

Public Meeting of Council

Wed 19 November 2025, 12:45 - 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

12:45 - 12:45

0 min

1. Welcome and apologies

Information Joanna Clift

For information

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

12:45 - 12:45

0 min

2. Questions from observers

Information Joanna Clift

For information

12:45 - 12:45

0 min

3. Minutes of the 128th public meeting of Council 15 July 2025

Decision Joanna Clift

For approval

 Public Item 3 - Unconfirmed Public minutes of Council July 2025 - FINAL.pdf (21 pages)

12:45 - 12:50

5 min

4. Matters arising from public meeting of Council 15 July 2025

Information Matthew Redford

For noting

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

12:50 - 13:00

10 min

5. Chair's Report

Information Joanna Clift

For noting

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

13:00 - 13:15

15 min

6. Chief Executive and Registrar Report

Decision Matthew Redford

For decision

 Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (9 pages)

13:15 - 13:35

20 min

7. Assurance reporting

Discussion Matthew Redford

For discussion

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

Coe, Lorraine
05/11/2025 14:02:40

7.1. Business Plan monitoring report to 31 October 2025

Discussion *Matthew Redford*

For discussion

 Public Item 7 - Annex A - Business Plan Monitoring 31 October 2025 - FINAL.pdf (26 pages)

7.2. Financial report to 30 September 2025

Discussion *Darren Pullinger*

For discussion

 Public Item 7 - Annex B - Finance Report, September 2025 - FINAL.pdf (13 pages)

7.3. 6-month Registration report - 1 April - 30 September 2025

Information *Ben Chambers*

For information

 Public Item 7 - Annex C - Registration report - FINAL.pdf (8 pages)


13:35 - 14:10

35 min

8. Fitness to Practise: Chairs Reports

Discussion *Sheleen McCormack*

For discussion

 Public Item 8 - Fitness to Practise Chairs Report - FINAL.pdf (14 pages)

8.1. Investigating Committee Annual Report 2024-25

Discussion *Brian Wroe*

For noting

8.2. Professional Conduct Committee Annual Report 2024-25

Discussion *Andrew Harvey*

For noting

8.3. Health Committee Annual Report 2024-25

Discussion *Andrew Harvey*

For noting

14:10 - 14:30

20 min

9. Fitness to Practise report and dataset

Information *Sheleen McCormack*

For noting

 Public Item 9 - FTP quarterly report (Q2 2025-26) - FINAL.pdf (7 pages)

9.1. Fitness to Practise dataset 01 July 2025 - 30 September 2025

Information *David Bryan*

For noting

 Public Item 9 - Annex A - FTP dataset - FINAL.pdf (10 pages)

9.2. Revised Fitness to Practise dashboard 01 July 2025 - 30 September 2025

Information *David Bryan*

Coe, Lorna
05/11/2025 14:55:42

For noting

 Public Item 9 - Annex B - FtP dashboard - FINAL.pdf (4 pages)

14:30 - 14:45 Break


15 min

14:45 - 15:00 10. Section 32 Consultation analysis

15 min


Decision Matthew Redford

For decision - **NB Annex A is for transparency but there is no expectation that you read the full document as the paper summarises main points sufficiently.**

 Public Item 10 - Section 32(1) consultation analysis and next steps - FINAL.pdf (11 pages)

 Public Item 10 - Annex A - Section 32 Consultation responses - FINAL.pdf (150 pages)

 Public Item 10 - Annex B - iO consultation response - FINAL.pdf (10 pages)

 Public Item 10 - Annex C - NCOR consultation response - FINAL.pdf (10 pages)

 Public Item 10 - Annex D - Advertising Standards Authority consultation response - FINAL.pdf (4 pages)

15:00 - 15:15 11. New Zealand - Mutual recognition of registration

15 min

Decision Matthew Redford

For decision

 Public Item 11 - Mutual recognition of registration, New Zealand - FINAL.pdf (16 pages)

15:15 - 15:35 12. Research Strategy

20 min

Decision Fiona Browne

Head of Research and Data Analysis

 Public Item 12 - Research Framework - FINAL.pdf (7 pages)

 Public Item 12 - Annex A - Research Framework - FINAL.pdf (15 pages)

15:35 - 15:50 13. Osteopathy CEN Standard revision

15 min

Information Matthew Redford

For noting

 Public Item 13 - CEN Standard, Osteopathy - FINAL.pdf (4 pages)

15:50 - 15:50 14. Any other business

0 min

Information Joanna Clift

15:50 - 16:00 15. Questions from observers

10 min

Discussion Joanna Clift

16:00 - 16:00 16. Date of next meeting 12 February 2026

0 min

Coe, Lorna
05/11/2025 14:57:42



**The 129th meeting of the General Osteopathic Council to be held in public on
Wednesday 19 November 2025 commencing at 12:45 and concluding at 16:00.**

	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		-	12:45 - 12:50
2.	Questions from observers		-	
3.	Minutes of the 128 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	12:50 - 13:00
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	13:00 - 13:15
7.	Assurance reporting: A. Business Plan monitoring report to 31 October 2025 B. Financial report to 30 September 2025 C. Six-month Registration report - 1 April 2025 – 30 September 2025	For discussion	Chief Executive and Registrar, Head of Resources and Assurance, Registration Manager	13:15 - 13:35
8.	Fitness to Practise: Chairs Reports A. Investigating Committee Chairs Report B. Professional Conduct Committee Chairs Report	For discussion	Director of Fitness to Practise	13:35 - 14:10

	Item description	Purpose	Executive lead	Timing
	C. Health Committee Chairs Report			
9.	Fitness to Practise report and dataset A. FtP dataset B. Revised FtP dataset	For noting	Director of Fitness to Practise	14:10 - 14:30
Comfort break				15 minutes
10.	Section 32 consultation analysis	For decision	Chief Executive and Registrar	14:45 - 15:00
11.	New Zealand - Mutual recognition of registration	For decision	Chief Executive and Registrar	15:00 - 15:15
12.	Research Strategy	For decision	Head of Research and Data Analysis	15:15 - 15:35
13.	Osteopathy CEN Standard revision	For noting	Chief Executive and Registrar	15:35 - 15:50
14.	Any other business			15:50 - 16:00
15.	Questions from observers			
Date of next meeting: 12 February 2026				
Meeting ends latest 16:00				

Coe, Lorna
05/11/2025 14:57:42



Meeting of Council

Minutes of the 128th 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.

Unconfirmed

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

Coe, Lorna
05/11/2025 14:57:42

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 127th public meeting, 15 May 2025, were agreed as an accurate record of the meeting.

Agreed: Council agreed the minutes of the 127th 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 127th 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.

Coe, Lorna
05/11/2025 14:57:42

- 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.

Coe, Lorna
05/11/2025 14:57:42

- 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 that 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

Coe, Lorna
05/11/2025 14:57:42

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.

Coe, Lorna
05/11/2025 14:57:42

- 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.

Coe, Lorna
05/11/2025 14:57:42

- 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

Coe, J.rina
05/11/2025 14:57:42

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:

- The visitor report contained recommendation for initial recognition of the BSc (Hons) Osteopathic Medicine (full-time three-year course) with five conditions.
- 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.
- 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:

- 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.

Coe, Lorna
05/11/2025 14:57:42



Council
15 July 2025
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	July 2025 Public minutes of Council.

Recommendation(s)	To note the content of the report.
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Coe, Lorna
05/11/2025 14:57:42

Background

1. This paper addresses any matters arising from the 128th public minutes of Council not covered elsewhere on the agenda. The matters arising are set out below:

Minutes of the 128th public meeting of Council:

Item	Minute	Action	Outcome
Item 11: Annual Report and Accounts	Paras 28 - 29 refer	Council approved the Annual Report and Accounts for signing by the Chair of Council and be readied for laying before both Houses of Parliament.	Completed: the Annual Report and Accounts were signed by the Chair and subsequently laid before both Houses of Parliament.
Item 13: Welsh Language Annual Report	Paras 32 - 33 refer	Council agreed that the Welsh Language Annual Report be sent to the Welsh Language Commissioners Office and published online.	Completed: the Welsh Language Annual Report was sent to the Welsh Language Commissioners Office and published on our website.
Item 14: Marjon Recognised Qualification	Paras 34 - 35 refer	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.	Ongoing: We have written to the Privy Council and are awaiting their response.
Item 15: BCNO Recognised Qualification	Paras 36 - 37 refer	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.	Ongoing: We have written to the Privy Council and are awaiting their response.

Recommendation: To note the content of the report.



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

Recruitment

- I am chairing the interview panel for the Council (Scottish) registrant member on 25th November. This is the third time that we have run this campaign.
- I met with our patient partners to welcome them to GOsC and to discuss the role.

Stakeholders and external groups

Institute of Osteopathy

- The CEO and I continue to engage with the new CEO of the Institute - Dr Alison Robinson Canham. I will be at the two day Institute of Osteopathy conference in London 21-22 November alongside GOsC staff and Council members.

Health Sciences University

- I attended this year's graduation ceremony in London for the Osteopathic graduates. The Vice Chancellor and the senior team are keen to work strategically with GOsC to support the profession.

Professional Standards Authority

- A tri-annual Chairs' meeting for the health regulators takes place on 17th November. I will update Council verbally on any relevant issues.

General Medical Council

- I am attending the annual GMC conference in November on behalf of GOsC. I also attended the GMC annual lecture in September.

Public Chairs Forum

- I was a speaker at a panel discussion on 'Leading for trust in turbulent times'. The group is comprised of Chairs and CEOs within the public sector.

Coe, Lorna
05/11/2025 14:57:42

Council
19 November 2025
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 Matthew Redford LinkedIn for blogs on value of regulation and trust

Coe, Lorna
05/11/2025 14:57:42



Recommendation(s)	<ol style="list-style-type: none">1. To agree the reappointment of HaysMac as external financial auditors for two-years from 1 April 2026 to 31 March 2028.2. To note a change how corporate complaints will be managed by the Executive.3. To note the content of the report.
Key messages <ul style="list-style-type: none">• There is a clear theme of positive, high-quality engagement running throughout the report, covering areas including but not limited to:<ul style="list-style-type: none">○ the sale of the headquarter building○ attendance at the PSA Research Conference○ the Institute of Osteopathy convention○ a range of international meetings○ Osteopathic Education Institutions○ HCPC/GOsC webinars○ presenting at the ARDL regulatory dinner○ osteopaths, patients and interested parties within the sector.	

Coe, Lorna
05/11/2025 14:57:42

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.

Communicating the sale of the headquarter building

2. In October we communicated to partner organisations, ahead of a public announcement, and then subsequently to the profession, the decision of Council to sell the headquarter building.
3. Conversations with partner organisations ahead of the announcement were welcomed by those involved and following the announcement we have had 9 emails from the profession, the majority of which were interested in whether fees would now be reduced and what was going to happen to the funds generated with one person concerned about the loss of an important asset.
4. There was also a small flurry of negativity on Facebook which was quickly shut down as this is not the appropriate platform for the discussion, with an additional post from GOsC asking anyone with questions or concerns to contact us directly.

Professional Standards Authority (PSA)

Revision to the Standards of Good Regulation

5. The PSA consultation on revisions to the Standards of Good Regulation ran from February to May this year, with the PSA Board considering the summary of consultation responses and evidence review in July 2025. The PSA published a [consultation response](#) in October 2025.
6. The PSA are also holding further discussion on specific areas of focus through online workshops in October/November. We will be attending workshops in November.
7. We anticipate new Standards of Good Regulation to be agreed in February 2026 with implementation from July 2026. This would mean the first year the GOsC was assessed against the new Standards would be our 2026-27 reporting year (March to April).

PSA Research Conference

8. GOsC participated in the PSA Research Conference held on 18 November, presenting in two sessions being (1) collaboration in safe practice: embedding the patient voice into health regulation to prevent harm and (2) sexual misconduct: Parkin, Open: professional boundaries in practice – what the literature reveals about osteopathy, chiropractic and physiotherapy.

Coe, Lorna
05/11/2025 14:57:42

Education

9. A review of University College of Osteopathy/Health Sciences University plans to teach osteopathy at its Bournemouth campus was conducted in May 2025. This was not intended as a renewal review of UCO/HSU's existing RQ programmes per se, but approval of a change to delivery of the MOst so that it may be taught from the HSU Bournemouth campus as well as from its London campus.
10. The visitors' report was considered by the Policy and Education Committee at its meeting in October 2025, and the Committee agreed to publish the Visitors' report which provides 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.
11. As this was a change to delivery on an existing Recognised Qualification, no further action is required of Council.

Institute of Osteopathy (iO)

12. We are looking forward to attending the iO Convention in November and for the team presenting to osteopaths. We have a GOsC stand at convention and are keen to engage with osteopaths across the event. For those Council members attending Convention, you will be welcome to visit the stand and meet GOsC staff as well as delegates.

International matters

France

13. The French approach to recognising international qualifications is taken on a regional basis. This means that applicants are required to apply for recognition to the regional authority in the area in which they wish to work. Each region has their own approaches to recognition and so depending on where the applicant applies, they may get a different response and/or be required to undergo testing or adaptation training that does not take account of qualification equivalence or professional experience.
14. Whilst we realise it is up to the French authorities to set their own requirements for the recognition of professional qualifications, we have been considering how we can improve the situation for UK trained osteopaths to reduce inconsistencies in approach and explore ways in which we can overcome differences. To do this, we have sought the assistance of the President of the Syndicat Francais des Osteopathes (a professional body representing osteopaths in France), Philippe Sterlingot.
15. Earlier this year we undertook a mapping exercise to compare French qualification requirements with our own graduate outcomes. Last month we held our first meeting with Philippe to discuss our analysis and the steps we can take

to improve recognition issues for UK trained osteopaths as well as any measures we can take to support any discussions he is planning to hold with the French Ministry of Health.

16. Discussions are at an early stage, but there is a willingness from both parties to make improvements in this area. We will keep Council updated as our work progresses.

Osteopathy Europe (OE)

17. The Autumn OE conference was held in Wiesbaden, Germany, in October. The focus of the conference was regulation and GOsC featured prominently in the discussions across the two days where we shared our insights with European neighbours on being an established regulated country including protection of title. There was a key focus on the revision to the CEN Standard and as the UK regulator we will need to ensure this is featured in our future business planning cycle.
18. In early October an episode of our podcast, 'In conversation with the GOsC' was launched which featured a discussion between the GOsC Chief Executive and the OE President, Hanna Tómasdóttir. The podcast explored the benefit of the UK being a member of OE, participating in OE meetings and how this benefits registrants and the public.

New Zealand and Australia

19. At the end of a private holiday, I attended a two-day conference in Auckland hosted by Osteopaths New Zealand in-conjunction with Osteopathy Australia. During the event I presented with colleagues the New Zealand and Australian regulators where we discussed international registration pathways, and individually on the work of the GOsC in bringing the patient voice into our regulatory approach.
20. Both presentations were very well received and in-particular, there was positive feedback from New Zealand colleagues about our work to streamline movement between jurisdictions based on robust regulatory systems. It has been reported that osteopaths in New Zealand valued seeing the UK, New Zealand and Australian regulators working together and speaking from one platform.

Osteopathic International Alliance (OIA)

21. In early November I attended the OIA Conference in Toronto where I represented GOsC by participating in three sessions. The first was a presentation on the GOsC patient voice journey, the second was a panel discussion with New Zealand and Australian colleagues on international registration pathways, and thirdly, in the closing event discussion on the future of osteopathy.

22. I can provide a fuller update at the November Council meeting.

Trust and the value of regulation

23. To support our work to build trust with osteopaths and partner organisations, I have continued a series of blogs via LinkedIn on the value of regulation, explaining where our work adds value for osteopaths and patients. I believe that situating our work in the language of the value of regulation is important and the series of blogs will continue into the foreseeable future.
24. Alongside this, I wrote about where I believe GOsC needs to work harder as an organisation to build trust. The blog used the 'trust equation' as a framework and feedback on this has been positive.

Equality monitoring data collection

25. We have previously reported to Council that it was our intention to collect equality monitoring data at the point of registration renewal, however, as a result of a delay to the implementation of the new CRM system, this collection did not commence earlier in the year. In response to this we implemented a standalone one-off survey of the profession to collect the monitoring data covering a broader scope of characteristic data compared with what the GOsC had historically collected.
26. We are very pleased to report that we have had, at the time of writing the report, 1,086 responses equivalent to c.19% of the profession. This is a significant improvement and we are turning attention to the analysis of the data and consideration of what this tells us so that we can be further assured that our systems and processes are free from bias and discrimination.

External financial auditor – reappointment

27. The external financial auditors, HaysMac, were appointed on an initial three-year contract which could be extended for a further two-years subject to performance. Whether to recommend an extension to the contract was considered by Audit Committee at the October 2025 meeting.
28. Audit Committee concluded that the auditors had performed well since appointment although it was recognised that they could be more timely towards communication with the Head of Resources and Assurance as they audit reached a conclusion.
29. Audit Committee are recommending to Council the reappointment of HaysMac for a further two-years and for the Audit Committee Chair to write to HaysMac about the need to enhance communication.

