charter:

The Charter is to establish a shared ownership around the principles of effective collaboration.

Purpose of GOsC:

The overarching objective of the GOsC is the protection of the public. This involves the pursuit of the following objectives:

- 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; and
- c. promoting and maintaining proper professional standards and conduct for members of that profession.

Summary Statement:

We are purpose-driven and committed to clarity, inclusion, and continuous improvement. Through intentional dialogue and shared accountability, we create space to ensure a strong focus on our strategic objectives.

Principles of effective collaboration:

1. Focus and Clarity

Meetings are centred on purpose, with clear decisions and agreed outcomes.

2. Inclusive Participation

Every voice matters. We foster an environment where all Council members and the executive are heard, respected, and empowered to contribute meaningfully.

3. Active and Empathetic Listening

We listen to develop a shared understanding - creating space for thoughtful dialogue and deeper connection.

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4. Continuous Improvement

We operate in an ego-free zone, recognising that everyone is working to improve the organisation - together we achieve more.

5. Constructive Challenge as Opportunity

We embrace constructive challenge as a catalyst for innovation, growth, and opportunity.

6. Collective Ownership

We acknowledge that differing viewpoints will arise; however, once a direction is agreed upon, we commit collectively and take joint responsibility for delivering the desired outcome.

Culture and environment:

For the principles of effective collaboration to thrive, we need a psychologically safe culture and environment which encompasses the following four stages:

Inclusion safety	Feeling accepted and valued
Learner safety	Freedom to ask questions and make mistakes
Contributor safety	Confidence to offer ideas and take initiative
Challenger safety	Ability to question the status quo constructively

Taken from the Fresh Air Leadership's framework.

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Council

12 February 2026

Social media policy update

Classification	Public
Action	For decision
Purpose of the paper	The GOsC social media policy is updated every year to reflect any required changes in accordance with Charity Commission guidance.
Strategic Priority implications	<p>This paper relates to each of the three GOsC Strategic Priorities. The overarching aim of this work is to strengthen trust and improve our relationships with those we work with.</p> <p>Our aim in all of this work is to champion inclusivity which is one of the key objectives set out. We also wish to embrace innovation and have set out our ambitions to seek out and take opportunities to improve what and how we do this work so we can improve our reach and our engagement and ultimately levels of trust.</p>
Standards of Good Regulation implications	<p>The communications and engagement strategy explains how we engage with our diverse stakeholders (including listening, giving the information needed quickly and easily and dialogue) and to that end is a core component in delivering the PSA General Standards as outlined below:</p> <p>Standard 1: '<i>The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.</i>'</p> <p>Standard 2: '<i>The regulator is clear about its purpose and ensures that its policies are applied appropriately across all of its functions and that relevant learning from one area is applied to others.</i>'</p> <p>Standard 3: '<i>The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</i>'</p>

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	<p>Standard 5: '<i>The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.</i>'</p>
Communications implications	<p>We will publish the updated policy on our website and add to the Governance Handbook and the Staff Handbook. We will highlight the updated policy to staff and members of the non-executive. This paper relates to our external communications and has some implications for internal communications as well.</p>
Financial, resourcing and risk implications	<p>No extra budgetary implication arising from this paper. The work outlined in this paper is included in the 26/27 business plan and is accounted for in staff time.</p>
Patient perspectives	<p>The social media policy covers how we use social media for all of our audiences, including patients. Ensuring we have a policy that staff can adhere to and outlines how we use social media means that we have a cohesive voice.</p> <p>Any actions aligned with the policy and social media strategy will include engagement with patients and our patient partners when raising awareness of regulation and the benefits of choosing a regulated osteopath to provide their care.</p> <p>The Head of Data and Insight and the Senior Policy Officer, who lead our patient insight work, will be involved in the social media strategy.</p>
Diversity implications	<p>The policy supports GOsC in being an inclusive regulator, ensuring that all employees and all members of the non-executive know what is expected when planning, creating, posting, sharing, and engaging with GOsC's social media channels in accordance with legislative requirements and good practice.</p>
Welsh language implications	<p>GOsC share posts in Welsh across our social media channels. How we approach receiving comments in Welsh on social posts and responding in Welsh is outlined in our Welsh Language Standards.</p>
Annex(es)	<p>A. GOsC Social Media Policy January 2026</p>
Author	<p>Ria Carrogan, Liz Niman, Fiona Browne</p>

