



## Meeting of Council

**Minutes of the 128<sup>th</sup> Meeting of Council held in public on Tuesday 15 July 2025 at Osteopathy House 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference.**

*Confirmed*

**Chair:** Jo Clift

**Present:** Dr Daniel Bailey (online)  
Harry Barton (Chair, Audit Committee) (online)  
Professor Debra Towse (Chair, People Committee)  
Sandie Ennis  
Professor Patricia McClure (Chair, Policy and Education Committee)  
Gabrielle Anderson (Council Associate)  
Caroline Guy  
Gill Edelman  
Arwel Roberts (Council Associate)

**In attendance:** Fiona Browne, Director of Education, Standards and Development  
Steven Bettles, Head of Policy and Education  
David Bryan, Head of Fitness to Practise (Item 8)  
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)  
Rachel Heatley, Senior Research and Policy Officer  
Jessica Davies, Senior Communications Officer (Item 12)(online)

**Observer/s** Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy (online)  
Colette Byrne, Scrutiny Office, Professional Standards Authority (online)  
Alan Clamp, Chief Executive, Professional Standards Authority. (online)  
David Propert, Osteopath (online)  
Amanda Cheesley, Patient Partner (online)  
Innes Cooke, Osteopath

### **Item 1: Welcome and apologies**

1. The Chair welcomed everyone to the meeting. Special welcomes were extended to:
  - a. Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy
  - b. Online and external observers.
2. Stakeholder observers:
  - a. Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy (iO).
  - b. Colette Byrne, Scrutiny Office, Professional Standards Authority (online)
  - c. Alan Clamp, Director, Professional Standards Authority (online).
3. Apologies were received from:
  - a. Dr Jerry Draper, Director, NCOR.

### **Item 2: Questions from Observers**

4. There were no questions from online observers.

### **Item 3: Minutes**

5. The minutes of the 127<sup>th</sup> public meeting, 15 May 2025, were agreed as an accurate record of the meeting.

**Agreed: Council agreed the minutes of the 127<sup>th</sup> public meeting 6 February 2025.**

### **Item 4: Matters arising.**

6. The Chief Executive introduced the report which asked that Council note the workstreams completed and underway.

**Noted: Council noted the matters arising from the meeting of 127<sup>th</sup> public meeting 15 May 2025.**

### **Item 5: Section 10: Fraudulent registration entry**

7. The Director of Fitness to Practise and General Counsel explained that there was a procedure that Council was required to follow that required it to receive legal advice in public and then at the point it went into private to make its decision, individuals not involved in the decision making, would be asked to leave.
8. The Director of Fitness to Practise and General Counsel advised that she would be taking notes throughout and would produce a record that would be published

on the website with appropriate redactions along with the outcome on the website.

9. The outcome was published on the GOsC's website on 25 July 2025  
<https://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/mr-marcelo-siqueria-silva-council-decision-15-july-2025/>
10. The executive and observers were present during the public parts of the meeting and were asked to leave when the Council went into a private session to reach a decision.

### **Item 6: Chair's Report**

11. The Chair introduced the report and added some verbal updates.
12. The key points were:
  - a. The appointment of a new registrant Council member had been recommended subject to PSA/Privy Council approval. This follows the unsuccessful registrant recruitment last Autumn.
  - b. Unfortunately, the process did not appoint a Scottish registrant member, and this recruitment would need to be run for a third time.
  - c. Council was to appoint two 'Patient Partner' members for the pilot scheme.
  - d. The Chair held an initial meeting with the new CEO of the Institute of Osteopathy (iO), Alison Robinson Canham. Discussions included collaborative working and creating clear messaging for stakeholders about the respective roles of the organisations.
  - e. The iO Conference will be in November in central London (Council have been invited). The iO were working with stakeholders on their agenda and will keep Council updated.
  - f. Council appraisals were completed last week, including the CEO and the Chair appraisals.
  - g. The Chair met with the Committee Chairs in late June and would be meeting three times a year (February, June and September).
  - h. Details of the September day were being finalised, but it will definitely include a workshop held by Praesta to help Council develop in the light of the Board Effectiveness Review.