Corporate Complaints process

30. We are reporting a change in the process by which corporate complaints are handled within GOsC. This was a recommendation arising from the Board Effectiveness review and was one we expected to arise.

31. Our current process is for corporate complaints to be reviewed in the first instance by the Chief Executive and Registrar. If the complainant is not happy with the response they can seek a review by the Chair of Council.
32. The process that we follow, with the Chair of Council as the final reviewer, is out of step with our healthcare regulatory partners. We will therefore be changing our process so that the first review is undertaken by the Head of Registration, who has skills/experience of managing customer service queries and concerns in his current role. The Chief Executive and Registrar will become the second reviewer in the event the complainant is unhappy with the initial response.
33. As a future action, we will be reviewing the corporate complaint process and assessing how we might be able to incorporate the principles of a restorative just and learning culture into the process.

External engagement – bringing insight into our business

34. The team and I have undertaken a number of engagements with students and osteopaths across the UK since the previous meeting of Council. These include, but are not limited to, student presentations at College of Osteopaths, Derby, Swansea, NESOT, London School of Osteopathy and HSU; meetings with the Vice-Chancellor and Deputy Vice-Chancellor at HSU; and meetings with osteopaths at the Scottish Osteopathic Society and the regional Northern Ireland group.
35. In particular I would like to draw Council's attention to a presentation delivered at the prestigious Association of Regulatory & Disciplinary Lawyers (ARDL) Dinner, where we were invited to speak about our work on AI in the education regulatory sector. This invitation, for a regulator of our size, is a clear demonstration of the quality of our team and the work they produce. Paul Stern, Senior Policy and Research Officer, should be recognised by Council for his leading work in this area.
36. Fiona Browne and Steven Bettles have been partnering with the HCPC on a series of joint webinars about advanced practice to support enhanced understanding of the autonomy of all allied health professionals, including osteopaths, at the point of registration. To date more than 5,000 health professionals across the NHS have registered for the series of eight webinars focussing on scope of practice, autonomy and professional judgement, supervision, delegation, referral and management.
37. The webinars help explain what regulators do and don't do in relation to advanced levels of practice explaining the role of the regulator, the role of employing organisations and their governance frameworks, professional frameworks and statements from the four Allied Health Professionals to support patient safety. Feedback from these webinars has been very clear and helpful in supporting allied health professionals, their managers and employing organisations to inform what health professionals should and can do within

employed roles in the NHS whilst also supporting the importance and exercise of professional judgement.

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

- Chief Executives of the Regulatory Bodies forum
- Osteopathic Development Group (including ODG sub group on data insights)
- Inter-regulatory forums including education, communications and engagement, research, EDI, governance and performance, Alliance UK Regulation in Europe and artificial intelligence and meetings with regulators on a variety of topics
- Meetings with individual existing osteopathic educational providers
- Meetings with the new Council for Osteopathic Education Providers secretariat, Nikky Godfrey
- Attendance at the COEI Strategy Day
- Meetings with prospective osteopathic educational providers
- Meetings of the Trailblazer Group, chaired by osteopaths, Daniel McCarthy and James Gill and including representatives of osteopathic educational providers and the Institute for Apprenticeships and Technical Education (IFATE) developing the Osteopathic Apprenticeship Standard
- Jane Easty and Neil Hayden, Sutherland Cranial College
- Osteopathic Alliance
- Regular supervision meetings with Professor Louise Wallace and Professor Gemma Blackwell-Ryan for our PhD student Kathryn Parkin
- Professor Sidney Rubenstein on the value of regulation
- Scottish Government on the regulation of non-surgical cosmetic procedures
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Michael Evans, IT Consultant and BPI On Demand (Salesforce)
- Martin Chaney, IT Consultant (website development)
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Ongoing engagement with osteopaths including contributions to consultations and focus groups and Convention presentations
- Ongoing engagement with patients including contributions to consultations
- Praesta
- All staff meetings and workshops

Executive view

39. There is a clear theme of positive, high-quality engagement running throughout my report to Council. It continues to be apparent to the team and I that this is where we add real value and make a difference in terms of strengthening trust.

40. Regulation is relational in nature and we need to spend more time in conversation, listening and engaging with our partners, osteopaths and patients. This means a relentless focus on raising our 'eyes from the desk' and having the time/space to look outwards and engage positively.

41. As we approach the end of the calendar year, we are well into our planning for the new business year commencing April 2026. We look forward with renewed energy and enthusiasm to engaging with osteopaths and partners much more 'on their turf' and to continue to articulate the value of regulation for the benefit of patients and osteopaths.

Recommendations

1. To agree the reappointment of HaysMac as external financial auditors for two-years from 1 April 2026 to 31 March 2028.
2. To note a change how corporate complaints will be managed by the Executive.
3. To note the content of the report.

Coe, Lorna
05/11/2025 14:57:42



Council
19 November 2025
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 October 2025 B. Financial Report – 30 September 2025 C. Registration Report – April 2025 to September 2025
Author	Matthew Redford
Background reading	None
Recommendation	To note the assurance reports set out at the annexes.

Coe, Lorna
05/11/2025 14:57:42

GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2025 - March 2026

**Monitoring Report as at 31
October 2025 – TO BE UPDATED**

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

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
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		🟡	Later start to consultation has pushed this work back.	November 2025
	Seek amendment to Section 32 with Department of Health and Social Care.	From July 2025		🟡	Later start to consultation has pushed this work back.	From November 2025
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	

Strengthening trust:

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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		□	We have been planning a recruitment campaign to expand the patient forum; however, this has been delayed slightly due to other commitments.	December 2025
	Ongoing evaluation.	Post October 2025		□		
Develop and publish guidance and other online resources specifically for participants in GOsC remote hearings	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, and Regulation would like to explore producing a factual video showing how a remote hearing would work. Comms are exploring the cost/practicalities of this. Comms also due to review remote hearing guidance documents and web pages with a view to suggesting changes.	

Strengthening trust:

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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		□		January 2026
	Publish guidance.	November 2025		□		FY2026-27
Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.	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.	

Strengthening trust:

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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	□		
	Development of joint statement with insurers around professional responsibilities.	July 2025		□	Further consideration of feedback from stakeholders required to find ground on which there can be collective agreement.	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.	

Coe, Lorna
05/11/2025 14:57:42

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 05/11/2025 14:57:42	Ongoing quality assurance activity as quality assurance of osteopathic education brought in-house.	All year to March 2026		□		
	Begin review of the Osteopathic Practice Standards by launching call for feedback.	From June 2025		□	PEC have agreed for us to launch a call for feedback on the existing standards by the Autumn. The call for feedback will be launched in November.	November 2025
	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.	
	Complete report on Osteopathic Practice Standards call for feedback and	March 2026		□		

Strengthening trust:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	launch Review of the OPS.					
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.	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</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
					<p>Osteopathy, HSU and NESCOL. Swansea scheduled for early November 2025. These have included face to face, online and hybrid sessions. Further sessions with students are being arranged for 2026.</p> <p>Promotion of student ebuletin continues on social media, and via student ebuletin 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>Conversations underway with Independent Support Service about 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</p>	

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05/11/2025 14:57:42

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 05/11/2025 14:57:42					established the survey results will be evaluated as part of our regular digital evaluation.	
	Explore appetite for holding an educator conference.	October 2025	Professional Standards	□	Continuing to explore with COEI	
	Undertake ongoing face to face regional engagement with osteopaths.	All year	All staff	□	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. Also planned is an online session on the CPD scheme for new graduates organised by the Kent & East Sussex group, and an online session with the Cheshire group for January 2026. We are visiting the Molinari Institute in December 2025 to talk to postgraduate students on the women's health programme.	
	Update fitness to practise sections of the website to include digital assets to explain the process	July 2025	Communications, Regulation	□	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.	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 05/11/2025 14:57:42	clearly and accessibly.				<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>	
	Update social media strategy and monitor use and impact of new communication channels and approaches including updated social media, WhatsApp and	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.</p> <p>WhatsApp launched in late January 2025 and</p>	

Strengthening trust:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Drop in Sessions and evaluate.				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. Promotion of WhatsApp has begun on social media.	

Coe Lorna
05/11/2025 14:57:42

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.	Publish information, 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. 	From April 2025	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources	□	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. When the CRM has been implemented we will begin collecting EDI monitoring data at the point of annual registration renewal.	

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05/11/2025 14:57:42

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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		□	Our approach to Equality Impact Assessments is considered by the Senior Management Team and at their monthly team meetings. We are also considering whether an Internal Audit of how we conduct Equality Impact Assessments, to ensure consistency across the GOsC, should be a feature of our new Internal Auditors plan for 2024-25.	
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Demonstrate progress against the new Equity, Diversity, Inclusion and Belonging Framework to include: <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	□	Promotion of the student ebulletin and forum created and shared in Welsh too. Student ebulletin sent out in Welsh in May to students living and/or studying in Wales. Consultation on Section 32 published in June including an assessment of the impact on opportunities to speak Welsh. New images showing a wider diversity of people have been sourced and are being used across the ebulletin and social media.	

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05/11/2025 14:57:42

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	completion of EDI data <ul style="list-style-type: none"> • 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	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 accordance with high standards.	Publication of NCOR Research projects on recruitment and retention.	July 2025	Professional Standards, Communications	□		
	Implementation of NCOR research recommendations.	September 2025 onwards		□		
	Transition into practice: Hold workshop with Osteopathic Development	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.	October 2025

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 05/11/2025 14:57:42	Group organisations to explore and inform sector wide actions including development of GOsC guidance.					
	Consideration of workshop findings and agreement to next steps.	October 2025		□		
	Ongoing discussions with European Regulators to clarify requirements for the recognition of professional qualifications and agree next steps.	All year		□	<p>We met with Philippe Sterlingot, President, Syndicat Francais des Osteopathes (a professional body representing osteopaths in 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 are meeting again with him in November.</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>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
					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.	
Implement and evaluate health and disability guidance.	Publish 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
	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		□		

Coe Lorna
05/11/2025 14:57:42

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	Publish evaluation report in implementation.	March 2026		□		
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. Further resources in each will be developed and osteopaths encouraged to undertake CPD in these areas, with a further decision on making this mandatory to be revisited by PEC.	

Coe Lorna
05/11/2025 14:57:42

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 which provides scope for more modern, innovative and engaging channels and content.	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.	
	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		□	Implementation timeline is being agreed with chosen supplier DXW.	Website implementation planned April/May 2026.
Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic	Analysis of feedback on use of AI and agreement to statement about expectations and use of AI in education and practice (if possible in collaboration with	June 2025	Professional Standards, Chief Executive, IT, Human Resources	□	<p>We launched our interim guidance on the use of AI in osteopathic practice in the middle of May. We are in the process of developing further supporting materials to aid understanding and promotion of the guidance.</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</p>	

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation.	health professional regulators).				and we plan to publish this with other interested regulators in January 2026. We are continuing to work with osteopathic educators to develop a shared position with regards to AI use and osteopathic education.	
	Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice.	July 2025		🟡	We are still considering our approach to this and aim to make further progress by the end of 2025.	December 2025
	Agreement to process of updating and next steps.	July 2025		🟡	We will be commencing a review of the interim guidance during the winter.	

Coe Lorna
05/11/2025 14:57:42

Embracing innovation:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	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		🟡	<p>A project plan and timeline is being developed. We had aimed to pilot an AI tool internally in the Autumn in order to develop proof of concept that could inform further phases. However, this has been delayed and looks more likely to be delivered in the winter.</p> <p>We are also developing appropriate governance measures to manage risk of use of AI within the organisation, whilst also ensuring benefits can be realised.</p>	December 2025
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	🟢	Paper to be 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		🟢	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.	November 2025

Coe Lorna
05/11/2025 14:57:42

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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		□	First audit (Registration) complete, second audit (FTP) underway. Audit Committee agreed future audits in October 2025.	
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

Coe Lorna
05/11/2025 14:57:42

Embracing innovation:

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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	□		
	Align data sets and develop systematic analysis and reporting.	November 2025		□		

Coe, Lorna
05/11/2025 14:57:42

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.	□	4,694 renewal of registration forms processed to end September 2025. 3,846 fee reminders (28-day). 382 (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).	□	185 new applications fully processed at end September 2025. 0 international applications fully processed at end September 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 23/10/2025: 79 queries/concerns received 31 opened as an FTP case, of which 11 currently referred for Investigation Four substantive hearings heard, one rule 19 consideration 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.
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.	□	1,021 queries received at 27 October 2025. 57 policy and ethical queries related to the application of the OPS at 24 Oct 2025. 3,229 registration queries received at 24 Oct 2025. 559 student queries received at 24 Oct 2025.
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
		<p>June – 60%</p> <p>July – 56%</p> <p>August – 60%</p> <p>September – 59%</p>
Send out 4 quarterly English language student ebulletins to 450 students (penultimate and final year) achieving an open rate of c40%.	□	<p>February: 64%</p> <p>May: 55%</p> <p>Next issue October. Stats to follow.</p>
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.	□	<p>February: 55%</p> <p>May: 53%</p>
Receive and fulfil 150 requests for personalised Registration Marks	□	90 requests received at 29 October 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 September, with c.350 osteopaths, students and other stakeholders 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.	□	<p>3 patient engagement events held as at end October 2025.</p> <p>41 individual touch-points with patients including where patients provide follow-up ideas to our work to end October 2025</p>
Host 2 recruitment webinars attracting interested applicants for our governance roles.	□	<p>Scottish Recruitment webinar in October - 3 osteopath attendees</p> <p>IC recruitment webinar in October - 4 osteopath attendees, a further 8 registered. All were sent follow-up emails.</p>
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.
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	□	Induction meetings for new members happened from April.

Annex A to 7

Metric	Status	Narrative, if relevant
well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.		Council development/strategy day held in September. Education visitor training held.
Provide training and development opportunities for our staff team.	□	Ongoing throughout the year.

Coe, Lorna
05/11/2025 14:57:42

Financial Report 2025-26 (six months to September 2025)

Key messages from the report:

- Total income is around £1.89m and is £93k over budget for the first six months of the year.
- Operational expenditure is around £1.67m and is £29k over budget for the six month period. Spending from designated reserves was £82k in the first six months of the year.
- The Balance Sheet remains strong following a good start to the year, and we can face future challenges from a position of financial health and confidence.
- Cash at bank is currently around £166k lower than at year end; we have had a large cash spend on the CRM and new website projects. Operational spending is much as we had anticipate, aside from the increase in Regulation caseload.

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 30 September 2025, which is six months through the financial year.

Coe, Porna
05/11/2025 14:57:42

Annex B to 7

7. 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.
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 six month period to 30 September 2025, the income and expenditure account shows a surplus position (before designated spending from reserves) of £221k. Spending from reserves budgets in the six month period was £82k.
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 30 September 2025, total income totalled around £1.89m, which is approximately £93k 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 six months of the year, we have recorded actual expenditure of around £1.67m. This is approximately £29k over budget for the same period, and we are anticipating this to continue as the increase in Fitness to Practise cases continues.

Coe, Lorna
05/11/2025 14:57:42

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 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration fees	1,773,178	1,756,613	16,565	1	3,113,225	3,129,790
Registration assessments	1,380	10,000	(8,620)	(86)	20,000	11,380
Other income	117,463	32,525	84,938	261	65,050	149,988
Total	1,892,021	1,799,138	92,883	5	3,198,275	3,291,158
Expenditure						
Employment costs	924,010	967,813	43,803	5	1,933,025	1,889,222
Education and professional standards	66,703	84,220	17,517	21	119,539	102,022
Communications, research and development	46,935	45,593	(1,342)	(3)	91,186	92,528
Registration administration	1,218	10,000	8,782	88	20,000	11,218
IT and infrastructure	70,978	62,555	(8,423)	(13)	125,110	133,533
Fitness to practise, including legal	294,861	200,000	(94,861)	(47)	400,000	494,861
Governance	132,754	148,225	15,471	10	260,450	244,979
Central resources and financing	133,301	123,609	(9,692)	(8)	243,217	252,909
Total	1,670,760	1,642,015	(28,745)	(2)	3,192,527	3,221,272
Surplus before designated spending	221,261	157,123	64,138		5,748	69,886
Designated spending	81,880	123,250	41,370		246,500	205,130
Surplus after designated spending	139,381	33,873	105,508		(240,752)	(135,244)

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.

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

Balance Sheet

16. The Balance Sheet at 30 September 2025 shows total reserves of £2.74m (including designated funds). Cash held in hand and at bank totals £112k with a further £1.43m in the managed investment portfolio. The balance sheet below reflects the September 2025 valuation of the investment portfolio.