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Background reading	Charity Commission guidelines: Charities and Social Media Guidance (September 2023) which states that charity trustees should consider how they 'can use social media effectively to benefit your charity, the risks it may bring, and how you can manage those risks, including by acting reasonably and responsibly to protect your charity'.
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Recommendation(s)	<ol style="list-style-type: none">1. To agree the Social Media Policy updates.2. To note future plans in relation to our social media strategy
Key messages <ul style="list-style-type: none">• We are required as part of our Charity Commission duties to update our social media policy every year.• Six substantive updates have been made to the wording this year to update the general wording of the policy and provide clarification.• The policy has been updated to reflect the outcome of the review of our use of X/Twitter that took place in 2025, which resulted in a decision to no longer post on X/Twitter or reply directly to queries.• We have let users know that they can follow us on our other social media channels where we will be actively posting and sharing.• We are maintaining our account to stay up to date on key issues relevant to our work and the wider osteopathic community and to ensure no one else can use our X/Twitter handle.• We are also continuing to work on our social media strategy for 2026 (and onwards) taking into account a brand refresh related to the refreshed design for the new website, the DJS research, and our Strategy 2024 to 2030 and the new Communications and Engagement Framework.	

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Introduction

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

Discussion

2. The updates to the policy include:
 - a) Paragraph 12: Exploring other social media platforms. We have updated the wording to include 'and in line with the social media strategy'.
 - b) Paragraph 14: X, formerly known as Twitter. We have updated this to reflect that we are no longer posting on X/Twitter and that we are maintaining our account to stay up to date on key issues and directing users to our other social media channels.
 - c) Paragraph 20a: Staff should be ambassadors. Changed the word 'brand' to 'organisation'.
 - d) Paragraph 20m: Training. Added the wording 'Please ensure you speak to the communications team if you are unsure how to post on social media.'
 - e) Paragraph 25: Commenting on posts GOsC is tagged in. Added the wording 'unless it is to counter misinformation.'
 - f) Annex B checklist: Policy on moderating third party content. Added that this is covered in social media strategy.
 - g) Paragraph 9, 18, 19, 22, 23, 26, 27, 34 and 35: The Director of Education, Standards and Development has been added on relevant aspects due to accountability for the communications department.

Social media strategy

3.5 During 2025 our focus for social media was to ensure that regular content around key issues (such as the Independent Support Service and myth busters)

was developed and promoted as well as assessing whether to stay on X/Twitter.

4. This work was completed and now strategic work for the Social Media Strategy is continuing in line with development of our new Communications and Engagement Framework. The strategy will reflect our aims from 2024 through to 2030, the DJS research and our Business Plan for 2026/27. This may include:
 - reviewing our overall aims in the use of social media
 - reviewing all the social media channels that we currently use and creating mission statements for each channel
 - considering if potentially new social media channels should be used to deliver the social media strategy
 - tackling misinformation and increasing awareness of what we do
 - updating the social media web page on our website
 - creating content for different audiences eg osteopaths patients, students
 - reviewing our policy on moderating third party content and when and how we will engage with others' content
5. Work is also underway to develop guidance on what to do if staff receive abusive messages including how we will support trustees, staff and volunteers if they are the subject of online abuse.

Executive view

6. Our view is that these updates to the social media policy are proportionate and appropriate and reflect some of the changes we have made over the previous year. It will help provide further clarity on what is expected around social media use. We would be keen to hear if Council has any thoughts about the changes and if any further updates are needed.

Recommendations

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

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General
Osteopathic
Council

SOCIAL MEDIA POLICY

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

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

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

Date of last review: January 2026

Ownership: Council

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Introduction

What is social media?