- i. The Chair added that she had joined The Royal College of Veterinary Surgeons (RCVS) as a lay member of Council. There have been some discussions between RCVS and GOsC regarding animal osteopathy practice.

**Noted: Council noted the Chair's report.**

### **Item 7: Chief Executive and Registrars Report**

13. The Chief Executive introduced the item which presented a review of recent activities and performance not reported elsewhere on the agenda.

14. The key messages from the paper were:

- a. The successful performance review report was published for 2024-25. GOsC had again met all 18 Standards of Good Regulation and would be reporting to Audit any areas where further improvements could be made as the organisation would continue to strive for this.
- b. A consultation on protection of title had been launched and would conclude in October 2025.
- c. The executive would be engaging with international colleagues in Germany, Canada and New Zealand over the coming months and had hosted representatives from an osteopathic school in India in June.
- d. Interviews for the Patient Partners pilot programme had identified two candidates. They have been recommended for appointment at this meeting having completed references and due diligence checks for both candidates. The second candidate's recommendation was shared in Admincontrol by the Governance Manager as it was completed after the report was written.
- e. One osteopathic Council member candidate had been identified but would need to readvertise in Scotland as an appointment was not made for a Scottish representative.
- f. Progress was being made towards the redevelopment of the new website and the implementation of the CRM system.

15. The Chief Executive took questions on all of the above except for d which would be considered by Council later

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

- a. Council commented that the focus of the Recognition of Professional Qualifications (RPQ) within the Industrial and Trade Strategy seemed to be on the high value professions first, with healthcare more of a secondary thought.

The Chief Executive concurred but noted that GOsC was making type of progress internationally such as developing a mutual recognition of

registration pathway with New Zealand. This could potentially be used a framework for other countries with regulated status.

**Noted: Council noted the content of the report.**

Amanda Cheesley left 1334 to allow Council to make a decision in relation to Patient Partners.

17. The due diligence for the second candidate, Amanda Cheesley had been completed since the writing of the report and the details had been shared with Council on Admincontrol for a decision to be made in the meeting today.

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

- a. A Council Member wished to understand the selection process had assured that the subtleties of this new role, i.e. that it would bring the patient perspective rather than be a representation of patients was explored and requested some additional assurance regarding Reena Ainscough's experience as a patient.
- b. The Chair of the selection panel responded and concurred that she would have expected Council to see a relevant CV, however as Chair of the panel was able to assure Council that the patient perspective was part of the selection criteria and then was explored further in interview. There were three candidates who had the relevant potential for the role and that had been narrowed down to two who the panel believed would give significant contributions and had experience as patient partners.

The role could be moulded by Council and the executive given it was a new role.

The Chair of the panel added that she would be recommending more information be provided to Council for approval of appointments in the future.

- c. The Chair of the panel confirmed that Reena Ainscough met the criteria in terms of patient partner aspect.
- d. The Chair of Council asked whether the presentations about the challenges and opportunities of the role that the candidates did as part of the interview gave the panel a sense that they understood the role.

The Chair of the panel advised that there was a sense of uncertainty from candidates and some had thought they might be liaising with the Patient Forum. The panel Chair suggested that careful induction would assist in a clear understanding of what the role was.

- e. The Chief Executive noted that the conversation had been helpful and responded that historically Council had relied upon the decisions made by recruitment panels but that he had heard what Council needed to make an

informed decision. This would most likely be discussed whilst going through the Board Effectiveness Review and the work on the Scheme of Delegation.

**Agreed: Council agreed the appointment of Reena Ainscough as a Patient Partner, from 1 September 2025 for one year.**

**Agreed: Council agreed the appointment of Amanda Cheesley as a Patient Partner, from 1 September 2025 for one year.**

**Amanda re-joined 1342**

### **Item 8: Assurance Report**

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

20. In discussion the following points were made and responded to in relation to the Business Plan Monitoring to 30 June 2025 (Annex A):

a. Council provided some feedback and suggestions:

- i. Council noted that under the Strengthening Trust theme on p5 the development of a joint statement with insurers around professional responsibilities had slipped back and enquired who was driving those activities and conversations.