17. The Balance Sheet as at 30 September 2025 is set out below:

	30 September 2025		31 March 2025	
	£	£	£	£
Non-current assets				
Assets (fixed/intangible)		1,839,752		1,717,043
Investment (portfolio)		1,433,676		1,317,560
Current assets				
Debtors	134,262		193,311	
Cash in bank and in hand	112,297		277,969	
	246,559		471,280	
Liabilities				
Creditors: within one year	(779,421)		(904,809)	
	(779,421)		(904,809)	
Net current liabilities		(532,862)		(433,529)
Total assets less total liabilities		2,740,566		2,601,074
Reserves				
General reserve		2,036,028		2,065,385
Designated funds		704,428		535,689
Total Reserves		2,740,456		2,601,074

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

Balance Sheet explanatory notes

Debtors

18. Debtors have decreased to £134k from the year end position of £193k. This is predominately due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

Creditors

19. Creditors have decreased to £779k 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	-	7,453	-	115,578
NCOR infrastructure costs	123,500	-	15,486	-	108,014
Website development	136,005	300,000	38,541	-	397,464
Innovation fund	-	100,000	20,400	-	79,600
IO Convention 2023	(2,712)	-	-	2,712	-
Total	535,689	400,000	81,880	(149,381)	704,428

NB: We have capitalised the spend on the new CRM system in the year, and will amortise the cost of this over its useful life once it has been implemented. The balance has 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 £112k 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. We are monitoring this, in case a drawdown from the investment portfolio is required.

Coe Lorna
05/11/2025 14:53:42

Investment portfolio

23. At 30 September 2025, the investment portfolio stood at £1.43m, up from £1.32m at the year end (a gain of 8.81% in the six months to date). Withdrawals from the portfolio would need approximately 10 day’s notice.

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 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Salaries & Pensions	881,673	923,000	41,327	4	1,846,000	1,804,673
Recruitment	15,791	7,500	(8,291)	(111)	15,000	23,291
Staff development & training	12,445	19,213	6,768	35	38,425	31,657
Temporary staff & other employment costs	4,447	3,850	(597)	(16)	5,100	5,697
Annual P11d tax cost	1,414	1,600	186	12	1,600	1,414
Staff benefits:						
Insurance premiums	7,079	8,500	1,421	17	17,000	15,579
Other staff benefits	1,161	4,150	2,989	72	9,900	6,911
Total	924,010	967,813	43,803	5	1,933,025	1,889,222

27. The position after the opening six months of the year shows a total expenditure of £924k, against a year-to-date budget allocation of £968k. The underspend is predominately due to salaries, pension, and training costs. There was an offset in

Annex B to 7

recruitment and other staff costs. The underspend in salary and pension costs reflects staffing levels being lower than planned for.

Education and professional standards

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
Expenditure			£	%		
Quality assurance	61,695	69,003	7,308	11	89,105	81,797
Osteopathic Practice Standards	3,192	1,105	(2,087)	(189)	2,209	4,296
Research projects	1,816	13,112	11,296	86	26,225	14,929
Publications & subscriptions	-	1,000	1,000	100	2,000	1,000
Total	66,703	84,220	17,517	21	119,539	102,022

28. The position after the opening six months of the year shows a total expenditure of £67k, against a year-to-date budget allocation of £84k. The £18k underspend is predominantly related to QA work and Research projects. Bringing QA work in-house has helped to reduce the costs in that area.

29. The team has not spent much on research projects so far this year, with budget in place for Boundaries (£6k), OPS (£12k), and other Research Projects (£2k).

Communications, research, and development

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
Expenditure			£	%		
Digital	14,864	12,898	(1,966)	(15)	25,795	27,761
Welsh Language Scheme	6,257	4,203	(2,054)	(49)	8,406	10,460
Publications	4,498	2,909	(1,589)	(55)	5,818	7,407
Engagement and events	1,269	5,583	4,314	77	11,167	6,853
<i>Research</i>						
IJOM	20,047	20,000	(47)	0	40,000	40,047
Total	46,935	45,593	(1,342)	(8)	91,186	92,528

30. The position after the opening six months of the year shows a total expenditure of £49k, against a year-to-date budget allocation of £46k. The overspend is predominantly due to some additional Welsh language translations in the first half of the year.

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

31. 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.

Registration administration

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration assessment income	1,380	10,000	(8,620)	(86)	20,000	11,380
Total	1,380	10,000	(8,620)	(86)	20,000	11,380
Expenditure						
Registration assessments	1,218	10,000	8,782	88	20,000	11,218
Total	1,218	10,000	8,782	88	20,000	11,218
Net income	162	-	162	100	-	162

32. The position after the opening two months of the year shows a total net expenditure of less than £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.

IT infrastructure

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
CRM and infrastructure	41,379	38,255	(3,124)	(8)	76,510	79,634
IT Security	12,105	11,225	(880)	(8)	22,450	23,330
Software - Licensing	6,976	9,075	2,099	23	18,150	16,051
IT Consultancy cover	6,330	2,500	(3,830)	(153)	5,000	8,830
Other IT costs	4,188	1,500	(2,688)	(179)	3,000	5,688
Total	70,978	62,555	(8,423)	(13)	125,110	133,533

33. The position after the opening six months of the year shows a total expenditure of £71k, against a year-to-date budget allocation of £63k. The overspend is predominantly due to spending on annual leave IT cover, CRM & Infrastructure costs, and Other IT costs (which includes small sundry items for staff, including those working remotely).

Annex B to 7

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

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

Fitness to practise, including legal

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee, incl. Health Committee	151,876	149,550	(2,326)	(2)	299,100	301,426
• Investigating Committee	100,612	32,000	(68,612)	(214)	64,000	132,612
FtP panel member holiday pay & pension	41,389	10,000	(31,389)	(314)	20,000	51,389
Section 32 cases	984	2,200	1,216	55	4,400	3,184
Other FtP projects	-	6,250	6,250	100	12,500	6,250
Total	294,861	200,000	(94,861)	(47)	400,000	494,861

35. The position after the opening six months of the year shows a total expenditure of £295k, against a year-to-date budget allocation of £200k. There is an overspend of £71k in costs across the various committees in the year so far due to the large increase in cases this year. Members are reminded that the departmental spend was approximately 25% under budget from 2021 to 2024, and the current overspend reflects the increase in caseload.
36. 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 half year to date, we have paid just over £10k 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.
37. There is also additional budget for projects such as an external audit on the function, and for survey actors. No spend has gone through in the year to date for these items. The department is currently going through their planned internal audit with TIAA.
38. Statutory committee costs (including panel member holiday pay & 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.

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

39.As of 24 October 2025, the following hearings and meetings for the next six months are scheduled:

November 2025	December 2025
x1 4-day PCC hearing x1 2-day PCC hearing x1 1-day IC meeting x1 5-day PCC hearing	x3 1-day IC meetings x1 1-day Rule 19 Hearing (final date TBC)
January 2026	February 2026
x1 5-day PCC hearing with remaining 4 days to resume in February x1 1-day PCC annual training day x2 5-day PCC hearings	x1 4-day resumed PCC hearing from January x1 8-day PCC hearing x1 1-day IC annual training day x1 2-day PCC hearing with remaining 8 days to resume in March
March 2026	April 2026
x1 8-day resumed PCC hearing from February x1 10-day PCC hearing	None planned at the time of writing

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

Governance

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
Expenditure			£	%		
Honorariums & responsibility allowances	51,244	55,000	3,756	7	110,000	106,244
Board effectiveness	43,200	36,000	(7,200)	(20)	36,000	43,200
Council and committee costs, incl. reappointments	25,640	30,005	4,365	15	60,010	55,645
PSA levy	7,832	8,120	288	4	16,240	15,952
Internal Audit	4,320	7,200	2,880	40	14,400	11,520
Equality & Diversity	518	1,000	482	48	2,000	1,518
Skills audit	-	5,900	5,900	100	11,800	5,900
Tax liability (Council expenses)	-	5,000	5,000	100	10,000	5,000
Total	132,754	148,225	15,471	10	260,450	244,979

40. The position after the opening six months of the year shows a total expenditure of £133k, against a year-to-date budget allocation of £148k. 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 now the internal audit programme is up and running we expect to see the costs increase soon.

41. The underspends in Council and Committee costs are predominantly due to lower than anticipated costs of Council meetings and governance appointments so far this year. There is an overspend in Board Effectiveness costs due to an additional facilitated session requested by Council.

42. Honorarium and responsibility allowances of £51k represent 39% of the total expenditure for the six month period.

Coe, Lorna
05/11/2025 14:57:42

Annex B to 7

Central resources and financing

	Year to Date 1 April 2025 – 30 September 2025					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Premises	39,334	42,110	2,776	7	80,220	77,444
Depreciation	30,627	26,950	(3,677)	(14)	53,900	57,577
Financing	24,366	17,000	(7,366)	(43)	34,000	41,366
Office administration	22,240	18,585	(3,655)	(20)	37,170	40,825
Financial audit fee	11,939	13,104	1,165	9	26,208	25,043
Publications and subscriptions	3,674	2,510	(1,164)	(46)	5,019	6,183
International conferences	1,121	3,350	2,229	67	6,700	4,471
Total	133,301	123,609	(9,692)	(8)	243,217	252,909

43. The position after the opening six months of the year shows a total expenditure of £133k, against a year-to-date budget allocation of £124k. The majority of the overspend relates to bank charges (which show under Financing in the table) and depreciation.
44. 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.
45. 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 (£39k), and office administration including insurance, postage, and photocopying (£20k). These two areas represent 45% of the total expenditure after the six month period.

Coe, Lorna
05/11/2025 14:57:42

Council
19 November 2025
Registration report

Classification	Public
Action	For noting
Purpose of the paper	To note the registration statistics for the six-months to 30 September 2025.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities around trust and inclusivity.
Standards of Good Regulation implications	This paper relates to Standards 10 and 11 of the PSA Standards of Good Regulation.
Communications implications	None
Financial, resourcing and risk implications	The primary source of income for the GOsC is from registration fees, and therefore any movement in the Register has an impact on our annual income and future budget forecasts.
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	Registration data
Author	Ben Chambers
Background reading	None

Coe, Lorna
05/11/2025 14:57:42

Recommendation	To note the content of the registration report.
Key messages <ul style="list-style-type: none"> • At the end of September 2025 there were 5,652 osteopaths on the Register. • The number of non-practising registrants stands at 187 at the end of September 2025. • Seven return to practise assessments were completed in the reporting period. Three registration assessments, connected to internationally qualified applicants were completed. 	

Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 April 2025 to 30 September 2025.

Executive view

2. After analysing the registration data, I have no concerns to share with Council and the data is within normal ranges for what I would expect at this point in the year.

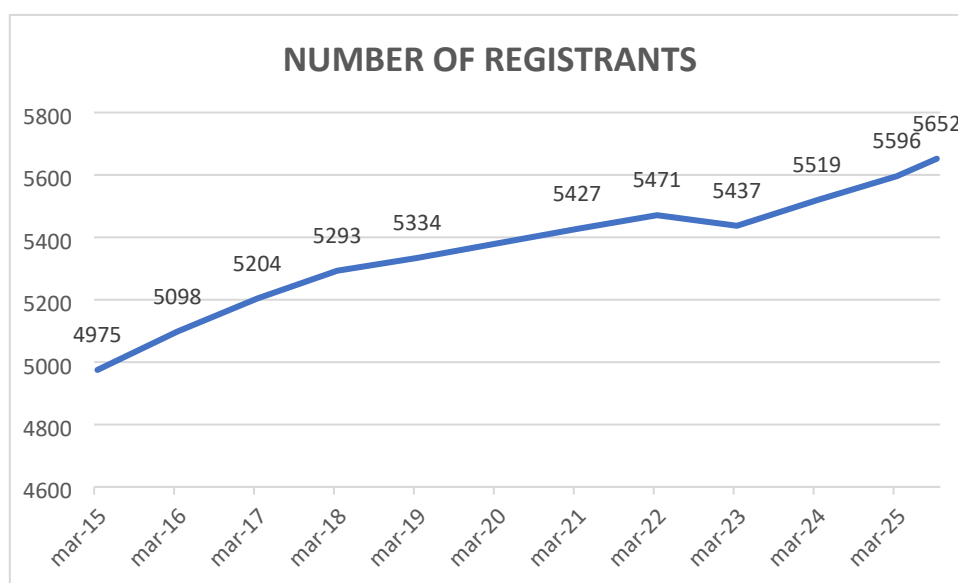
Recommendation: To note the content of the registration report.

Coe, Lorna
05/11/2025 14:57:42

Registration data

Number of registrants

1. At the end of September 2025, the Register contained 5,652 registered osteopaths.
2. The graph below outlines the number of registrants, from March 2015 to present, to give Council members an overall picture on the average growth of the register.



Gender split of registrants

3. At the end of September 2025, split by gender, the Register comprised of 2,978 female registrants (52.69%) and 2,674 male registrants (47.31%).
4. Thirteen years ago (March 2012) the Register contained 4,584 osteopaths, with the female to male registrant ratio being 49:51. Over this period the Register has grown by just over 1,060 osteopaths and there are now a greater proportion of female registrants compared to male registrants.

Age split of registrants

5. The age breakdown of the Register at the end of September 2025 was:

Age	Total registrants	Of which	
		Practising	Non-practising
Under or equal to 30	730	698	32
31-40	1,262	1,202	70
41-50	1,389	1,353	36
51-60	1,413	1,385	28

Coe, Lorna
05/11/2025 14:54:42

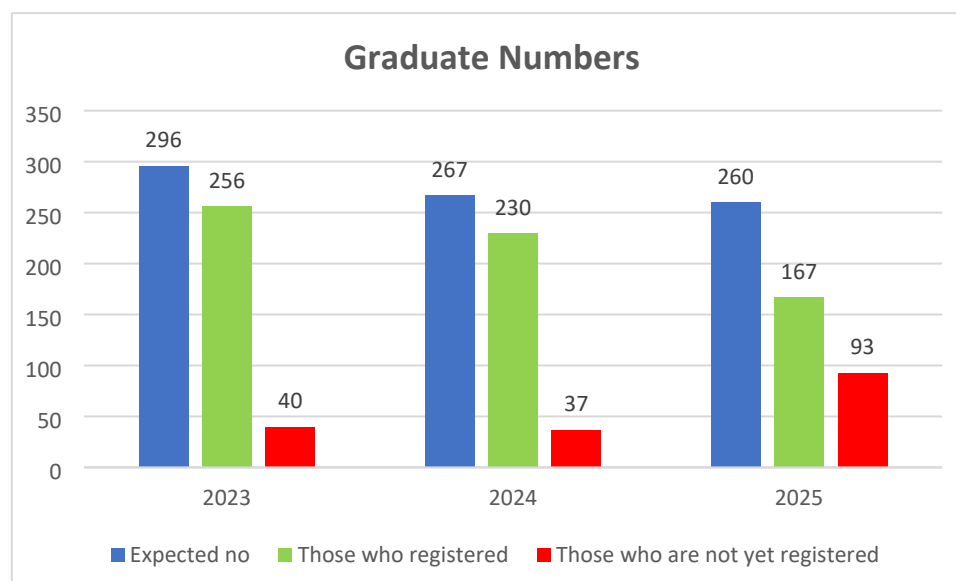
61-70	748	731	17
71-80	102	101	1
81+	8	8	0
Total	5,652		

6. 15.18% of the register are aged 61+. This is something which we need to factor into the longer term financial planning for the GOSc, as a reasonable assumption is that a proportion of registrants in this group may leave the Register in the next 5-10 years.

Number of final year students

7. The information set out in the table and graph below outlines the number of students we are expecting to graduate and the number of UK graduates who subsequently registered with the GOSc:

Graduation year	Graduate numbers (est)	Of which	
		Registered	Unregistered
2023	296	256	40
2024	267	230	37
2025	260	167	93
2026	238	-	-



8. It should be noted that the majority of UK graduates qualify and subsequently register between the months of June to October each year so there may still be some activity for the 2025 graduates before the end of March 2026.

Number of renewals that were due

9. At the last meeting of Council, members asked if it was possible to see how many renewals had been generated for the reporting period and how many had

Coe, Lorna
05/11/2025 14:42

subsequently completed their renewal of registration.
These figures are set out below:

Renewal Month	Renewals Created	Renewals Completed
April 2025	57	55
May 2025	1,355	1,294
June 2025	514	501
July 2025	1,403	1,367
August 2025	762	738
September 2025	603	574*

**The final few outstanding renewals for September are still being contacted so this figure may be subject to change.*

10. While the above table provides information on how many of the renewals generated for each month were completed at that time, some of those individuals may have decided to leave the Register since renewing their registration.

Entrants to the Register (01 April 2025 to 30 September 2025)

Total number of entrants to the Register	196
--	-----

of which

First time applications	185
Restorations to the Register (taking a break)	11
Restorations to the Register (following FtP case)	-

of which

Number of registrants living in the UK	191
Number of registrants living overseas	5

Removals from the Register (01 April 2025 to 30 September 2025)

Total number of removals (excluding resignations, retirements and death)	18
--	----

of which, those removed for

Non-compliance with CPD	-
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Coe, Lorna
05/11/2025 14:57:42

Non-payment of fee	14
Unacceptable professional conduct	-
Under PII Rules	3
Fraudulent application to the Register	1

11. Since the reporting of statistics to Council began, 498 registrants have been removed from the Register. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

12. Of those registrants removed from the Register, 72% (361 registrants) were below the age of 50.

13. The age range per reason for removal is set out in the table below.

Age range	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
20-29	83	60	19	1	3
30-39	141	72	49	3	17
40-49	137	67	39	10	21
50-59	83	27	29	7	20
60-69	37	9	6	5	17
70+	17	6	4	2	5
Total	498	241	146	28	83

Removals from the Register (gender)

14. The total number of registrants removed from the Register since reporting of statistics to Council began in October 2011, indicates 55:45 split between male to female registrants removed from the Register.