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

Why do we use social media?

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

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

Why do we need a social media policy?

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

Setting out the social media policy

GOsC Social Media Policy
This policy sets out guidelines on how social media should be used to support the delivery of the GOsCs purpose and the promotion of GOsC's work and our values. It also sets out the use of social media by staff and non-executive members in both a professional and personal capacity. It sets out what you need to be aware of when interacting in these spaces and is designed to help staff support and expand our official

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social media channels, while protecting the organisation and its reputation and preventing any legal issues.

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

Collaborative

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

Influential

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

Respectful

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

Evidence-informed

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

Point of contact for social media

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

Which social media channels do we use?

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

- Facebook
- LinkedIn
- YouTube

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

12. As capacity develops, and in line with the social media strategy, we may explore other social media platforms.

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Purpose of our social media channels:

Facebook

13. We will post on our Facebook page items of news and information and links to further information that we think will be of interest, and invitations to send us feedback and views. We will like and reshare appropriate content from approved organisations.

X, formerly known as Twitter

14. We no longer post on X/Twitter or reply directly to queries (as of 12 September 2025). We have let users know that they can follow us on our other social media channels where we will be actively posting and sharing. We are maintaining our account to stay up to date on key issues relevant to our work and the wider osteopathic community and to ensure no one else can use our X/Twitter handle.

LinkedIn

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

Guidelines

Using GOsC's social media channels - appropriate conduct

18. The Head of Communications, Engagement and Insight and/or the Director of Education, Standards and Development and/or the Chief Executive are responsible for signing off, setting up and managing GOsC's social media channels. Only those authorised to do so by the Head of Communications, Engagement and Insight or the Chief Executive will have access to these accounts.

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19. We update and monitor our social media channels during office hours (9am to 5pm Monday to Friday). This is the responsibility of the Senior Digital Communications Officer, supported by the Senior Insight and Engagement Officers. High profile announcements, amendments of content (other than routine mistakes), deletions of content and crisis situations or other situations which are not routine should be referred to the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development, and the Chief Executive. The Head of Communications, Engagement and Insight will be responsible for checking that this policy is followed and for providing updates on compliance and breaches to the Chief Executive and where appropriate to Audit Committee.
20. All staff posting should:
 - a. Be an ambassador for our organisation. Staff should ensure they reflect GOsC values in what they post and should use our tone of voice. Our brand guidelines set out our tone of voice that all staff should refer to when posting content on GOsC's social media channels. The brand guidelines are available via the communications team.
 - b. Make sure that all social media content has a purpose and a benefit for GOsC and accurately reflects GOsC's values.
 - c. Bring value to our audience(s) and answer their questions, and help and engage with our audience.
 - d. Take care with the presentation of content. Make sure that there are no typos, misspellings or grammatical errors and should also check the quality of images.
 - e. Ensure all posts follow the quality assurance process.
 - f. Always pause and think before posting. That said, reply to comments in a timely manner, when a response is appropriate.
 - g. Always check facts. Staff should not automatically assume that material is accurate and should take reasonable steps where necessary to seek verification, for example, by checking data/statistics and being wary of photo, video or other forms of manipulation.
 - h. Be honest. Say what you know to be true or have a good source for. If you've made a mistake, don't be afraid to admit it.
 - i. Refrain from offering personal opinions via GOsC's social media accounts, either directly by commenting or indirectly by 'liking', 'sharing' or 'retweeting'. If you are in any doubt please speak to the communications team.

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Not encourage people to break the law to supply material for social media, such as using unauthorised video footage. All relevant rights for usage must be obtained before publishing material.

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- k. Not set up other Facebook groups or pages, X/Twitter accounts or any other social media channels on behalf of GOsC. By having official social media accounts in place, the communications team can ensure consistency of the messaging and tone.
- l. Be aware that we are not a political organisation, do not hold a view on party politics and are not affiliated to any political party.
- m. Be appropriately trained. Please ensure you speak to the communications team if you are unsure how to post on social media.