Chief Executive advised that GOsC had held a constructive meeting with insurers and all were in agreement to pull together a joint statement. A draft had been shared with insurers, National Council of Osteopathic Research (NCOR) and the Institute of Osteopathy (iO), however as the iO was in a transition period with a new Chief Executive, the timeline had been moved back.

- ii. Page 7 re the implementation of actions arising from the independently facilitated Tone of Voice workshop activities were marked as on track but it was felt the detail was light on what next steps were. This would be added in future iterations of the monitoring report.
- iii. Page 8 under measurable action to 'Undertake ongoing face to face regional engagement with osteopaths' was light on structure and a forward-looking plan would be helpful. It was recognised that that could play into outreach and the future operating model.

The Chief Executive confirmed there were several conversations occurring (particularly around the section 32 consultation) in the form of webinars and face to face conversations planned for Scotland and Wales.

- d. Council offered congratulations to the executive regarding passing all the PSA standards noting that was the summation of the business-as-usual activities and it was hoped that the result would go some way to strengthening trust with our stakeholder groups.

The Chief Executive thanked Council for this recognition and noted that he would feed that back to the executive.

- e. Council recognised the positive step of the GOsC WhatsApp initiative as a way of improving dialogue with osteopaths.

The Chief Executive confirmed he would feed this back to the Comms Team.

- f. Council noted that regarding the independent report into non-executive recruitment being signed off by the People Committee in October, the Committee was only meant to advise Council and hoped the report would be in the papers.

The Chief Executive advised that the language used in the monitoring report was 'loose' and there was no intention to exclude Council from this work.

- g. Council noted that whilst most things were on track, that some were slipping towards the final quarter, which meant a lot would be reported to Council in November and asked the Chief Executive if he was concerned about any potential backlog or build-up of work adding pressure to the executive, noting Quality Assurance would be coming in house and big communications would be coming out at that time.

The Chief Executive confirmed he was not worried yet and that any challenge should be a shared one with Council. He assured Council that if the executive felt they would not be able to deliver on an activity Council would be advised at the earliest opportunity.

## **Financial Report to 31 May 2025 (Annex B)**

21. The Head of Resources and Assurance introduced the report and the key messages from the report were:

- a. Total income was around £541k and was £8k under budget for the first two months of the year.
- b. Operational expenditure was around £497k and was £57k under budget for the two-month period. Spending from designated reserves was £44k in the first two months of the year.
- c. The Balance Sheet remained in a strong position, and GOsC could face future challenges from a position of financial health and confidence.

- d. Cash at bank at the time of reporting was around £24k lower than at year end; however, the cash position was expected to improve due to a larger portion of registration renewals occurring between May and September.

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

- a. The Chair queried whether the Fitness to Practise (FtP) panellists' holiday pay and pension variance of £28k had been anticipated.

The Head of Resources and Assurance explained that the majority of the £28k was the 2-year backdated pay that GOsC had agreed to pay the panellists and it had not yet been decided if that would go into the new year's profit and loss, or against a reserve, so that it would not affect the Fitness to Practise budget.

It was noted that going forward a cost of around £20k each year seemed reasonable, accepting that the number of cases could fluctuate and that the current trend was an increase in the number of cases.

- b. The Chief Executive flagged that there were other live claims in regulators as to whether legal assessors would be eligible for holiday pay and pension and that could spread to other areas as well. This was something that would be built into future budgets if and when necessary but no changes were proposed at that time.
- c. The Chair of Audit noted that in the balance sheet explanatory notes the debtors figures were a recalibrated way of calculating debtors which the Head of Resources and Assurance would explain when looking at the Annual Report and Accounts.

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

**BREAK 1400-1415**

**Item 9: Fitness to Practise Report and Dataset:**

23. The Director of Fitness to Practice introduced the item and added some opening points:

- a. The team had attempted to traffic light the data in the dashboard in response to a request from the Chair and asked Council to comment if that was useful or if it was more confusing and if the latter how that could be made clearer.
- b. In response to the discussion at the previous Council (regarding patients and witness engagement and the support provided to them and specifically Council's question about what other regulators did), the Director of Fitness to Practise had raised the subject at an inter-regulatory group. No other



regulator had solutions that GOsC had not thought of or tried to implement themselves.