Gender	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
Male	275	130	77	26	42
Female	223	112	69	2	40
Total	498	242	146	28	82

Reasons for resignations (01 April 2025 – 30 September 2025)

Total number of resignations	121
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of which, the reasons cited were

		Average length of registration with GOSc
Moving overseas	24	2.5 years
Career change	16	6 years
Retired	44	25 years
Other *	37	17 years

**Other includes the following reasons; Ill health/deceased, No longer practising, Cannot afford fee, Taking a sabbatical, Family/personal reasons, Does not like GOSc/agree with policy and No reason provided. Due to persons being potentially identifiable if reporting less than 10, these have been consolidated.*

15. The number of resignations is broadly consistent (slightly increased) with the same period in the previous year (76 in September 2024) which reflects the nature of registration renewals that happen monthly rather than at a single point in time.

Non-practising registrants (as of 30 September

2025)

Total number of registrants who are listed as non-practising	184
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16. Based on the statistics reported to Council since October 2011, at any one-time GOsC has on average 154 registrants who are out of clinical contact with patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.

Return to practice activity (01 April 2025 – 30 September 2025)

17. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves a self-assessment activity, which may then be followed by a meeting with two trained Return to Practice Reviewers.

Total number of applicants who went through the Return to Practice self-assessment process	7
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International Registration Assessment activity (01 April 2025 – 30 September 2025)

18. A total of three registration assessments were completed in the reporting period.

Number of Non-UK Review of Qualifications	2
Number of Further Evidence of Practice forms	1
Number of Assessments of Clinical Performance	0

Council
19 November 2025
Fitness to Practise: Chairs Report

Classification	Public
Action	For discussion
Purpose of the paper	To provide Council with oversight of the work of the Fitness to Practise committees with reports directly received from the Chairs of the Investigating, Professional Conduct and Health Committees.
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	Relates directly to Standards 14 to 18.
Communications implications	It is important that these reports are made in the public domain so all interested parties in the sector can see the scrutiny undertaken by Council.
Financial, resourcing and risk implications	FTP activity is a key part of the GOsC annual operating budget and features prominently on our risk register.
Patient perspectives	The work of fitness to practise is directly related to patient safety.
Diversity implications	Ongoing monitoring of equality and diversity trends in the decisions made by the fitness to practise committees form part of the work of the Regulation Department.
Welsh language implications	Where relevant, these will be identified within the paper.
Annex(es)	A. Investigating Committee: Chairs Report B. Professional Conduct Committee: Chairs Report C. Health Committee: Chairs Report
Author	Matthew Redford



Background reading	PSA Standards of Good Regulation
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Recommendation(s)	<ol style="list-style-type: none">1. To receive the reports from the Chairs of the Investigating, Professional Conduct and Health Committee.2. To discuss the content of the reports with the Chairs of the Committee.
Key messages <ul style="list-style-type: none">• Each committee is required to report annually on its work to Council. These reports cover the period 1 October 2024 to 30 September 2025.• Brain Wroe, Chair of the Investigating Committee and Andrew Harvey, Chair of the Professional Conduct Committee and Health Committee, will attend Council to present their reports.	

Coe, Lorna
05/11/2025 14:57:42

Investigating Committee Annual Report 2024-25

Introduction

1. I am delighted to present this, my sixth annual report to the Council. The period covered by this report is from 1 October 2024 to 30 September 2025. I took up the role of Chair to the Investigating Committee (IC) on 1st April 2019.
2. I have included, in bold and in brackets, figures from the 2023-24 and 2022-23 years for comparison.
3. In making this report I am conscious that there may be some repeat information which is made available to Council in other reports.

Meetings and Hearings of the Investigating Committee

4. During the twelve months covered by this report there have been 16 meetings of the IC to consider complaints **(2023/24, 11 meetings; 2022/23, 10 meetings)**. At time of writing, one 'all members' training day (in person) is planned to take place on 16 February 2026.
5. In addition, the IC has sat on six occasions to consider applications by the Council for the imposition of Interim Suspension Orders on registrants **(2023/24, 3 occasions; 2022/23, 7 occasions)**.

Casework

Numbers of complaints and the Committee's decisions

6. During the period covered by this report, the Committee has made decisions on 47 complaints against registrants **(2023/24, 30 complaints; 2022/23, 22 complaints)**. In 29 (62%) of these, the complaint was referred to the Professional Conduct Committee, and no cases were referred to the Health Committee. In 12 cases (26%), the Committee decided that there was no case for the registrant to answer **(2023/24, 18 case to answer and 10 no case to answer; 2022/23, 9 case to answer and 12 no case to answer)**. During this reporting period 2 cases (4%) were closed as 'no case to answer' however the registrant was issued with advice.
7. In comparison to the last reporting period, the number of complaints decided by the Committee has increased by 17, whilst the number of meetings has increased by 5.
8. There have been two adjournments in this reporting period. The reasons for this being that in case 1, the Committee adjourned the case to request an independent report as to the Registrant's health and in case 2 the Committee adjourned to request that the Executive consider amending one allegation. **(2023/24, 3 adjournments; 2022/23, 1 adjournment)**. The Committee will seek to keep this figure low in the interests of efficiency, while recognising that its influence in this respect is limited.

9. During this reporting period the Committee was asked on one occasion to provide its view on whether a hearing should be held, having previously referred that case to the PCC. This procedure is followed where a complaint has been referred by the Committee to the PCC but subsequently further information comes to light which calls into question whether a hearing should go ahead (whether the hearing does actually go ahead is a decision for the PCC not the IC) **(2023/24, nil cases; 2022/23, 3 cases)**.

Issues raised by complainants

10. The complaints considered by the Committee covered a wide variety of areas including:
- Transgression of sexual boundaries (18)
 - Conduct not linked to treatment (5)
 - Inadequate clinical treatment (12)
 - Lack of insurance (5)
 - Poor communication (2)
 - Conviction (2)
 - Data breach (1)
 - Driving offence (1)
 - Health (1)
11. Areas of concern include the inappropriate transgression of professional/sexual boundaries and inadequate treatment. Together, these have featured in 30 cases this year **(2023/24, 16 cases; 2022/23, 13 cases)**. The number of cases involving alleged transgression of sexual boundaries remains a concern, along with allegations relating to poor or inadequate treatment which have also featured prominently.
12. Of the complaints considered in the reporting year, 44 of the 47 have involved allegations of Unacceptable Professional Conduct, 1 health cases and 2 convictions.

Interim suspension orders

13. There has been an increase in the number of Interim Suspension Order hearings compared to last year (6 during this reporting period compared to 3 last year).
14. During the period of this report, the Committee was asked to consider whether to impose an Interim Suspension Order in 6 cases. It imposed 2 suspension orders and made no order nor accepted undertakings in 4 cases **(2023/24, 3 applications, 1 order made, 2 undertakings accepted; 2022/23, 7 applications; 2 orders made, 2 undertakings and 3 no orders made)**.

Coe, Lorna
05/11/2025 14:57:42

All members meeting and Annual Performance Appraisal

15. An all-members meeting and training day is scheduled to take place on 16 February 2026.
16. I can also report that Annual Performance Review reports for all members of the Committee have been completed and submitted within the identified time frame.

Composition of the Investigating Committee

17. The current official strength of the Investigating Committee is 7 lay members (including the Chair) and 8 osteopaths. There are currently two vacancies for osteopathic members which is being addressed in the recruitment campaign concluding in January 2026.

Other changes in the year

18. Members of the IC are all fully aware of the Osteopathic Practice Standards and ensure that they are referred to and utilised as appropriate.
19. The Committee continued to meet remotely during the past year although I am pleased to report that the All-Members Training Day (16th February 2026) is set to take place at Osteopathy House. It is envisaged that the majority of meetings will continue to be held remotely. The Committee is extremely familiar with conducting its business remotely in most instances. Issues or delays with technology are now few and far between. The Committee continues to make use of Caselines to access case files in a safe and confidential manner for all meetings and ISO hearings.

Support to the Committee

20. Once again, I wish to express my sincere thanks for the excellent administrative support provided to the IC and its Chair during this period. Staff members are invariably responsive, supportive and ensure that matters are addressed promptly.

General Comments

21. Members of Council will note that the number of IC meetings has increased (16, up from 11) along with the number of complaints considered (47, up from 30). Remote meetings continue to take slightly longer to complete, which is perhaps inevitable given our reliance upon technology. The GOsC has demonstrated that they remain well prepared to arrange additional meetings where necessary in order to ensure that complaints are considered in a timely fashion.

22. It is appropriate to highlight the number of complaints involving the alleged transgression of sexual boundaries. It is regrettable that the number remains high at 18 which represents an increase from 5 last year. Also worthy of note is the number of complaints of inadequate clinical treatment, up slightly from 11 to 12.

Annex A to 8

23. The number of health referrals remains low. While, on the face of it, this is to be welcomed, I am mindful of advice from the PSA in that investigating committees must remain aware of potential underlying health issues when considering cases. Members of the IC will keep this in mind when they consider allegations.
24. Members of Council will be interested to know that an external audit of initial stage fitness to practise decisions during the period 1st April 2023 to 30th August 2024 was carried out by Rollason Law. The audit covered 18 fitness to practise complaint cases closed at the initial stages of the process, either by screeners or by the Investigating Committee. The audit was largely favourable however there were learning points which members of the IC have taken on board. For example, the audit highlighted the absence of reference to the GOsC's Standards in some decisions. The learning points have been shared with IC members and have now been incorporated into our common practice highlighting our determination to respond positively to feedback and to continuously improve.
25. The Chair of Council has underlined the need for the IC to guard its independence. As Chair of the Investigating Committee, I wish to reassure Council that I have found nothing to suggest that the IC acts in any way other than independently of the Executive. The IC will continue to reach its decisions in a fair, just and independent manner and will ensure that the reputation of the GOsC is, at all times, maintained to the highest standard.

Brian Wroe
Chair, Investigating Committee
October 2025

Coe, Lorna
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Professional Conduct Committee Annual Report 2024-25

Introduction

1. This is my fifth report to Council as Chair of the Professional Conduct Committee (PCC), covering the period October 2024 to September 2025.
2. There are currently 18 members of the PCC (the maximum number set down in the rules), 7 of whom are osteopaths and 11 lay (4 of the latter being appointed as chairs).
3. The PCC's purpose and statutory terms of reference are unchanged since my last report to Council. The Committee hears cases concerning serious unacceptable professional conduct, incompetence or criminal convictions. If it finds any such case proved, it imposes a proportionate and appropriate sanction on the osteopath.
4. In its work, the PCC must apply the overarching objective of the Council – that is to protect patients, to sustain professional standards (including those of conduct and behaviour), to uphold the reputation of the profession and to maintain that of the Council as regulator.
5. At the same time, as members of Council appreciate, the Committee must approach its decision making from a position of independence. My view is that the objectives and need for independence are both well understood by all PCC members.

Hearings and workload

6. There are no particular features of the caseload in 2024/25 to report to Council; the raw data is set out at Appendix 1 to this paper. The PCC considered 19 cases in 2024/25 (2023/24: 14).
7. Hearing activity is returning to levels closer to normal, after two years of lower levels of activity. Council will want to keep overall activity levels under review as one indicator of the extent to which patients (and others) remain willing and able to make referrals, when appropriate.
8. As an alternative measure of workload, the PCC sat on 43 days in respect of substantive hearings in the year (2024/25: 24, 2022/23: 31, 2021/22: 65).
9. I would remind the Council again that, whilst timely decision making is a valuable KPI for GoSC's fitness to practice function, it is not something that is more than partially under the control of the PCC (indeed, elements of that measure are not under the control of the Regulation team either).

That having been said, PCC members are keen to play their part in the ensuring that the Council continues achieving a performance deemed acceptable by the PSA. I have no evidence that PCC performance, or delays in it hearing cases, are a matter of concern.

10. The need for hearings to adjourn part-heard has increased from zero to three. The reasons for this are entirely case specific and do not appear to indicate any particular pattern.
11. The number of cases where an allegation was 'not well founded' (i.e. not proven) was 4 (2023/24: 1).

PCC composition and ways of working

12. Council colleagues may recall that the Committee has been through extensive change in membership over the past 18 months, with no fewer than 13 members demitting office in that time (all but one as a result of reaching the maximum term of office and the other as a result of a career change).
13. Six new members took up office from 1 April 2025 and one further role falls vacant in April 2026 (advance recruitment for which took place in the 2024/25 recruitment round).
14. The scale of change and approach to recruitment, have both helped ensure that the Committee now has greater diversity in its membership.
15. A full induction and buddying programme was put in place for new members, with a number of new lay members now engaged in training to allow them to be appointed as chairs.
16. The PCC's annual development day took place in January 2025 with a similar event planned for January 2026. Each of these focuses on a mix of hearings skills and case law
17. PCC members continue to meet digitally on an informal basis, twice a year. Most members attend each meeting, which (with the development day) give the Committee three occasions a year on which its members can exchange good practice, seek answers to questions and share concerns.
18. The Chair of Council kindly joined our most recent meeting to engage with Committee members; there was a helpful exchange of ideas.
19. Issues covered in our communications have included the volume of work, shared learning about hearings and questions about GOsC's approach to listing.

Annex B to 8

20. To assist, in-between such sessions, I send an occasional newsletter to members. This helps in pulling into one place important, but non-urgent, communication and has been well received.
21. Between May and July, I held the annual review conversation with each member of the Committee. Each of these was a very positive experience, with members preparing well for the session and offering their candid views about their own performance and wider issues.
22. Brian Wroe and I continue to meet on an occasional basis to share information between us and identify issues and ideas that may be relevant both to members of the IC and PCC/HC.
23. It is clear to me that an important element of my work is to provide occasional support to PCC members, across any and all topics related to their role. I am in regular contact with members and do what I can to assist, whilst remaining careful in respect of the importance of a panel's independence, limiting any advice I give to the generic.

Conclusion

24. I am grateful to my fellow PCC members and to members of the staff team for their support. The Committee is lucky to have such strong support in its role, both from the Regulation team and the wider organisation.
25. Council is invited to:
 - Note the contents of this report
 - Ask questions of the author in respect of the work of the PCC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Professional Conduct Committee
14 October 2025

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Annex B to 8

PCC Substantive Hearings	Q3 (2024- 2025)	Q4 (2024- 2025)	Q1 (2024- 2025)	Q2 (2024- 2025)	TOTAL
Total cases considered	5	3	4	7	19
Allegation not 'well founded'	1	0	1	2	4
Admonished	0	1	1	1	3
Conditions of Practice	0	0	1	0	1
Suspension	0	0	0	0	0
Removal	0	0	0	0	0
Adjourned/Part heard	2	0	0	1	3
Conditions/Suspension to expire	0	1	0	0	1
Disposal via Rule 19	0	0	0	1	1
Rule 8 admonishment	2	1	0	2	5
Conviction has no relevance	0	0	1	0	1

PCC ISO Hearings	Q3 (2024- 2025)	Q4 (2024- 2025)	Q1 (2024- 2025)	Q2 (2024- 2025)	TOTAL
ISO Application Hearings	0	1	1	0	2
ISO Imposed	0	1	1	0	2
Undertaking	0	0	0	0	0
ISO not imposed	0	0	0	0	0
ISO Review Hearings	0	0	0	0	0
ISO Order to Continue	0	0	0	0	0

Annex B to 8

PCC Activity Last Three Years	01/10/22 to 30/09/23	01/10/23 to 30/09/24	01/10/24 to 30/09/25
Full hearings	9	13	19
Rule 8 decisions [1]	1	1	5
Reviews of Suspension Orders and Conditions of Practice Orders	2	1	1
Interim Suspension Order applications	3	1	2
Rule 19 applications to cancel a hearing	2	0	1

PCC Outcomes Last Three Years	01/10/22 to 30/09/23	01/10/23 to 30/09/24	01/10/24 to 30/09/25
Admonishment	3	6	8
Conditions of Practice Order	1	0	1
Suspension Order	1	1	0
Removal from the Register	2	2	0

PCC Outcomes Last Three years	01/10/22 to 30/09/23	01/10/23 to 30/09/24	01/10/24 to 30/09/25
Unacceptable Professional Conduct found not proved	1	1	1
Of which -			
Some of the facts alleged found proved	1	0	1
None of the facts alleged found proved	0	1	0
Successful half-time submissions under rule 27(2)[1]	0	0	0

Annex B to 8

Successful Half-time submissions under rule 27(6)	0	0	0
Conviction not found to be materially relevant	0	0	1
Adjournments	2	0	3

Health Committee Annual Report 2024-25

Introduction

- 1. This is my fifth report to Council in respect of the Health Committee (HC), covering the period October 2024 to September 2025.
- 2. As the membership of the HC is identical and, except where prescribed otherwise by statute or rules, it works in the same manner as the Professional Conduct Committee (PCC); I only comment in this report about the specific aspects of the work of the HC.
- 3. Accordingly, this report should be read in conjunction with the annual report of the PCC.