21. If staff outside of the communications team wish to contribute content for social media, whether non-paid for or paid for, they should speak to the communications team about this.

22. Staff must not post content about registrants or patients without their express permission and express permission from the Head of Communications, Engagement and Insight or the Chief Executive. If staff are sharing information about registrants or patients or third party organisations, this content should be labelled clearly so our audiences know it has not come directly from GOsC and such posts should be authorised by the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development, or the Chief Executive. If using interviews, videos or photos that clearly identify a child or young person, staff must ensure they have the appropriate and relevant consent of a parent or guardian before using them on social media. Any such posts must be authorised by the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development or Chief Executive.

23. If a complaint is made on GOsC's social media channels, staff should seek advice from the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development, or the Chief Executive.

24. Sometimes issues can arise on social media which can escalate into a crisis situation because they are sensitive or risk serious damage to the GOsC's reputation. Examples might include: a complaint about GOsC's handling of a fitness to practise case or other third party content. The nature of social media means that complaints are visible and can escalate quickly. Not acting can be detrimental to GOsC.

25. Where the GOsC is tagged in social media hoping to draw attention to an issue that is not in line with our aims and objectives we do not comment unless it is to counter misinformation.

26. The communications team regularly monitors our social media spaces for mentions of GOsC so we can catch any issues or problems early. If there is an issue that could develop or has already developed into a crisis situation, make the communications team aware. The Head of Communications, Engagement and Insight, the Director of Education, Standards and Development or the Chief Executive will approve responses in these circumstances. We will usually seek to make simple, factual statements and invite the individual to discuss in further detail off line.

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27. If any staff outside of the communications team become aware of any comments online that they are concerned about or they think have the potential to escalate into a crisis, whether on GOsC's social media channels or elsewhere, they should speak to the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development or the Chief Executive immediately. Our crisis communications management plan will be put in place.
28. Where appropriate incidences of negative complaints or abusive or vexatious comments or other matters presenting as risks to the GOsC will be reported as incidents and presented to the Audit Committee. Where appropriate, issues will be escalated to the Chair of Council, the Charity Commission, the police or other regulators as appropriate.

Use of personal social media accounts - appropriate conduct

29. This policy does not intend to inhibit personal use of social media but instead flags up those areas in which conflicts might arise. GOsC staff are expected to behave appropriately, and in ways that are consistent with GOsC's values and policies, both online and in person.
30. Be aware that any information you make public could affect how people perceive GOsC. You must make it clear when you are speaking for yourself and not on behalf of GOsC. If you are using your personal social media accounts to promote and talk about GOsC's work, you must use a disclaimer such as: "The views expressed on this site/channel are my own and don't necessarily represent GOsC's positions, policies or opinions."
31. Staff and non-executive members who have a personal blog or website which indicates in any way that they work at GOsC should discuss any potential conflicts of interest with their line manager and the communications team. Similarly, staff who want to start blogging and wish to say that they work for GOsC should discuss any potential conflicts of interest with their line manager and the communications team.
32. Those in senior management, and specialist roles where they are well known in their field of expertise, must take particular care as personal views published may be misunderstood as expressing GOsC's view.
33. Use common sense and good judgement. Be aware of your association with GOsC and ensure your profile and related content is consistent with how you wish to present yourself to the general public, colleagues, Council and committees, as well as the osteopathic profession.
34. GOsC works with several organisations, including the professional membership body the Institute of Osteopathy, and osteopathic education providers. Please don't approach high profile people from your personal social media accounts to ask them to post on behalf of GOsC, as this could hinder any potential relationships that are being managed by the communications and other teams. This includes asking for retweets about GOsC. If you have any information on potential partnerships, please speak to the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development or the Chief Executive to share the details.