- c. The Regulation Team were aware that whilst giving witnesses and complainants lots of support was important, it was also important to remember the registrant and how the lengthy delays caused, by going the extra mile for complainants, could impact them.
- d. The Director of Fitness to Practise added that in relation to the Section 32 prosecution of Gareth Milner (protection of title) she had opined that he might be considered to be a recidivist i.e. he was likely to persist in calling himself an osteopath and therefore constantly breach Section 32. This was something that the executive would consider and take legal advice on.

24. The key messages from the report were:

- a. In the reporting period, there was a slight decrease in the number of concerns received (19) in comparison to the last quarter (23).
- b. As of 30 June 2025, the Regulation team had listed 6 of the 29 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing could be found in the quarterly dataset at Annex A (page 5-6).
- c. During the reporting period four substantive cases were considered by the PCC.
- d. On 22 May 2025 GOsC successfully prosecuted Gareth Milner for unlawfully describing himself as an osteopath contrary to section 32 of the Osteopaths Act 1993.
- e. A short update was provided in the report regarding the recent 'Tone of Voice' training and its evolving application within the work of the Regulation team.
- f. The Regulation team had welcomed a new starter.

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

- a. It was noted that there was an increase in volume of cases at various stages of the process and Council asked if that was a reflection of maturity in committee members roles i.e. if individuals felt less sure about decisions and if that was the case how that was moderated.

The Head of Fitness to Practise advised he did not get that impression. Screener training had been held in March, the newer Investigating Committee (IC) members had more training coming up and he was confident that the screeners were experienced enough to make robust decisions.

- b. Council asked if there was moderation of decisions.

The Director of Fitness to Practise noted that at an external audit into the decisions made had been reported to Council at the last meeting and had shown no concerns with the decisions made. In addition, the PSA reviewed every final outcome decision.

The Director of Fitness to Practise added that the threshold for referral to the Professional Conduct Committee was actually quite low and that other indications that there were no issues were:

- I. An indicator that the screeners were using the process properly was the fact the number of initial closure procedures (where there was insufficient information to make a decision) had not decreased.
- II. At the PCC there was not an increase in the number of cases going part heard because they were taking longer.

The increase of volume of cases was a reflection of the fact GOsC was getting more complaints, some were really serious and complex therefore took longer and many were third-party cases.

- c. The Council was reassured that the Regulation Team was looking at how to balance supporting complainants in providing evidence with not delaying the process too long to reduce the stress on the registrants.
- d. Council enquired if there was any formal guidance on how long evidence should be pursued and if a timeline was provided.

The Director of Fitness to Practise confirmed there was not because it was complicated as it would depend on how a case evolved. However, she had been reflecting that for the sake of transparency and consistency that would be better in a guidance document and that it would be considered.

- e. Council noted that the KPI excluding third-party cases was helpful but that the number of cases was still exceeding the KPI and questioned whether that was purely down to the difficulties in engaging complainants or whether there were any internal processes that were delaying things.

The Head of Fitness to Practise advised that the PCC stage was higher than we would like but that it did encompass cases where the team had struggled with engagement and/or disengagement of the complainant. The figure included some multi-handled cases where there were four or five witnesses which were extremely complicated.

Some cases had had an additional matter referred to GOsC about the registrant involved in a case, which meant the process needed to start again.

- f. Council shared concerns over the financial penalty that Mr Milner (s32 prosecution) received as being disproportionately low and expressed frustration that since coming off the Register he had been passing himself off as an osteopath. However, the financial impact on the registrant was actually lower than the fees he would have had to pay if he had registered.

The Chief Executive stated that the executive shared Council's frustration at the level of fine awarded and that it was not anticipating that the two convictions were likely to change that individual's behaviour, so the team were considering what could be done within the confines of the Act.

- g. Council asked if there were any trends or patterns developing e.g. if complaints went up when there was a high-profile case.