Caseload

- 4. During 2024/25, the Health Committee has not needed to meet.
- 5. Data for the year and for the preceding two years is set out below.

Health Committee	01/10/2022 to 30/09/2023	01/10/2023 to 30/09/2024	01/10/2024 to 30/09/2025
Rule 6 Directions hearings	0	0	0
Rule 8 meetings	0	0	0
Applications to cancel a hearing under rule 36	0	0	0
Full hearings	1	0	0
Reviews of Suspension Orders	2	1	0
Interim Suspension Order applications	1	1	0

Health Committee Hearing outcomes	01/10/2022 to 30/09/2023	01/10/2023 to 30/09/2024	01/10/2024 to 30/09/2025
Findings of impairment of fitness to practise	1	0	0

Annex C to 8

Conditions of Practice Orders	1	0	0
Suspension	0	0	0
Interim Suspension Order imposed	0	0	0

6. The nature of ill-health and the degree of regulatory intervention required can vary enormously, but will often give rise to matters of sensitivity requiring careful handling. As a general rule, regulatory hearings are heard in public as a means of promoting transparency and public confidence. Health issues are a ground for departing from that general rule with hearings held in private so that evidence of a personal nature can be fully shared with the Committee, thereby enabling the best decisions to be made in the public interest.
7. The Committee is very alive to the fact that witnesses in such cases, specifically registrants themselves, are more likely to be vulnerable by nature of the health matters under discussion. HC members seek to reflect that vulnerability in the way in which hearings are managed.

Conclusion

8. Council is invited to:
- Note the contents of this report.
 - Ask questions of the author in respect of the work of the HC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Health Committee
14 October 2025



Council
19 November 2025
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 Assurance 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 quality assurance framework.
Welsh language implications	There are no implications for the Welsh Language arising from this paper.
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">• We are currently managing the highest number of open cases since 2017-18.• In this reporting period, there has been a significant increase in the number of concerns received (28) in comparison to the last quarter (19).• We have seen an increase in the number of alleged breach of boundary concerns. Currently 42% of the overall caseload relates to breach of boundaries concerns.• As of 30 September 2025, we have listed 16 of the 30 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A.• The IC met on 5 occasions and considered 13 cases in total.• During the reporting period seven cases were considered by the PCC, consisting of four substantive hearings, two rule 8 (consensual disposal) PCC meetings and one Rule 19 (cancellation of a hearing) case.• We have commenced a section 32 breach of title prosecution.	

Coe, Lorna
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Introduction

1. This report gives an account of activities of note that have been undertaken by the Regulation team since the previous report to Council.

Fitness to practise caseload and case trends

2. In this reporting period, the Regulation Department received 28 concerns, with 12 formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 16 concerns and 15 formal complaints were opened.
3. Of the 28 concerns; 11 related to a breach of boundaries, one related to poor communication, five related to conduct not linked to treatment, two related to a data breach, five related to inadequate treatment, one lack of insurance and three misuse of social media.
4. Of the twelve formal complaints, these related to; a transgression of boundaries (2), poor communication (1), conduct not linked to treatment (1), data breach (1), inadequate treatment (5), lack of insurance (1) and misuse of social media (1).
5. Currently 42% 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 currently at an all-time high, with five applications made in Q2, and so far four applications currently being made in Q3 2025-26.
6. As at 30 September 2025, the Regulation Department's fitness to practise caseload was 95 cases (67 formal complaints and 28 concerns). In comparison, the Regulation department's fitness to practise caseload as of 30 September 2024, was 70 cases (57 formal complaints and 13 concerns). This represents the highest number of open cases since 2017-18. 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, with this quarter 28 concerns being received).
 - Over Q1 and Q2 2025-26 screeners have referred more concerns to the Investigating Committee (13 during each quarter). 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.

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- The number of third party cases over the last few years, as previously reported to Council, has impacted the number of live cases as these cases remain open for longer due to ongoing police investigation and/or court procedures.
7. We continue to encounter delays in the progress of some cases related to third-party investigations. During the reporting period 24% of our total caseload is currently, or has been, with third parties. This represents a slight increase from the previous quarter (23%).
 7. We also continue to experience ongoing difficulties in terms of engaging complainants, which has also had an impact on our ability to progress some cases expeditiously. This has been challenging, particularly over this reporting period because of the high number of serious concerns we have received.
 8. We are managing several serious cases involving vulnerable patients and have been managing fluctuations in their engagement with the FtP process. In these cases we continue to utilise the momentum from our 'tone of voice' training to encourage engagement and we have, in some cases, managed to re-engage with witnesses. However this has negatively impacted the overall time taken to progress the case.
 9. 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), three of which no ISO was imposed. However the IC did impose an ISO on one registrant. One application for an ISO was made to the PCC, which was imposed.
 10. During this quarter seven cases were considered, including four substantive hearings, two Rule 8 PCC meetings and one PCC Rule 19 consideration, with a total of 11 PCC hearing days during the reporting period.

Fitness to practise case progression

11. 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	9 weeks

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

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

13. The IC KPI was also met during this reporting period.

14. The median output of the PCC cases was 72 weeks. Third party cases did not make a difference to any of the KPI outputs this quarter. Some of the cases considered by the PCC were complex for a variety of reasons, such as: the complete disengagement of a witness in one case at the PCC stage, a previous adjournment in another case; and sadly one witness in another case passed away. The progression of these complex matters meant that the overall output against the KPI at this stage was higher than we had anticipated.

15. We are pleased to report that substantial progress has been made this quarter in listing cases for final hearing. 16 of the 30 cases at the PCC stage have now been scheduled for hearing. This includes three complex, multifactorial cases that have each been listed for 10 day hearings. A detailed breakdown of these cases is set out in the dataset in the Annex to this paper.

Third party investigations - data comparison

16. 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 3 rd party cases	Median age excluding 3 rd party cases	Total number of 3 rd party cases at each stage
Pre-screener stage	9 weeks	9 weeks	3 (11%)
IC stage	31 weeks	29 weeks	7 (21%)
PCC stage	96 weeks	67 weeks	12 (40%)
Total	32 weeks	25 weeks	22 (24%)

Cross regulation meetings

17. The Head of FtP attended an online meeting with other regulators which was led by the General Dental Council (GDC) that presented their findings on sexual misconduct as well as any responses and insights. Essentially what was taken from this session is that, similar to the GOsC, sexual boundaries concerns appears to be increasing at the GDC.
18. On 29 September 2025, the Director of FtP and Head of FtP attended an in person meeting with another regulator (non-healthcare) to discuss and provide insights into more effective ways of working and case management and progression in response to an invitation from the regulator.

IC induction training

19. On 14 July 2025, the Regulation team arranged induction training for new IC members. At the session new IC members received training on the Investigating Committee role and function including 'Case to Answer' and 'Unacceptable Professional Conduct' and Interim Orders, as well as Equality and Diversity training with both sessions being delivered by Capsticks solicitors.

Professional Conduct Committee (PPC) chairs training

20. On 24 September 2025, the Regulation team arranged online Chairs training for PCC/HC panellists, which was delivered by the PCC chair as well as an experienced legal assessor to lay members. This event focussed on best practice and skills required to chair a hearing, including softer skills relating to witness management. This event was well received and we are currently arranging further dates later this year / early next year for those who were unable to make the September session.
21. We have also now scheduled the annual training days for the IC and PPC/HC Committee's. The IC training day will take place on 16 February 2026 and the PCC training day is to take place on 14 January 2026.

Section 32 prosecution

22. The Regulation team have commenced a prosecution against an individual for breaching the title 'Osteopath'. The date of the court hearing has now been set for 25 November 2025. It is alleged that the individual implied from her website that she is an Osteopath, despite not being registered with the GOsC. Despite attempts to ask this individual to rectify their website, she failed to do so. A prosecution was commenced in line with our Enforcement Policy. We will report to Council the outcome of this hearing in due course.

Coe, Lorna
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Executive view

23. 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.

Coe, Lorna
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Annex A to 9

Fitness to practise dashboard 01 July 2025 to 30 September 2025 (Q2)

Case progression – at a glance

- We have received 28 new concerns during the reporting period, this represents a significant increase from the previous quarter (19 concerns).
- The Investigating Committee (IC) met remotely on five occasions and considered 13 cases.
- During this reporting period the Professional Conduct Committee (PCC) considered seven cases, concluding six.

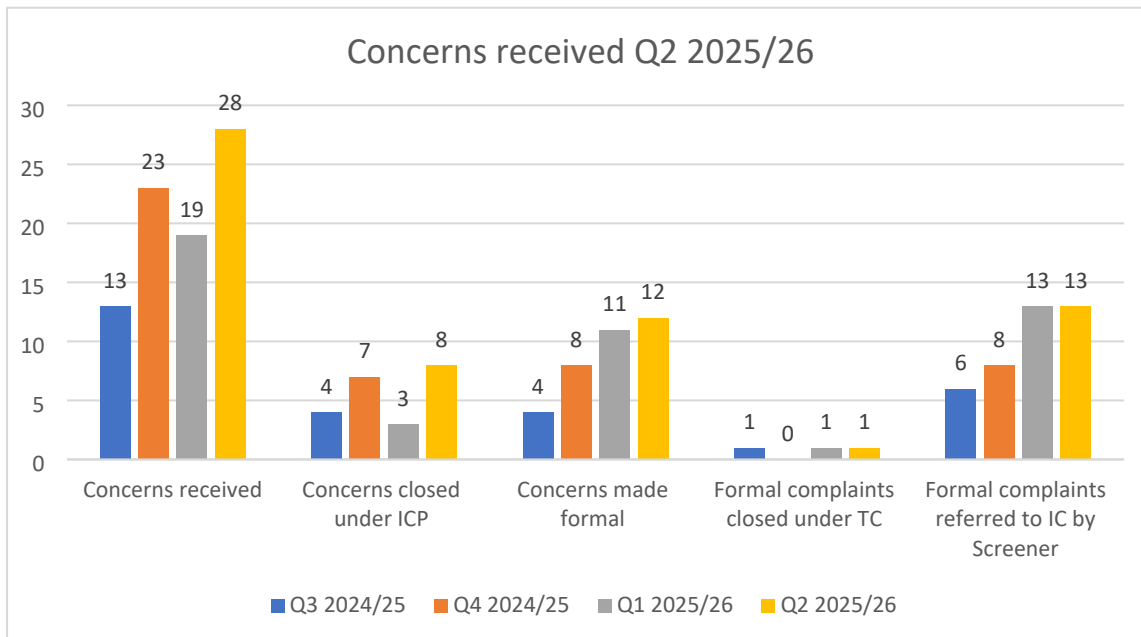
Referrals Received	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Formal complaints referred to IC by Screener	6	8	13	13
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	34	24	29	34
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	19	32	29	30
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	3	5	6	16
PCC/HC Cases part heard (as at end of quarter)	2	1	2	2
Formal complaints open (as at end of quarter)	57	56	62	67
Cases that need review hearings (as at end of quarter)	4	3	4	3

Age of Caseload from Date Received	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
52 weeks – 103 weeks	20	19	19	16
104 weeks – 155 weeks	10	10	14	9
156 weeks and above	1	3	6	7

New Referrals

- We have received 28 new concerns during the reporting period. Eight cases were closed under the Initial Closure Procedure (ICP).
- One case was closed under the threshold criteria.
- There were 22 cases considered by screeners, 13 of these were referred to the IC.

Annex A to 9



Referrals Received	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Concerns received	13	23	19	28
Concerns closed under ICP	4	7	3	8
Concerns made formal	4	8	11	12
Formal complaints closed under TC	1	0	1	1
Formal complaints referred to IC by Screener	6	8	13	13

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	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Self-referral by the registrant	0	0	1	1
Registrar's allegation	0	0	1	0
Non-NHS employer	0	0	0	0
Patient or service user	3	6	14	9
NHS	0	0	0	0
Another registrant	0	1	1	0
Anonymous informant	0	0	0	0
Another regulatory body	0	0	0	0
Any other informant	1	1	2	2
Total	0	8	19	12

Annex A to 9

Allegations in formal complaints	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Conduct	4	6	19	12
Conviction	0	1	0	0
Competency	0	0	0	0
Adjunctive therapies	0	0	0	0
Health	0	1	0	0
Total	4	8	19	12

Key Performance Indicators

- The Screener KPI was met, at six weeks.
- The Investigating Committee KPI was also met, at 26 weeks.
- The Professional Conduct Committee KPI was not met.

Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Screening	Median time from receipt of concern to the screener's decision	9 weeks	4 weeks	8 weeks	6 weeks	9 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	48 weeks	52 weeks	51 weeks	26 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	67 weeks	82 weeks	91 weeks	72 weeks

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Annex A to 9

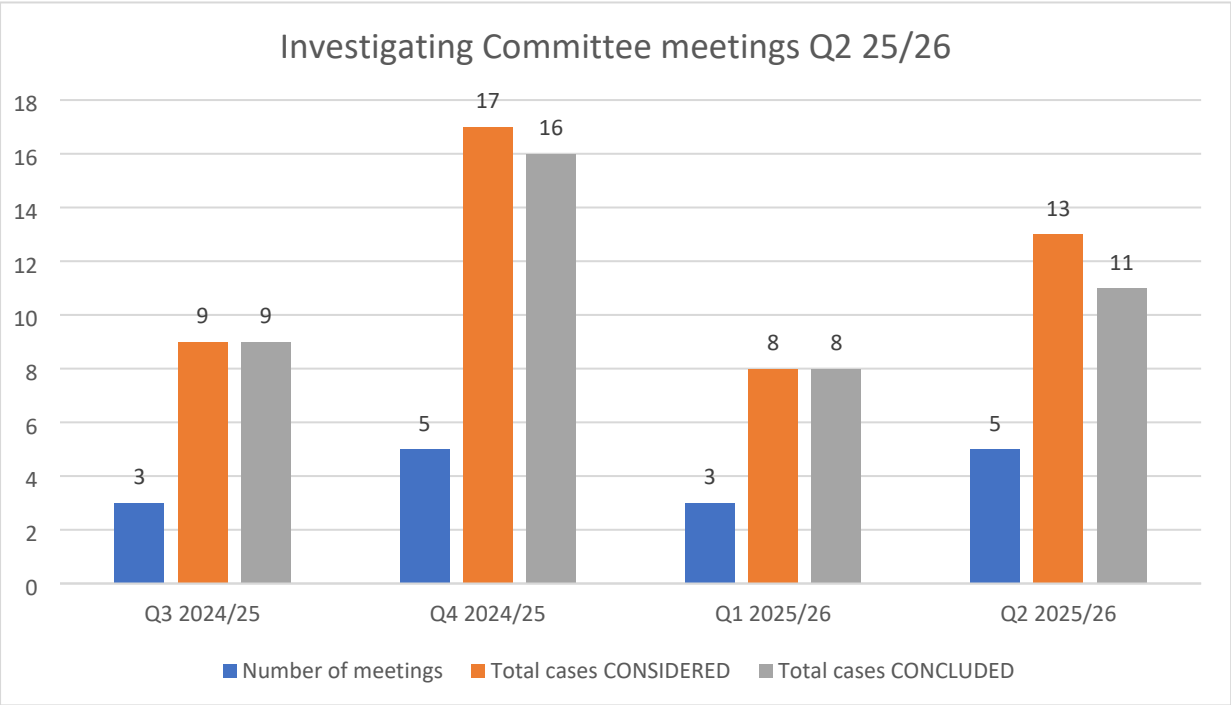
Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Median	4 weeks	9 weeks	6 weeks	9 weeks
Longest case	27 weeks	24 weeks	22 weeks	33 weeks
Shortest case	0 weeks	1 week	0 weeks	1 week
Time from receipt of complaint to final IC decision (26 weeks)	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Median	57 weeks	52 weeks	51 weeks	26 weeks
Longest case	217 weeks	123 weeks	84 weeks	110 weeks
Shortest case	13 weeks	6 weeks	29 weeks	26 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Median	29 weeks	49 weeks	36 weeks	43 weeks
Longest case	32 weeks	49 weeks	80 weeks	153 weeks
Shortest case	16 weeks	49 weeks	18 weeks	24 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Median	67 weeks	82 weeks	91 weeks	72 weeks
Longest case	94 weeks	82 weeks	141 weeks	174 weeks
Shortest case	52 weeks	82 weeks	43 weeks	72 weeks
Median time to interim order committee decision:	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
From receipt of referral	NA	3 weeks	5 weeks	23 weeks
From decision that there is information indicating the need for an interim order	NA	2 weeks	3 weeks	5 weeks

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Investigating Committee

- The IC met remotely on five occasions during the reporting period and considered 13 cases.
- The IC KPI was met during this quarter, at 26 weeks.
- The number of cases at the IC stage has increased from 29 to 34 cases. This is due to consistently higher referral rate from screeners to the IC, particularly over the last two quarters.
- 7 of the 34 cases (21%) at the IC stage are currently recorded as third party.
- The IC considered four Interim Suspension Order (ISO) application during the reporting period.
- The output against the timescale (from receipt of referral) to apply for an Interim Suspension Order (ISO) hearing is higher than usual over the reporting period. This is because in four out of the five ISO applications the complainants were particularly vulnerable individuals. This meant that obtaining their consent to engage in the FtP process at the initial stages (pre-screener) proved to be difficult and took much longer than we anticipated This difficulty aligns with what we identified and reported to Council as a trend, that there are difficulties in engaging vulnerable witnesses in serious cases.