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by [Signature]

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35. If a staff member or non-executive is contacted by the press about their social media posts that relate to GOsC they should talk to the Head of Communications, Engagement and Insight, the Director of Education, Standards and Development or the Chief Executive immediately and under no circumstances respond directly.
36. GOsC does not hold a view on party politics or have any affiliation with or links to political parties. When representing GOsC, staff are expected to hold GOsC's position of neutrality. Staff who are politically active in their spare time need to be clear in separating their personal political identity from GOsC and understand and avoid potential conflicts of interest.
37. Staff and non executives should never use GOsC's logos or trademarks unless approved to do so. Permission to use logos should be requested from the communications team.
38. Always protect yourself and GOsC. Be careful with your privacy online and be cautious when sharing personal information. What you publish is widely accessible and will be around for a long time, so do consider the content carefully.
39. Think about your reputation as well as GOsC's. Express your opinions and deal with differences of opinion respectfully. Don't insult people or treat them badly. Passionate discussions and debates are fine, but you should always be respectful of others and their opinions. Be polite and be the first to correct your own mistakes. Remember to adhere to the GOsC values.
40. We encourage staff to share posts that GOsC has issued. When online in a personal capacity, you might also see opportunities to comment on or support GOsC and the work we do. Where appropriate and using the guidelines within this policy, we encourage staff to do this as it provides a human voice and raises our profile. However, if the content is controversial or misrepresented, please highlight this to the communications team who will respond as appropriate.

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Annex A – Further guidelines**Libel**

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

Copyright law

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

Confidentiality

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

Discrimination and harassment

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

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

Lobbying Act

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

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

Use of social media in the recruitment process

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

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

Protection and intervention

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

Under 18s and vulnerable people

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

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

Responsibilities and breach of policy

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

Public Interest Disclosure

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

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Annex B - Checklist for developing a social media policy

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

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

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

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

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How you will check the policy is being followed and act if it is breached	Yes
Relationship to other policies	Does our policy currently (or need to) cover this?
How this policy interacts with your policies and processes on <u>safeguarding</u> , <u>risk</u> , <u>whistleblowing</u> and HR	Yes
The charity's guidelines on personal social media use by trustees, employees or volunteers	Yes
Responding to incidents	Does our policy currently (or need to) cover this?
Who can amend or delete content, and in what circumstances	Yes
When you and/or your senior staff need to be involved	Yes
When issues need to be reported to the full trustee board	Yes
If, when and how you will respond to complaints or criticism on social media	Yes
What to do if you receive abusive messages including how you will support trustees, staff and volunteers if they are the subject of online abuse	This guidance is currently in development.
What you will do in the event of a social media crisis, for example, having a communications plan and stopping any scheduled posts or sharing content from third parties	Yes
Checking if you need to report a <u>serious incident</u> to the Commission or make reports to the police or other regulators	Yes

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Policy and Education Committee

Minutes of the 31st Policy and Education Committee held in public on Wednesday 22 October 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: Dr Daniel Bailey (Council, Registrant)
Professor Debra Towse (Council, Lay) [online]
Kate Kettle (Independent, Lay)
Jayne Walters (Independent, Lay)
Andrew MacMillan (Independent, Osteopath)

Observers from Council:

Arwel Roberts (Council Associate)
Gabrielle Anderson (Council Associate)
Sandie Ennis (Council, Registrant)
Amanda Cheesley (Patient Partner) [online – left 1320]

Observers with Speaking Rights:

Fiona Hamilton, Council of Osteopathic Educational Institutions [online]
Nikky Godfrey, Council of Osteopathic Educational Institutions [online]
Sally Gosling, Institute of Osteopathy [online]
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Dr Jerry Draper-Rodi (NCOR) [online joined 1330]

Observers without Speaking Rights:

Jane Easty, SCCO [online]

In attendance: Steven Bettles, Head of Education and Policy
Fiona Browne, Director of Education, Standards and Development
Nerissa Allen, Executive Assistant to the Chief Executive and Registrar
Lorna Coe, Governance Manager
Will Shilton, Mott MacDonald (QA provider) Item 6

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Liz Niman, Head of Communications, Engagement and Insight
(online)
Paul Stern, Senior Research and Policy Officer

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting and confirmed that all were happy the meeting would be recorded for the purposes of the minutes only.
2. Special welcomes were extended to:
 - a. The new Member of the Committee David Propert, Osteopathic Member of Council and all present introduced themselves.
3. Apologies were received from:
 - Gill Edelman (Council, Lay)
 - Matthew Redford, Chief Executive and Registrar
 - Jo Clift, Chair of Council GOsC.
 - Darren Pullinger, Head of Resources and Assurance
 - Patrick Gauthier (Independent, Osteopath)
 - Dr Stacey Clift, Head of Research, Data and Insight

Item 2: Minutes and Matters arising.