The Head of Fitness to Practise advised that he reviews all cases and that his general overview was that the severity was higher than what had been seen before with a lot of complaints relating to sexual touching and high number of complaints around consent where treatment was considered forceful and had hurt the patient.

- h. Council discussed how other regulators were also seeing an increase in the more serious cases and particularly sexual misconduct cases where witnesses were traumatised and being re-traumatised by the Fitness to Practise process, leading to them to disengage at points during it.
- i. The Chair of Council confirmed the dashboard was helpful but they could not always see what the target was that GOsC was trying to aim for and asked for that to be made clearer. The Head of Fitness to Practise said they would look to address that in future iterations to Council.

**Noted: Council noted the report and dataset.**

### **Item 10: Patient Partner Programme Evaluation Plan**

26. The item was introduced by the Senior Policy and Research Officer and the key messages from the paper:

- a. A robust evaluation plan was critical to ensure the pilot would be meaningful, transparent, and leads to impact.
- b. The evaluation aims to:
  - i. Measure the integration and influence of Patient Partner as well as the support provided to Partners and individual and organisational learning.
  - ii. Identify enablers and barriers to successful strategic-level patient involvement and to continuously improve the integration of Patient

Partners into the governance work of the GOsC, ensuring meaningful involvement, shared influence, and sustainable impact.

- c. The design of the evaluation has been informed by HM Treasury guidance (The Magenta Book) and the Four Types of Impact Framework.
- d. The plan has three phases: 3-month check-in, 6-month co-reflection, and a 12-month review.
- e. Once the pilot is concluded a final evaluation report will be presented to Council detailing lessons learned and will include recommendations for role continuation or evolution.

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

- a. The Chair of Council provided the context that GOsC had recruited two Patient Partners but needed a way to evaluate the success of the pilot and that whilst the plan allocated executive resource to it, Council would allocate CMs as buddies to the patient partners.
- b. A question was raised as to whether the first check in at three months was a little soon after appointment.

The Senior Policy and Research Officer advised the three-month check in would be about onboarding, clarity and support - as a pilot, it was an iterative process, so there was a desire for a three-month check-in to make sure things were going well and, if not, then it was an opportunity to revise if needed.

- c. The Chair of Council commented that it was an extremely comprehensive evaluation plan but also labour intensive so the amount of evaluation might be reviewed as the time goes on.
- d. It was suggested that it would be a good idea to time the two check in points in relation to meetings rather than just at three and six months.
- e. It was noted that a lot of the assessment was going to be from the minutes of meetings but Council did not currently record the owner of the comments in the minutes and checked if there was capacity to do that.
- f. Council checked if the evaluation of meetings would be carried out by the Senior Policy and Research Officer or someone else observing the meeting or if that was also going to come from the minutes of the meetings.

The Senior Policy and Research officer advised that the team were still working out the details of the data collection and evaluation.

- g. Council wondered how useful the question was in Annex A, p15, section 3 impact and influence question 10 – ‘my thinking about patient involvement in governance has not changed the result of this pilot’, strongly agree/disagree etc. given the original perception was not known, making it hard to measure.

The Senior Policy and Research Officer advised that she would reflect further on that.

- h. Council asked how the targeted outreach to ethnic minorities referred to in the data collection and evidence step of the Patient Partner evaluation was achieved.

It was clarified that it was achieved through Dynamic Boards.

- i. Council raised a concern, or a risk, that the Patient Partners could conflate research and evaluation with line-management and onboarding. There was a need to make sure the evaluation remained independent of line management and buddying.
- j. Council discussed the need for a research strategy which would include some information about when GOsC might seek to commission external evaluation activity rather than internal research, so that additional business as usual activities do not impact the executive’s bandwidth and capacity.

The Senior Policy and Research Officer offered reassurance that the team had built in rigour by aligning with the Treasury’s Magenta Book as well as four types of impact framework. Evaluation would also include multiple data sources, Council and Staff, with the hope that would provide triangulation. It included honest feedback loops from the Patient Partners.

If needed the team would investigate external review.