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Annex A to 9

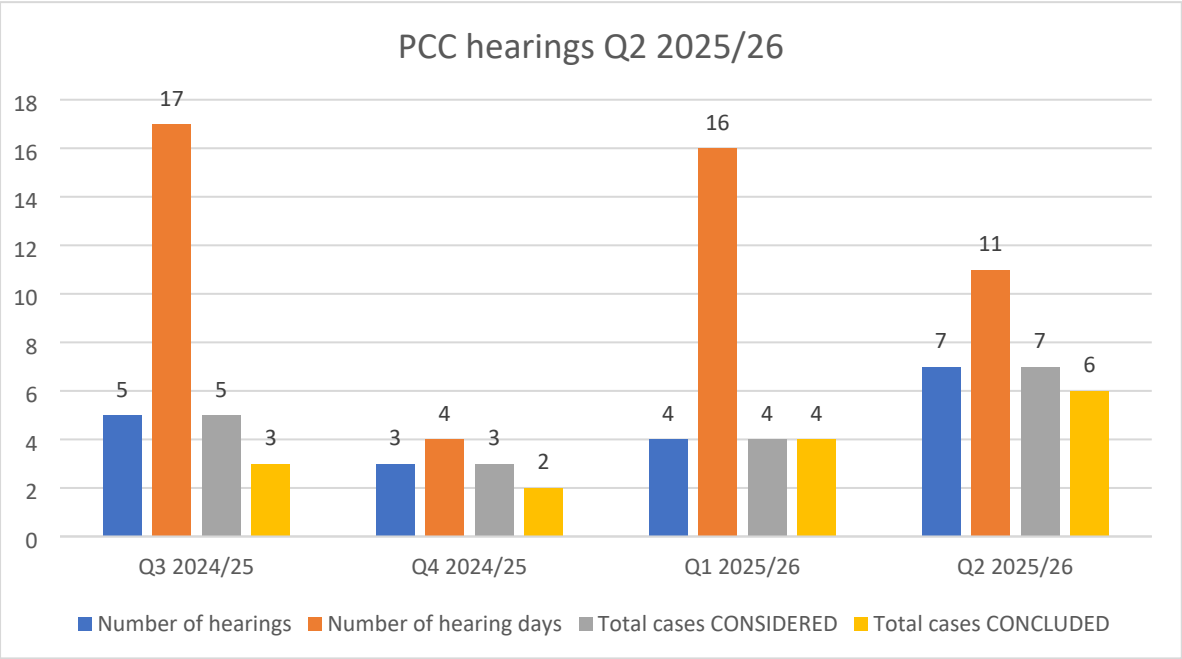
Investigating Committee Decisions	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
No Case to Answer	4	1	4	3
No Case to Answer with advice	0	1	1	0
Referred to PCC	5	14	3	7
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	0	1	0	2
Stayed	0	0	0	0
Rule 19 comments	0	0	0	1

Professional Conduct Committee

- During the reporting period seven cases were considered by the PCC consisting of four substantive hearings, two rule 8 PCC meetings and one PCC Rule 19 consideration. One of the PCC Substantive hearings went part heard.
- The number of cases at the PCC stage has increased by one case from 29 to 30 cases over the quarter.
- 40% of cases at the PCC stage are third party cases which is a slight decrease from 41% at the end of the previous quarter.
- There are 30 cases at the PCC stage. The breakdown of which are as follows:
 - Eight cases are being prepared for service on the Registrant.
 - In one case 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.
 - In one case we are waiting the outcome from a trial, now set for April 2026.
 - In one case we are progressing a rule 19 application to discontinue the case.
 - In three cases we are waiting the listing questionnaire from the Registrant before we can schedule the hearing.
 - In 16 cases we have listed the hearing.

Annex A to 9

Professional Conduct Committee Hearings	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Number of hearings	5	3	4	7
Number of hearing days	17	4	16	11
Total cases CONSIDERED	5	3	4	7
Total cases CONCLUDED	3	2	4	6



PCC Decisions	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Allegation not 'well founded'	1	0	1	2
Admonished	0	1	1	1
Conditions of Practice	0	0	1	0
Suspension	0	0	0	0
Removal	0	0	0	0
Rule 19	0	0	0	1
Adjourned	2	0	0	1
Conditions/Suspension to expire at end of order	0	1	0	0
Rule 8 Admonishment	2	1	0	2
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	0	1	0

Health Committee

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

Interim Suspension Orders

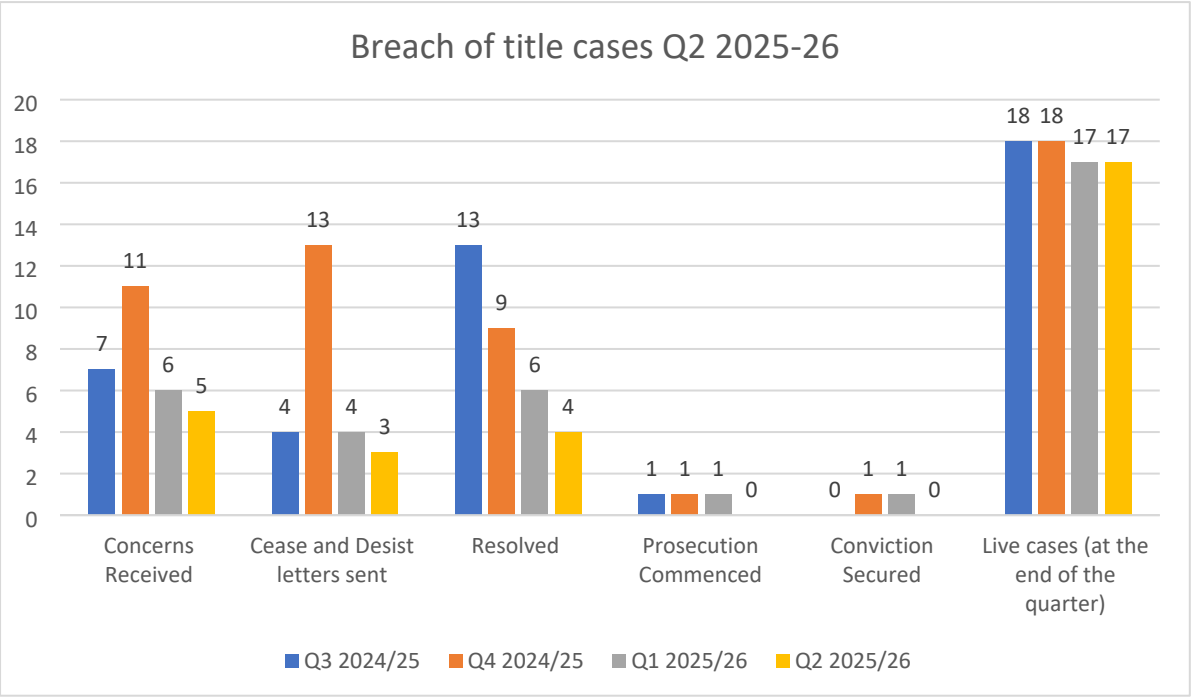
IC Interim Suspension Order Decisions	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Applications made	0	1	1	4
Interim Suspension Order imposed	0	1	0	1
Undertaking	0	0	0	0
Adjourned	0	0	0	0
Median time to IC decision from receipt of referral	N/A	N/A	5 weeks	23 weeks
Median time to IC decision from decision that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

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

Protection of Title

- There are currently 17 active Section 32 investigations as at 30 September 2025, the same number of cases recorded at the end of Q1.

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Protection of Title	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Concerns Received	7	11	6	5
Cease and Desist letters sent	4	13	4	3
Resolved	13	9	6	4
Prosecution Commenced	1	1	1	0
Conviction Secured	0	1	1	0
Live cases (at the end of the quarter)	18	18	17	17

Coe, Lorna
05/11/2025 14:57:42

Annex A to 9

Appeals

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

Total number of registrant appeals in the quarter which are:	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Ongoing	0	0	0	0
Opened	0	0	0	0
Concluded	0	0	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	Q3 2023/24	Q4 2023/24	Q1 2025/26	Q2 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 three voluntary removal applications in the reporting period – two pre-IC stage and one post IC – 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.	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Received	1	1	1	3
Granted	1	0	1	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.

	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Screener stage				
Formal concerns referred to IC by Screener	6	8	13	13
IC stage				
Concerns referred to the PCC	5	14	3	7
Awaiting IC consideration	34	24	29	34
PCC stage				
Awaiting PCC consideration	18	32	29	30
Awaiting PCC consideration – listed for hearing	3	5	6	16
PCC/HC Cases part heard	2	1	2	2
Cases that need review hearings	4	3	4	3
General statistics				
Formal complaints open	56	56	62	67

	Q4 2024/25	Q1 2025/26	Q1 2025/26	Q2 2025/26
Receipt to screener decisions (9 weeks)	9 weeks	9 weeks	6 weeks	9 weeks
Receipt to IC decision (26 weeks)	52 weeks	52 weeks	51 weeks	26 weeks
Receipt to PCC deicision (52 weeks)	82 weeks	82 weeks	91 weeks	72 weeks

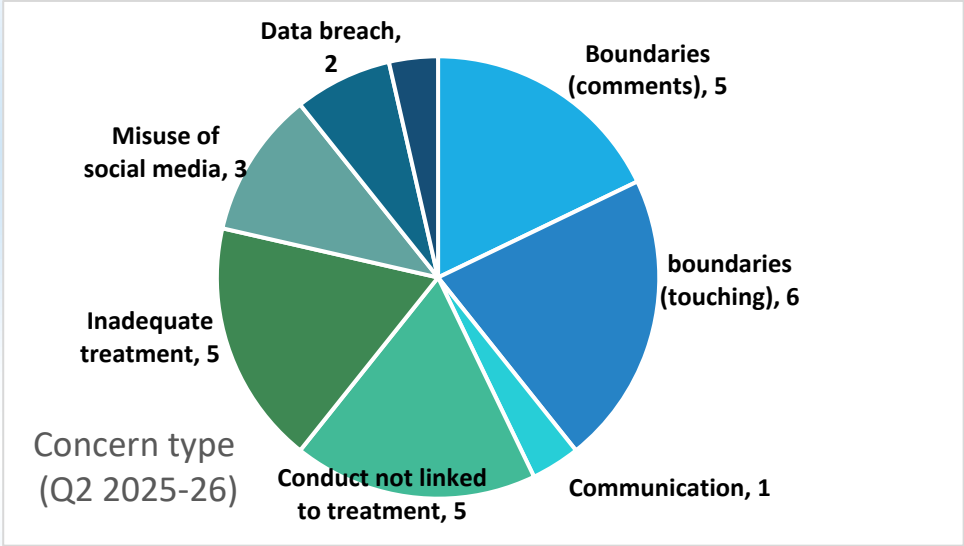
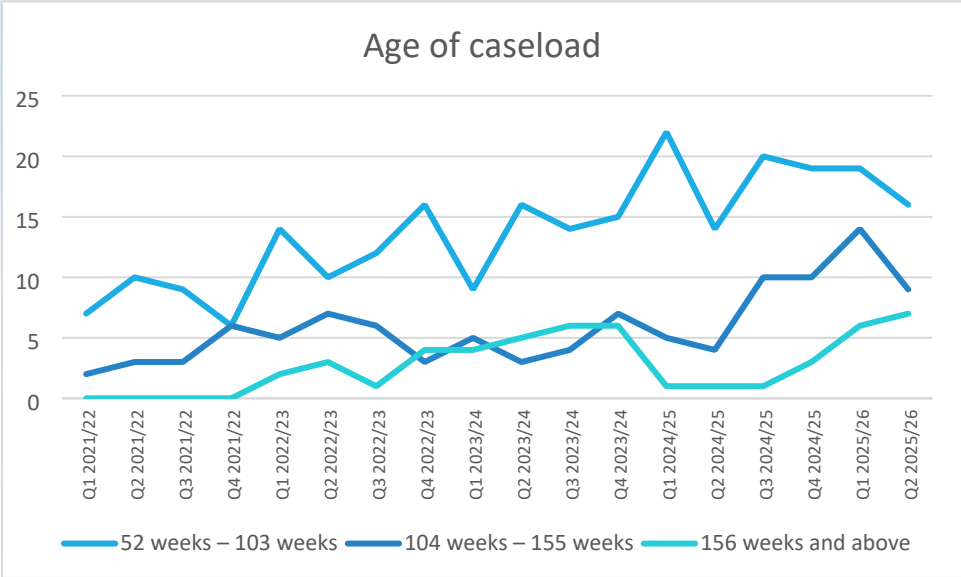
Third party statistics

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	9 weeks	9 weeks	3 (11%)
IC stage	31 weeks	29 weeks	7 (21%)
PCC stage	96 weeks	67 weeks	12 (40%)
Total	32 weeks	25 weeks	22 (24%)

Fitness to Practise dashboard
Age of Caseload

01 July 2025 – 30 September 2025 (Q2)

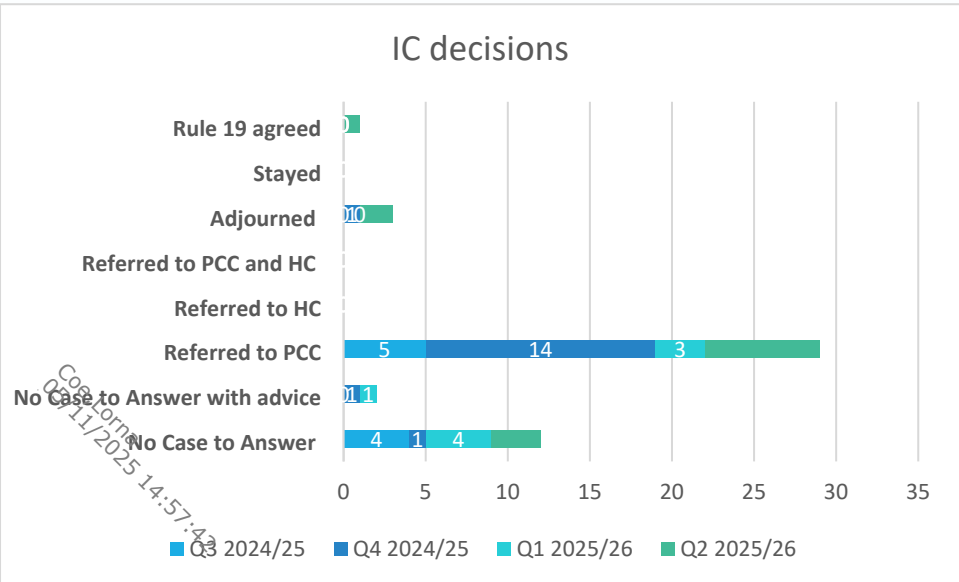
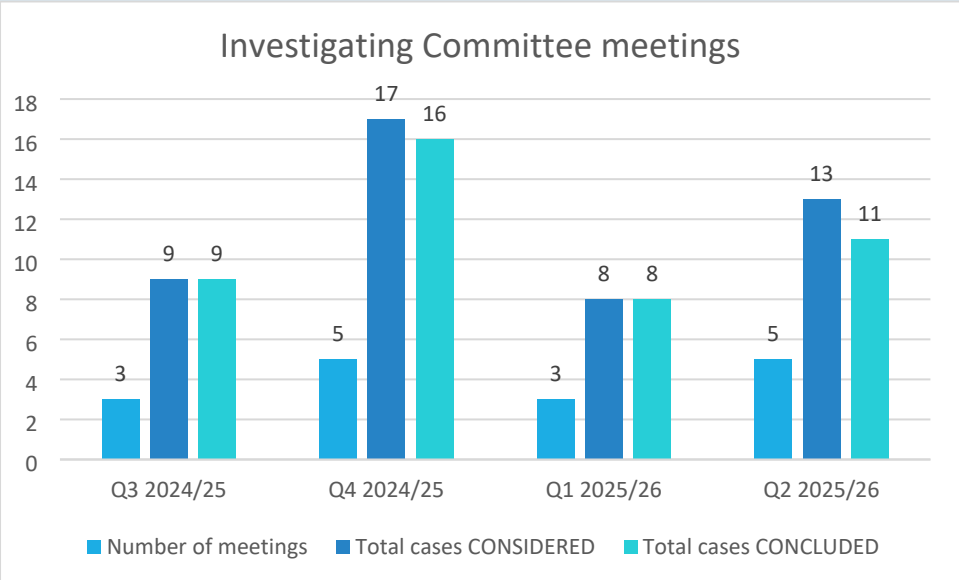
Annex B to 9