4. The minutes of the meeting of June 2025 were agreed as an accurate record of the meeting.
5. Matters arising noted a formal record of the decisions made electronically since the last Committee meeting including:
 - a. Shortened annual reports for BCNO, LSO, Marjon and Swansea, HSU.

Item 3: Research Strategy:

6. The Director of Education, Standards and Development advised the purpose of this was to ensure that research and evaluation was embedded in GOsC activities.
7. In discussion the following points were made and responded to:
 - a. Stacey's work in bringing all the aspects together on one document was commended.
 - b. The Committee suggested given a number of registrants, service users, educators and students resided in Wales, GOsC may get more meaningful

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feedback from this part of UK if there was Welsh language represented within it.

- c. Committee provided some feedback on specific areas:
 - i. Page 4 point c – was cross-professional or profession wide meant latter considered better to make sure research always applicable to the whole profession.
 - ii. Page 4 point b – it was noted it was really important that outputs were made accessible to the osteopathic profession through open access as they will have funded it.
 - iii. Page 6 point about evaluation would benefit from more detail on how success evaluated in terms of research output – whether it was the tender process, methodology suitability, collaboration of researchers, quality of data, applicability of the data etc. For example, it may have been a good project, but did it achieve its intended aims?
 - iv. Page 11 – regarding the future research the executive anticipated happening it was suggested the executive highlight the internal research that has been undertaken e.g. the staff survey.
 - v. Point 14 about how the profession and their contact details were used for research – need to consider how their consent is to be obtained for that research in line with GDPR requirements, rather than just obtain consent at point of registration.
- d. The Committee asked for a justification for the £35K ceiling limit for procurement.

The Governance Manager confirmed that this was the Procurement Process as outlined in the Governance Handbook.

- e. Committee raised a question if there was an approval process for considering the ethics of the research.

The Director of Education, Standards and Development noted that most of the research did not need to go through ethics but would reflect on how that was expressed better in framework.

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f. A question had been submitted about the framework sufficiently limited the scope of funded research to ensure only that which was relevant to the regulation of the profession was funded.

The executive noted this could be made more explicit in the framework.

Decision: The Committee provided feedback on the Research Framework to help us further shape a future paper to Council, for either November 2025 or March 2026

Item 4: Artificial Intelligence (AI) Update

8. The Senior Research and Policy Officer provided an update on the work being carried out in respect to AI. Particular mention was made of the aim to publish a joint statement with other regulators on the use of AI in healthcare professional education, a rapidly moving area of innovation.

It was essential that innovation supported patient safety and excellent osteopathic care and to that end, the executive has been working to ensure the safe and ethical use of AI in osteopathy while promoting innovation.

- a. Engaging with other regulators - not all will sign up to it as some needed to go through their own governance processes or were not ready but aiming for January next year. There was a desire to be clear to educational providers what our position is.
- b. The executive will be speaking to OEIs in November about how they might consider these principles within the direct statement as part of the inspection process.
- c. Interim guidance had been out since May (what osteopaths should be thinking about if using AI in their practice) and positive feedback had been received. Work is underway on case studies and a blog.
- d. Internally AI has been used in a limited capacity with human oversight and the executive was in the process of developing appropriate governance around that and are aiming to start a pilot on the use of AI.

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

- a. The Committee commended Paul's leadership with other regulatory bodies.
- b. The Committee enquired as to plans to offer guidance to registrants about confidentiality, valid or appropriate prompts to be used in generative AI and to be clear what was acceptable in a standard consultation environment and what is not.