- k. It was suggested that the final reflections could be better balanced with: ‘what went well/did you have any concerns/were there any other aspects of governance where there had been unintended consequences’
- l. The Patient Partner who was observing was invited to speak and stated that she appreciated the amount of work that had gone into the evaluation plan and stated that it was important to all parties that this would be an effective partnership. The pilot would be an iterative process and there might be a need to change things.

**Considered: Council considered the proposed evaluation plan for the Patient Partner pilot.**

**Noted: Council noted the focus on influence, integration, support, psychological safety and organisational learning.**

**Agreed: Council agreed the evaluation plan to ensure the Patient Partnership Pilot delivered on its intended goals of influence, learning, support and inclusion.**

**Comfort break 1415-1430**

**Item 11: Annual Report and Accounts 2024-2025**

28. The Head of Resources and Assurance introduced the item and the key messages and following points were highlighted:

- a. The annual financial audit was undertaken by HaysMac (formerly Haysmacintyre) in May and June 2025.
- b. The Executive had developed the Annual Report (Annex A) which detailed the activity undertaken in the year across the three strategic goals, the narrative around areas of risk and the financial report, which included the Value Proposition.
- c. The audit ran smoothly for the most part, except for a change which was brought to the executive's attention by the auditors quite late in the process. Further information was in the paper.
- d. No new control points were identified for the second year in succession.
- e. The Audit Committee recommended the Annual Report and Accounts to Council subject to Council agreeing the adjustment to debtors and deferred income.
- f. Audit Committee considered information provided by the Executive on whether the GOsC was a going-concern. The Executive and Audit Committee concluded that the GOsC remained a going-concern.
- g. Council was asked to approve the Letter of Representation (Annex C) which would be signed by the Chair alongside the Annual Report and Accounts.
- h. The Annual Report and Accounts needed to be laid before both Houses of Parliament by 30 September 2025 and also need to submit the accounts to the Charity Commission within nine months of the year end.

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

- a. The Head of Resources and Assurance advised Council that the Auditors had suggested that GOsC should, for the purposes of the financial statements, recalculate the debtors/creditors figures based on whether registrants pay their fees by direct debit. There was now a restatement in the accounts and a comment at the bottom of the balance sheet explaining this.
- b. The Chair of Council added that Council could be reassured that the accounts had previously been through Audit Committee for scrutiny.

- c. Council asked if the anomaly about recording debtors was something that had been picked up in an Audit before and whether the executive was happy that it was the preferred method for reporting.

The Head of Resources and Assurance confirmed it had been mentioned a couple of times previously but always too late in the process to make a change. This time the auditors looked at it sooner and worked with the executive to explain why they thought it was the better way to report it.

- d. The Head of Resources and Assurance advised that two years ago there were three control points which were cleared ahead of last year's audit and there were none for this year. He was happy, however, based on the number of queries received this time, that the auditors had been robust in the process.
- e. Council noted on P7 (regarding protecting the osteopathic title by making sure that only those with correct qualifications were able to call themselves osteopaths) that it should include whether they were registered too.
- f. Page 28 table there are two 2024s where one should be 2025.
- g. A member of Council suggested that next year might include reference to how Council had performed from a governance perspective.
- h. The Chair of Audit added, from a control environment perspective, that HaysMac had performed reasonably well as audit partner but GOsC had an opportunity to revisit the choice of contracted auditors given some of the points raised were done so later in the process again.

GOsC also had new internal audit partners and governance and risk was an area that internal audit would be focus on which could provide some evidence for the annual report.

- i. The Chair of Audit added that the graphic on the value of regulation had featured in the annual report.

The Chief Executive advised that the discussion about the value of regulation was a live conversation across the executive. Across regulation generally, not just healthcare, when things went wrong people tended to ask where the regulator was. The Chief Executive felt that regulators were not good at articulating what they were good at or articulating what they did that added value. The graphic was the emerging approach to articulating where the organisation added value. GOsC was also posting more through social media to articulate where we add value as a regulator.