Screener stage

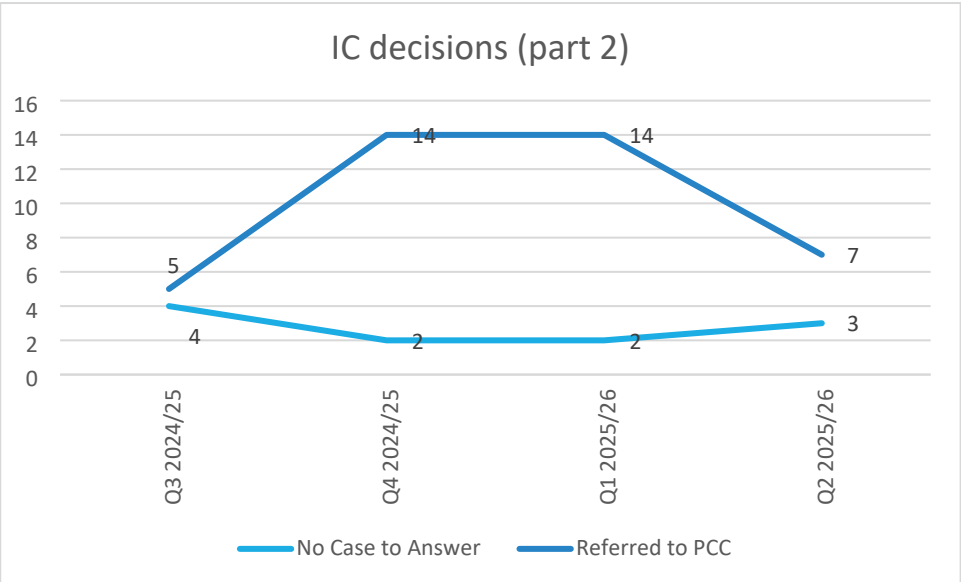
Referrals Received	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Concerns received	13	23	19	28
Concerns made formal	4	8	13	12
Screener decisions made	11	16	17	17

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

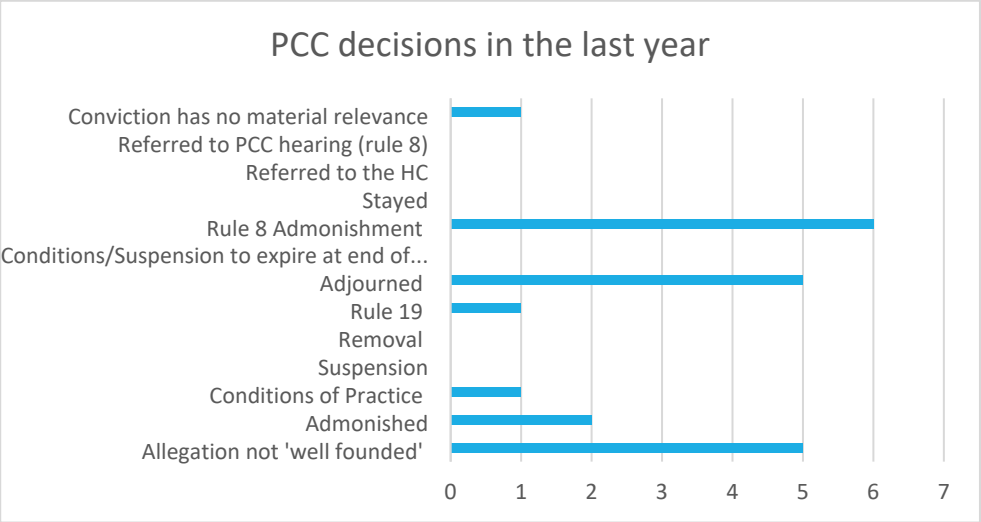
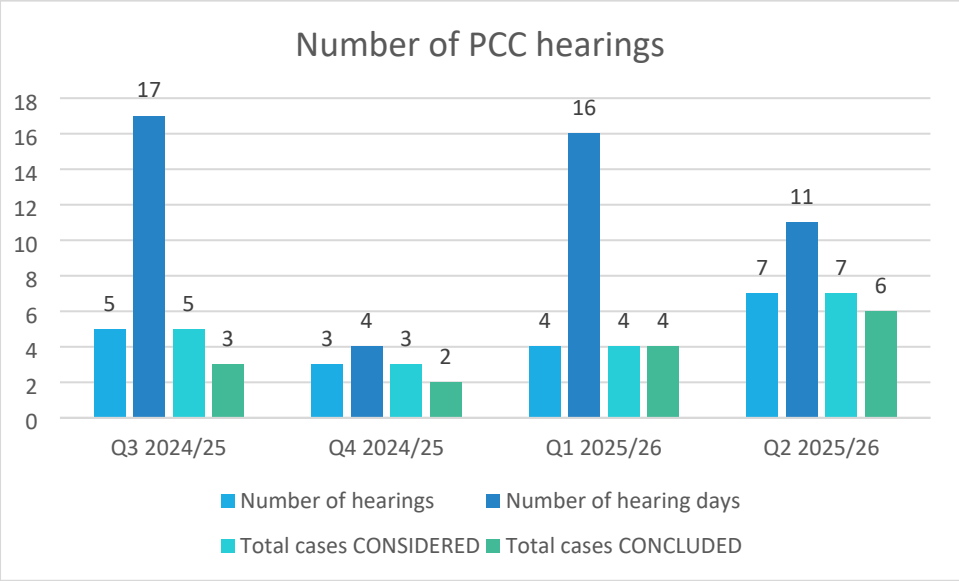


IC stage observations

- There were 13 cases referred to the IC by the screeners. This high referral rate follows a previously high referral rate last quarter.
- 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.

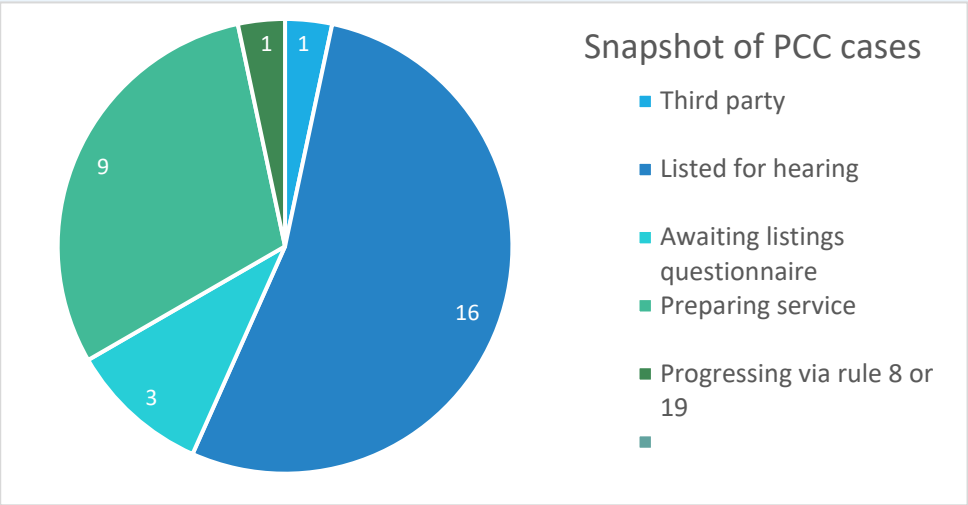


Professional Conduct Committee stage



PCC stage observations

- Seven cases were considered by the PCC during the reporting period.
- We have now scheduled 16 of the 30 cases at the PCC stage, a dramatic increase to the number of hearings scheduled in Q1. Included in this figure are a handful of lengthy and complex hearings that have been scheduled for the new year.



Council

19 November 2025

Section 32(1): Protection of title consultation analysis and next steps

Classification	Public
Action	For decision
Purpose of the paper	To provide Council with the results of the consultation on protecting the osteopathic title and to step out next steps.
Strategic Priority implications	Protecting the title aligns with the strategic priority of strengthening trust.
Standards of Good Regulation implications	This work relates directly to Standard 12.
Communications implications	We present an analysis of results of a public consultation in this paper. Our next steps indicate further engagement with the Department of Health and Social Care.
Financial, resourcing and risk implications	There are no financial costs associated with this work other than staff time to progress the activity. Of more significance is that a failure to act would present a patient protection risk and a risk of the professional title osteopath continuing to be undermined.
Patient perspectives	Strengthening how we protect the title osteopath will mean we enhance how we protect patients and the public.
Diversity implications	We requested EDI monitoring data from respondents. Only two people completed the form.
Welsh language implications	<p>We protect the osteopath title across all four countries and would take action against a breach of Section 32(1) if the breach was reported in Welsh in the same way as if the breach was in English.</p> <p>The consultation also specifically asked respondents to consider any possible effects of the approach set out in this consultation to changes in legislation might be for opportunities for osteopaths in Wales to use the Welsh language</p>



Annex(es)	A. Full consultation response (NB: 150 pages) B. Institute of Osteopathy consultation response C. National Council for Osteopathic Research consultation response D. Advertising Standards Authority consultation response
Author	Matthew Redford, Stacey Clift
Background reading	PSA Standards of Good Regulation Council agreement to launch consultation - February 2025

Recommendation(s)	<ol style="list-style-type: none">1. Council note the consultation responses set out in the Annexes.2. Council agree that the Executive engage with Department of Health and Social Care to seek a change to Section 32(1) of the Osteopaths Act 1993.3. Council note the work we are undertaking with the Advertising Standards Authority.
Key messages <ul style="list-style-type: none">• The public consultation on strengthening protections around the title osteopath generated 372 responses via the online form and three separate organisational responses.• There is overwhelming support for GOsC to try to seek an amendment to the Osteopaths Act 1993.• Council is asked to confirm their agreement that we seek an amendment to the Act.• We are also working with the Advertising Standards Authority to protect the title osteopath.	

Introduction

1. Section 32(1) of the Osteopaths Act 1993 sets out provisions for the protection of the title osteopath.
2. We became aware of unregulated individuals aligning themselves with the osteopathic title which presents a risk to patient protection and undermines the reputation of the profession. We issued a public consultation on this matter.

Discussion

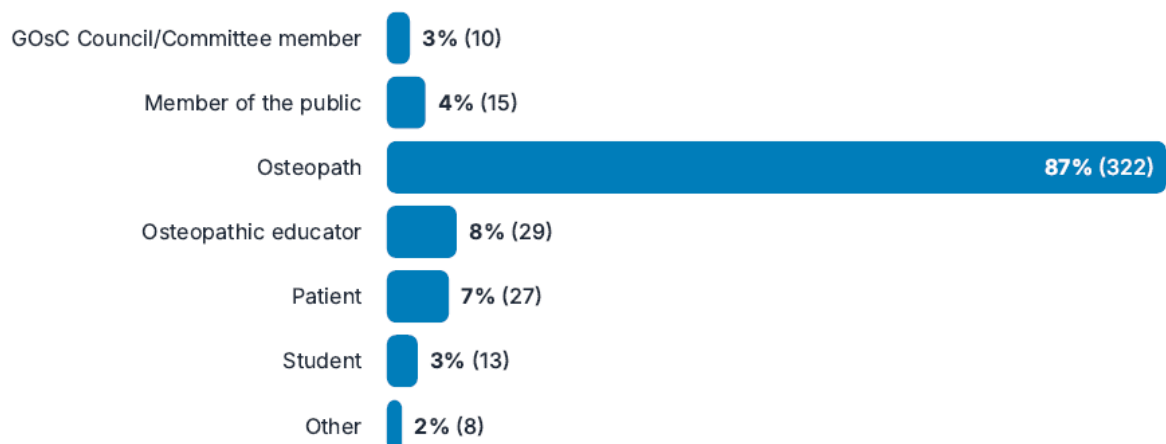
3. The consultation ran between June and October 2025 on strengthening the protection of title remit. We held two online webinars with the profession and one patient focused webinar. We had 32 osteopath attendees across the two webinars with nine people attending the patient focused webinar.
4. The consultation generated 372 responses via the online form and three separate organisation responses, being from the Institute of Osteopathy (iO), the National Council for Osteopathic Research (NCOR) and the Advertising Standards Authority (ASA).

Summary of results

5. The quantitative results from the survey questions are as follows:

2. Please let us know in what role you are answering these questions:

Responses: 372

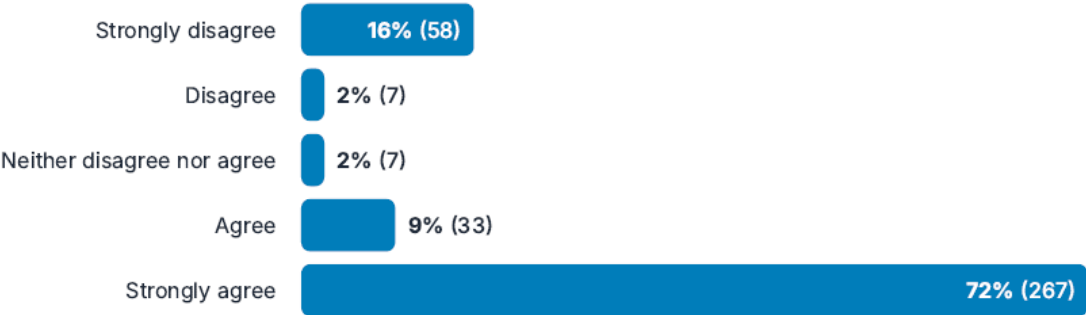


- It is pleasing to see 87% of respondents were from osteopaths, 8% osteopathic educators and 7% patients.
- Contained within the 8% of 'other' respondents included: retired osteopaths, chiropractors, a statutory healthcare regulator and the President of the Norwegian Association of Osteopaths.

Coe, Lorna
05/11/2025 14:57:42

4. To what extent do you agree or disagree that an important part of the GOsC's role is to protect the osteopathic title?

Responses: 372



- There was overwhelming agreement that it is an important role of the GOsC to protect the osteopathic title. Some key themes arising from the responses are set out below.

What does title protection provide	How osteopaths feel about title being misused	How osteopaths and patients feel about title being misused
Defines the profession	Derogatory	Danger to public
It's within the GOsC remit as its core role	Insulting	Erosion of protection
Protecting the title prevents misrepresentation and loopholes being exploited	Four years to study as an osteopath, takes a considerable amount of time and money	Safety concerns
Clear to public the training an osteopath has had	Profession needs protecting	Second rate treatments being delivered
Osteopaths pay a large registration fee for this protection	Damages and undermines the profession and affects confidence in it	Goes against building public trust

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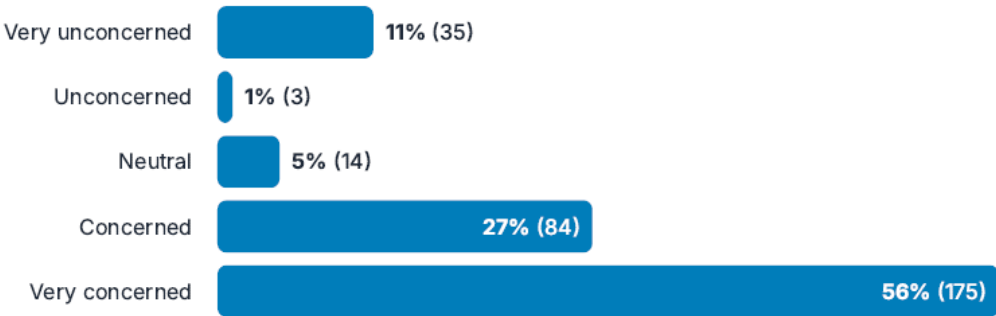
6. Are you aware of a growing trend of people using osteopathic terms to promote their services when they are not registered with the GOsC?

Responses: 371



7. If you answered yes, are you concerned about this?

Responses: 311

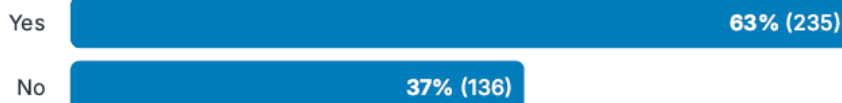


- The consultation demonstrated that people were aware of the growing trend of people aligning themselves to the osteopathic title, with the majority of respondents feeling concerned or very concerned about this trend (83%).
- Some of the key messages arising from the consultation response include:

Reason for feeling concerned	Impact
Public protection	Patients may not be aware that someone is unregulated and who may not be an osteopath
	Potential for harm to patients
	Potentially no redress for patients
Impact on reputation of profession	The use of the term osteopath is protected and should only be used by those who have earned the right
	Undermines/dilutes the quality of education and training undertaken by osteopaths
	Negatively affects public opinion

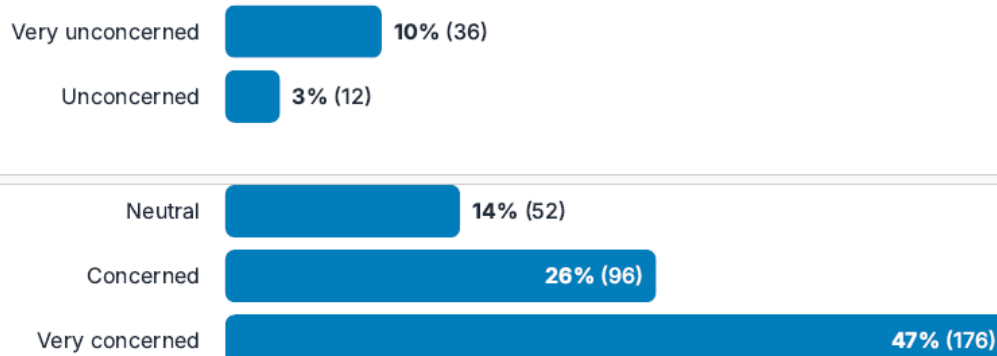
9. Are you aware of osteopaths teaching 'osteopathic approaches' to people who are not on the GOsC Register?