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The executive was working on a case study to cover these points to assist in being clear to patients when transcription software was being used and giving them the opportunity to opt out.

- c. The Committee suggested expanding the section on Page 2 re staff needing appropriate skills and knowledge e.g. understanding bias, sources, potential for hallucinations etc.
- d. The Committee noted how the use of AI could assist with equity where non-neuro-typical individuals could access more by using AI.

Decision: Committee noted the information in this paper and the annex about the work on the use of artificial intelligence in osteopathic education, practice and in our own work.

Item 5: Transition to Practice

- 10. The Director of Education, Standards and Development explained the progress on the transition into practice work since publishing the research on this in 2023 and the updated paper to the Policy and Education Committee in June 2025 explaining the stakeholder engagement undertaken since then.
- 11. An initial workshop, with postgraduate, undergraduate and professional body representation, took place on 14 October and was really positive and collaborative.
- 12. The following feedback was provided:

- a. Everyone designed their own persona and thought what their challenges would be, what success might feel like and how they might measure that success.

At the end of the day, the tables considered what they most wanted to take forward. These included:

- I. A practitioner charter to help graduates with principles and expectations of what would be used in practice.
- II. A career development framework to provide clearer pathways and support graduates to better plan their career path.
- III. Upscaling of mentorship schemes.
- IV. A specific graduate clinic that would be supervised and considered how that might be funded and evaluated to develop further.

- b. There will be a second workshop in the new year and many have signed up to this.

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- c. Sally Gosling (iO) took part in the afternoon session and concurred that it was a very positive day with a strong level of consensus of what it would be valuable to do. Sally felt it was an inclusive approach that had benefits for the public and patient perspective with the aim to support newly qualified osteopaths and consolidating professional capability hopefully leading to retention of registrants within the profession.
- d. Jane Easty, SCCO advised it was a fantastic event with great transparency and honesty and she was looking forward to some of the constructive projects coming out of it.
- e. Santosh Jassal, OA felt it was a really good day but was concerned lot of information might get missed so would be focussing on what the common goals or themes were as opposed to individual projects.

One graduate at her table was upset because of challenges they were having and suggested there was a need to understand how many others felt the same.

The OA have completed a research paper and were in the process of going through that along with the findings from the workshop to see where the OA could support the work.

Decision: Committee considered the progress of the development of the transition into practice work and reflected on the workshop's intended outcomes.

Item 6: UCO School of Osteopathy within Health Sciences University – Recognition of Qualifications review (reserved)

Due to Conflict of interests Dr Daniel Bailey, Andrew MacMillan and Dr Jerry Draper-Rodi left the meeting at 1346

- 13. The Head of Policy and Education advised the paper presented the visitor report in relation to the teaching of the existing MOst Recognised Qualification at the Health Sciences University Bournemouth campus. Previously the qualification had only been delivered at the London campus and this was the first time that an osteopathic qualification would be delivered in Bournemouth. The report recommended continued recognition on this basis with no conditions.
- 14. Mott MacDonald had arranged the final QA visit and advised it was a successful visit. Visitors met with current students of health courses (chiropractor) to understand how students would fare on campus and the leadership team provided a detailed plan for integrating the osteopath cohort. No conditions were proposed, strengths and good practice were noted as well as some areas for development.
- 15. The following points were made and responded to in the discussion:

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a. The Committee commented that, as there were no osteopathic students on site yet, whether some additional criteria around supporting them in the new environment would be expected.

Mott MacDonald advised there was also a meeting with support staff at the university that included responsibilities for student welfare so the visitors were able to ask how the students would be integrated, what facilities were available to them and what support they would get from a wellbeing perspective.

The university was also accustomed to taking on small modules so they felt confident in integrating the students.

The need to ensure there was a consistent experience across both campuses and developing an osteopathic clinic in what was currently a very chiro-based clinic, was reflected in the RQ specification.

Ongoing annual reporting will monitor this looking at student feedback, experience, progression rates, dropout rates and any particular issues experienced by the cohort.