**Noted: Council noted the Audit Findings Report.**

**Noted: Council noted the Letter of Representation to be e-signed by the Chair of Council.**

**Approved: Council approved the Annual Report and Accounts for e-signing by the Chair of Council.**

**Noted: Council noted the annual reporting requirements associated with the Charity Commission.**

## **Item 12: EDIB Annual Report 2024-2025**

30. The Chief Executive introduced the report and the key messages and following points were highlighted:

- a. Council received an annual report on GOsC's work relating to equity, diversity, inclusion and belonging, which was presented at Annex A.
- b. The paper set out progress against those activities the executive had aimed to have completed by July 2025, as recorded in the Equity, Diversity, Inclusion and Belonging Framework. Delays relate to implementation of new CRM system.
- c. The executive proposed next year it would present a more publishable report, like the Fitness to Practise one, that was more user friendly for more external audiences.

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

- a. The Chair of Council asked the executive if the report was a legal requirement or something Council had commissioned in the past.

The Chief Executive confirmed that GOsC had public sector duties under the Equalities Act but how reports were prepared or presented was within Council's gift to decide. The executive provided this report annually to Council but it did not need to be submitted anywhere else.

- b. Council noted that when the EDIB Annual report was published last year the EDIB framework was appended as the context of what reporting against and it was noted a hyperlink to that framework could be added.
- c. Consistency of some references referring to EDI and EDIB was suggested.
- d. Council asked for more detail on the collection of osteopath's EDI data.

The Chief Executive advised that the plan had been to collect EDI monitoring data at the point of renewal of registration but that the delay in the new CRM system had impacted this. The executive, instead, have sent out a standard, stand-alone survey to the profession to collect EDI data but the longer-term



plan would still be to move towards a more regular system of collecting EDI data.

- e. One of the internal audit themes suggested by the executive was a review of equality impact assessments and Audit Committee was content that it could be considered but not necessarily in top three and asked Council's view on that and if a different approach would be required.

The Chief Executive advised that the discussion at Audit Committee had been whether the breadth of the internal audit on equality impact assessments had been too narrow. In a small team the executive wanted consistency of approach and TIAA (internal auditors) were going to reflect and revert to Audit Committee with a range of audits scopes so the committee could make a decision about what to prioritise.

### **Considered: Council considered the Equity, Diversity, Inclusion and Belonging Annual Report 2024-25.**

#### **Item 13: Annual Report to the Welsh Language Commissioner**

##### **Jess Davies joined at 1505 for Item 13.**

32. The Senior Communications Officer introduced the report and the key messages of the report were:

- a. In December 2023, GOsC implemented the new Welsh Language Standards in accordance with the compliance notice received from the Welsh Language Commissioner in June 2023.
- b. GOsC was expected to implement standard 20 (the provision of an online registration process available to registrants in Welsh) by the end of 2025 due to unforeseen delays from our current website provider causing delays to the implementation of our new CRM system.
- c. The reporting period for GOsC's second Annual Report to the Welsh Language Commissioner under the Welsh Language Standards covers 1 April 2024 – 31 March 2025.
- d. As of 31 March 2025, there were 164 osteopaths living and/or practising in Wales, and 138 students studying and/or living in Wales.

33. The following points were made and responded to in discussion:

- a. A Welsh member thanked GOsC for the work that had gone into making the documentation in Welsh.

- b. Council noted that the dates should be 2024-2025 and those would be amended but the data was all up to date in the table.

**Considered: Council considered the second Annual Report to the Welsh Language Commissioner.**

**Agreed: Council agreed that the report be published to GOsC's public website.**

#### **Item 14: Marjon Recognised Qualification**

**Gabrielle Anderson left the meeting at 1455 for this item due to a conflict of interest.**

34. The Head of Policy introduced the item which was the consideration of the Recognised Qualification (RQ) review at the Marjon in relation to:

- Master of Osteopathy (MOst) (4 years full time)
- Master of Osteopathy (MOst) (six years part time)

35. The key messages from the paper were:

- a. The visitor report contained recommendation for renewal of the recognition of Marjon qualifications with two specific conditions.
- b. This was reported to the Policy and Education Committee on 10 June 2025.
- c. The Committee made a recommendation that the programmes be recognised without an expiry date. On this basis, the specific conditions recommended by the visitors alongside the general conditions applying to all recognised qualifications will be dealt with within a published action plan.

**Recognised: Council recognised the Master of Osteopathy (MOst) (4 years full time) and Master of Osteopathy (MOst) (6 years part time) awarded by Marjon from 1 February 2026 with no expiry date subject to the approval of the Privy Council.**

**Noted: Council noted the conditions to be addressed within a published action plan as outlined.**

Gabrielle Anderson returned 1500.

#### **Item 15: BCNO Recognised Qualification**

**The Chair of Council left at 1502 the meeting for this item due to a conflict of interest and Patricia McClure assumed the position of Chair, on the agreement of Council, for the purpose of this item.**

The Head of Policy introduced the item which was the consideration of the Recognised Qualification (RQ) review at the BCNO Group in relation to:

- BSc (Hons) Osteopathic Medicine (full-time three-year course)

36. The key messages from the paper were:

- a. The visitor report contained recommendation for initial recognition of the BSc (Hons) Osteopathic Medicine (full-time three-year course) with five conditions.
- b. The Policy and Education Committee considered the report and recommended that Council recognise the programme subject to conditions from 1 September 2025 to 1 January 2031.
- c. The Committee suggested the review of one of the conditions proposed by the visitors which was reflected in the paper.

Original wording 'A monitoring visit must be conducted during the second year of the new programme to review its delivery, with particular emphasis on meeting students' academic and welfare needs. This visit should include direct contact with students and staff to provide assurance beyond the requirements of the annual reporting process. (6ii)'

New wording 'BCNO Group must provide ongoing assurance as the programme progresses (for example, through student and staff feedback and responses to this) that students' academic and welfare needs continue to be met, given the compressed delivery of the three-year programme. (6ii)'

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

- a. The Chair of Policy and Education Committee noted that the Committee had felt this would be a fairer approach that retained options for ongoing monitoring to allow the Committee to be assured that matters were going as expected.

**Recognised: Council recognised the BSc (Hons) Osteopathic Medicine awarded by The BCNO Group subject to the conditions set out in paragraph 19, from 1 September 2025 to 1 January 2031 subject to the approval of the Privy Council**

**Jo Clift returned 1505.**

## **Item 16: Committee Annual Reports**

38. The Chief Executive introduced the item. Each Committee was required to provide an annual report to Council detailing the work carried out and decisions made during the year.

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

- a. The Chair of Council raised the point that the Audit Committee had discussed whether these internal reports added value and whether Council wanted to retain that structure (this could be discussed in September).
- b. A member of Council asked if there was an escalation policy so that, if something that happened in a committee that needed to be escalated to the Chair or the Chief Executive, there was a clear process for doing so.

The Chief Executive advised that for the Policy and Education Committee, if an OEI was not delivering against the Osteopathic Practise Standards there was an escalation process for that to raise with Council straight away.

The wider question was something that the Chief Executive and Governance Manager would look at when reviewing the Scheme of Delegation and flow of information from Committees to Council.

### **Noted: Council noted the Annual Reports of the:**

- a. **Policy and Education Committee**
- b. **People Committee**
- c. **Audit Committee**

## **Item 17: Policy and Education Committee minutes June 2025**

40. The Chair of Policy and Education Committee introduced the item and provided a summary of what was discussed.

### **Noted: Council noted the minutes of the public meeting of the Policy and Education Committee June 2025.**

## **Item 18: Any other business**

41. The Chief Executive took the opportunity to acknowledge that Rachel Heatley was leaving GOSC and would be a huge loss to the organisation but had a fantastic opportunity to pursue a dream career starting with a Masters Course in the Netherlands. It was noted that Rachel had enacted significant change in her work with patients. The fact the General Medical Council were asking about the work GOSC had done with patient partners was testament to Rachel's achievements.

42. All observers left at 1535 to allow an item of AOB to be discussed in a private session – the minutes of which can be found in the Private meeting of Council 15 July 2025.

**Item 14: Questions from observers**

43. There were no questions from observers.

**Date of the next meeting: Tuesday 19 November 2025**

**Meeting closed at 1543 followed by 15 minutes Council reflection time.**