Decision: Committee agreed to publish the Health Sciences University RQ Visitor report which provided evidence that the existing Recognised Qualification – Master of Osteopathy (MOst) awarded by Health Sciences University (HSU), may also be delivered from the HSU Bournemouth campus with no conditions and no expiry date.

Dr Daniel Bailey, Andrew MacMillan and Dr Jerry Draper-Rodi returned at 1400.

Item 7: College of Osteopaths – Agreement to RQ specification (reserved)

16. The Head of Policy and Education/ Senior Quality Assurance Officer advised this fell within the standard cycle of reviews. The visitors had not yet been appointed but that would be advised at next Committee.

Decision: Committee agreed the review specification at the Annex in relation to the review of the College of Osteopaths RQ programme:

- **Bachelor of Osteopathy (B.Ost) part time**

Item 8: Apprenticeship Standard oral update

17. The Director of Education, Standards and Development and Sally Gosling from the Institute of Osteopathy provided an update.

a. The apprenticeship standard has been submitted to Skills England and once all their processes are complete it will be put forward to the Secretary of State

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for Education which it was hoped would be before the end of the year.

- b. At that point it was suggested it would be useful to have a collaborative discussion around how the standard might be delivered by the education providers that were interested in the apprenticeship and how the profession might engage with it. Any proposal would go through GOsC RQ process.

Decision: Committee noted the update.

Item 9: Update from Observers

18. Nikky Godfrey of COEI provided an update. COEI's strategic plan and various projects had been approved by its Board looking at student retention and recruitment, wider educational support for osteopathic educators, AI in Education and quality of education. Once fully formed, the project plan would be shared with iO and GOsC to take forward.

19. Sally Gosling provided an update from the Institute of Osteopathy (iO) – a professional development framework will be presented at the iO convention next month with a view to members of the profession testing it out in real time.

20. Santosh Jassal, OA provided an update:

- a. The Osteopathic Children Centre had opened and was doing well with lots of patients.
- b. The OAR was looking at opening up free half day shadowing opportunities for graduates.
- c. The research project, into new graduates within first three years of practice to explore how they felt about their practice, training and identify any gaps the OA could fill, was complete and more will follow once internal meetings help considering areas of collaboration.

21. Dr Jerry Draper-Rodi, NCOR provided an update:

- a. 2 surveys open in Germany for paediatric osteopaths and educators in paediatrics and should be opening in UK soon.
- b. NCOR was recruiting a new chair and new trustee members and would welcome support in sharing the social media campaign.
- c. AGM held 2 weeks previously and was well attended – Dr Daniel Bailey presented interim results of research of first and second year students what led them to train as osteopaths, the costs involved, facilitators and obstacles.

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- d. NCOR are looking at funding a PHD studentship that will use the NCOR research network infrastructure.
- e. Over last year NCOR has published 14 manuscripts, held 15 research hub meetings, contributed to 5 iO workshops, delivered webinars and interacted with members of NCOR research network.
- f. Planning for the iO convention in November – NCOR are responsible for research stream.
- g. September saw the end of the Strengthening Osteopathic Leadership Research (SOLR)5-year programme hosted in Sydney Australia.
- h. The Consent and Complaints report was being completed and would be presented to Council early 2026.
- i. Qualitative study underway, interviewing osteopaths who have left the register in the last 2 years.
- j. 3 research studentships, 2 undergrad and 1 post-grad which have been very successful and looking at continuing that.

Item 10: Any other business

- 22. The Committee thanked Will Shilton for all the work Mott MacDonald have done over the last 5 years and since the contract ended. It has been so helpful and the support was appreciated.
- 23. Will thanked the Committee and executive for making Mott MacDonald feel so welcome.
- 24. Committee recorded the decision made on Admincontrol to appoint a replacement visitor and update the RQ specification in relation to programming governance for BCNO and the visit would be going ahead on 11-13 November.

Item 11: Date of the next meeting:

- Policy and Education Committee Wednesday 12 March 2026

Meeting closed at 1423.

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