Responses: 371



10. Are you concerned about osteopaths teaching 'osteopathic approaches' to people who are not on the GOsC Register?

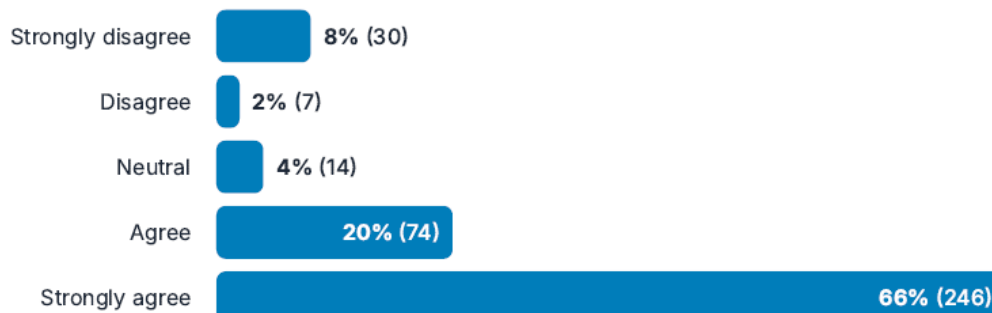
Responses: 372



- 63% of respondents were aware that osteopaths are teaching 'osteopathic approaches' to people not registered with GOsC, with 73% of people concerned or very concerned about this happening.
- Respondents raised concerns over whether people attending those courses had been trained to a sufficient level as well as concerns around courses being offered undermining the wider profession.

13. To what extent do you agree or disagree, that GOsC should seek an amendment to the Osteopaths Act 1993 to add greater protection for the title osteopath?

Responses: 371



- There was overwhelming support for GOsC seeing an amendment to the Osteopaths Act 1993 – 86% of respondents.

14. If the GOsC gets agreement from the Department of Health and Social Care to change the law, which additional terms do you think we should request to be added?

Responses: 367

Osteopathic techniques



Osteopathic manipulation



Osteopathic articulations



Osteopathic treatment



Osteopathic modalities



Anything added in front of the word osteopath or osteopathy (prefixes)



Other



- This consultation question asked respondents what additional phrases/terms we may want to seek included in an amended Osteopaths Act. We also sought feedback on other phrases.
- There was significant agreement to the phrases/terms that we included in the consultation response with a range of additional terms reflected in responses. Respondents' priority terms/ phrases to be included were as follows:

Coe, Lorna
05/11/2025 14:57:42

Osteopathic Term/Phrase
1. Treatment (96%)
2. Manipulation (94%)
3. Technique (93%)
4. Modalities (90%)
5. Prefixes (89%)
6. Articulations (88%)
7. Other (48%)

- Additional terms reflected in the responses tended to include additional prefixes or additional treatment types such as:

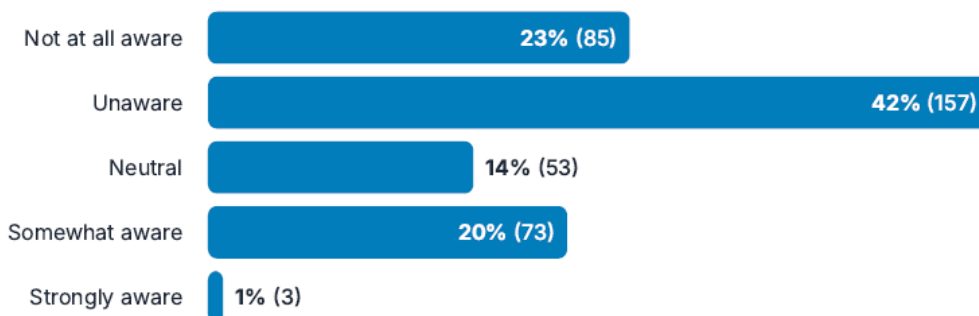
Additional Terms	
Prefixes	Treatment Types
Approach	Cranial
Philosophy	Animal
Principles	Osteomyologist
Practitioner	Massage
Diagnosis	
Care	
Therapist	

- Under the additional terms, there were also some comments made about the term 'Retired Osteopath,' with some respondents feeling that a balance should be created here around a retired osteopath being able to acknowledge their professional identity, whilst still safeguarding the public.
- We also asked respondents which organisations they felt we should be collaborating with. There were a range of responses, including but not limited to, Advertising Standards Authority, the Institute of Osteopathy, other healthcare regulatory bodies (frequently cited were GCC, HCPC, GMC, NMC

or more generally AHPs), Academy of Physical Medicine, RAMP, Insurers, Patient advocacy groups, Trading Standards and the Professional Standards Authority.

18. Do you think that patients are aware that these options are available for them to check if a practitioner is an osteopath registered with the GOsC?

Responses: 371

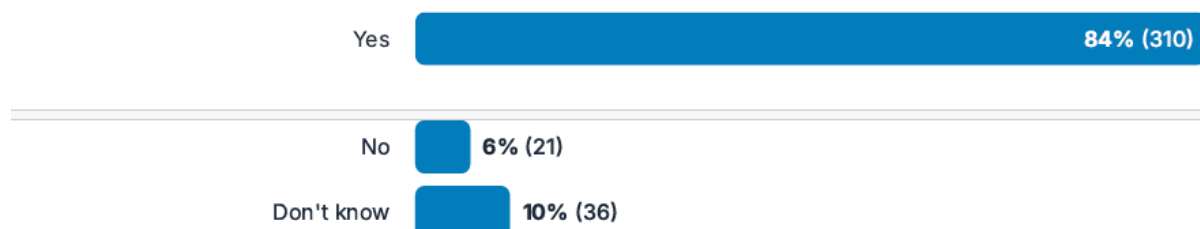


- 65% of consultation responses felt patients were unaware of the options available for them to check if a practitioner is a registered osteopath, although a fifth of respondents (20%) felt patients were somewhat aware.
- In asking what might help raise awareness for patients many of the responses spoke about public awareness campaigns and promoting osteopathy better, which is something outside the remit of statutory regulators, but which is within the remit of professional associations.
- Other activities cited that might help raise awareness included use of social media to promote the importance of regulation, the GOsC Register and what assurances this gives. GOsC Registered marks being made mandatory on registrants' websites and visible in clinics, with the suggestion of one single mark – 'Registered and Qualified' and to implement greater use of registration number when osteopaths are communicating with patients.

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23. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes: a. protecting, promoting and maintaining the health, safety and well-being of the public. b. promoting and maintaining public confidence in the profession of osteopaths. c. promoting and maintaining proper professional standards and conduct for osteopaths

Responses: 367



- The overwhelming majority of responses agreed that the approach we are outlining supports our overarching objective of public protection.

25. Above, we explain how we have considered what the possible effects of the approach set out in this consultation to changes in legislation might be for opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?

Responses: 250



Summary

- It is clear that there is overwhelming support for the GOsC to seek a change to legislation. With the agreement of Council we will now engage further with the DHSC and seek to progress this activity so we can expand our remit under Section 32(1) of the Osteopaths Act 1993.

Advertising Standards Authority

- While we recognise that legislation can take some time to change and there is no guarantee that a change will indeed happen, we are not resting on our laurels and have been pursuing a supplementary route to protecting the osteopathic title.
- We have been working with the Advertising Standards Authority (ASA) and submitting concerns to them where we consider advertising by unregulated individuals not to be legal, decent and honest. The ASA have engaged positively and have helped resolve instances of individuals aligning themselves to the osteopathic title. We will continue to use this approach in the weeks and months ahead.

9. Additionally, we are exploring whether the ASA would be interested in a joint-statement with us explaining the value of these regulatory actions against unregulated individuals.

Executive view

10. We are very pleased with the level of positive engagement held with the profession and patients and with the high response rate to our consultation. The results of the consultation are unsurprising to us and we will now begin to progress work with the DHSC about a change to the legislation.
11. We also consider the work with the ASA to be novel and potentially beneficial to addressing concerns of registrants about protection of their title. The Director of Regulation and Head of Regulation are engaging ASA on this work, will continue to progress activity and will report to Council at future meetings.

Recommendations

1. Council note the consultation responses set out in the Annexes.
2. Council agree that the Executive engage with Department of Health and Social Care to seek a change to Section 32(1) of the Osteopaths Act 1993.
3. Council note the work we are undertaking with the Advertising Standards Authority.

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Consultation on strengthening protection of the title 'osteopath': Amending Section 32(1) of the Osteopaths Act 1993

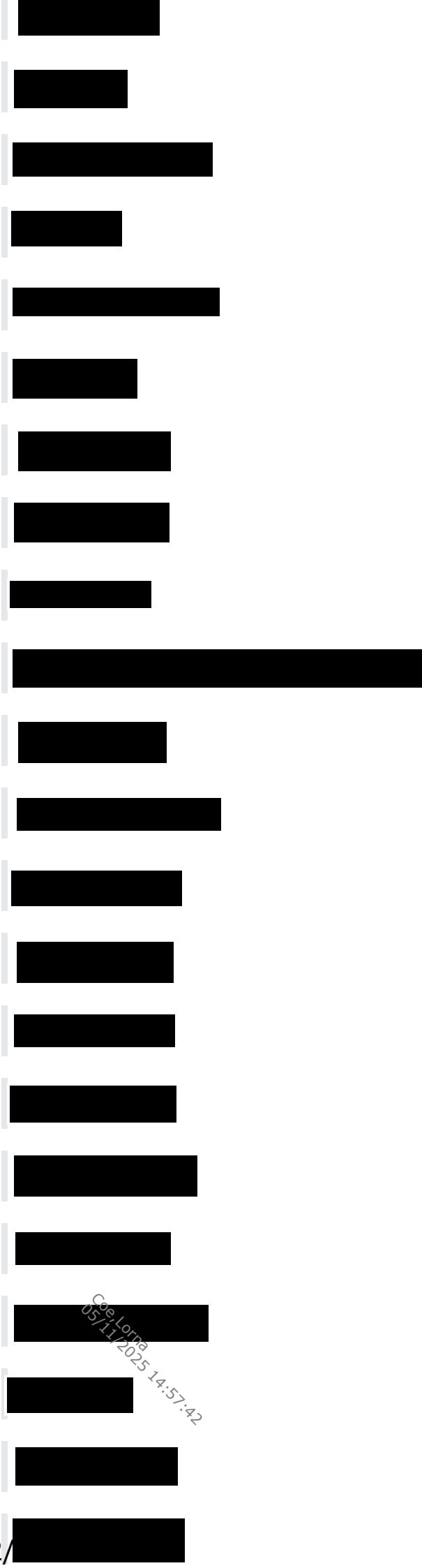
About you

1. Please provide your name or the name of your organisation, if replying on behalf of an organisation (optional)

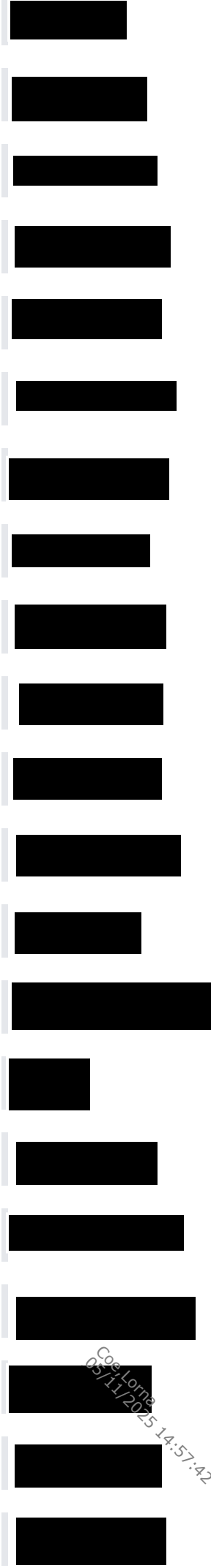
Responses: 265

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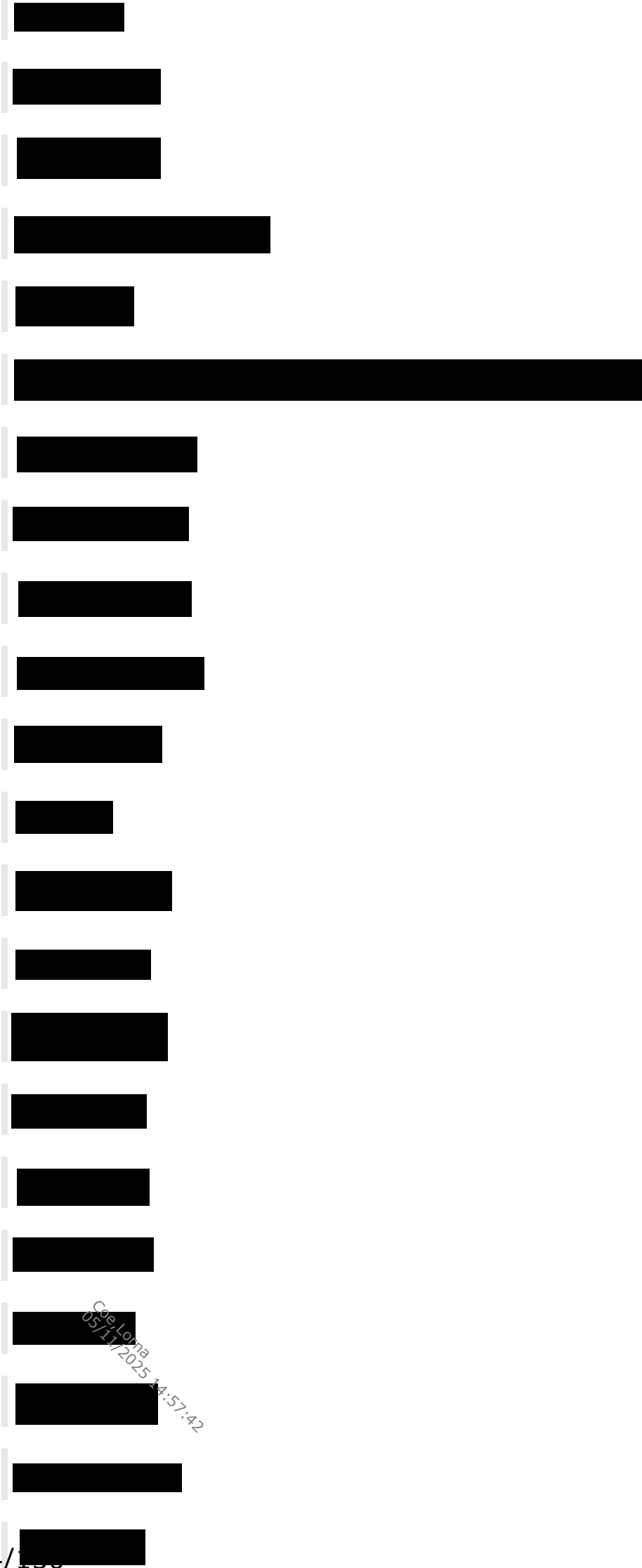
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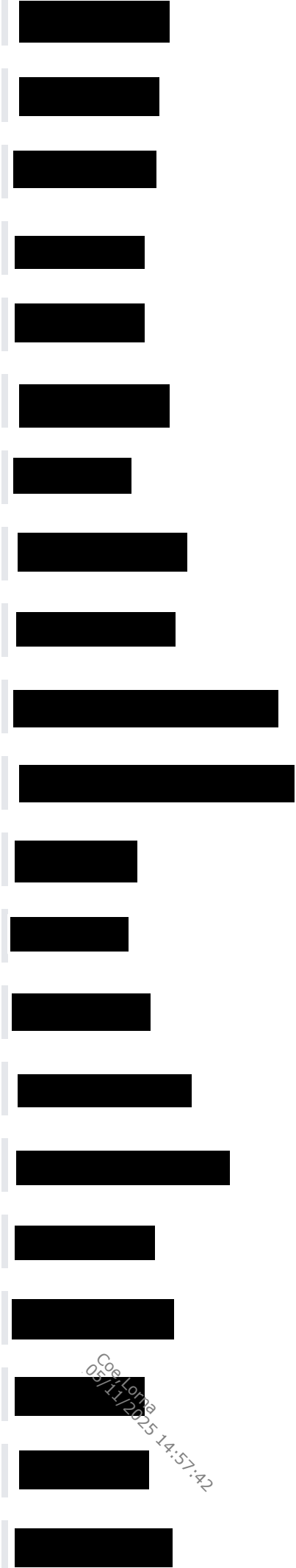
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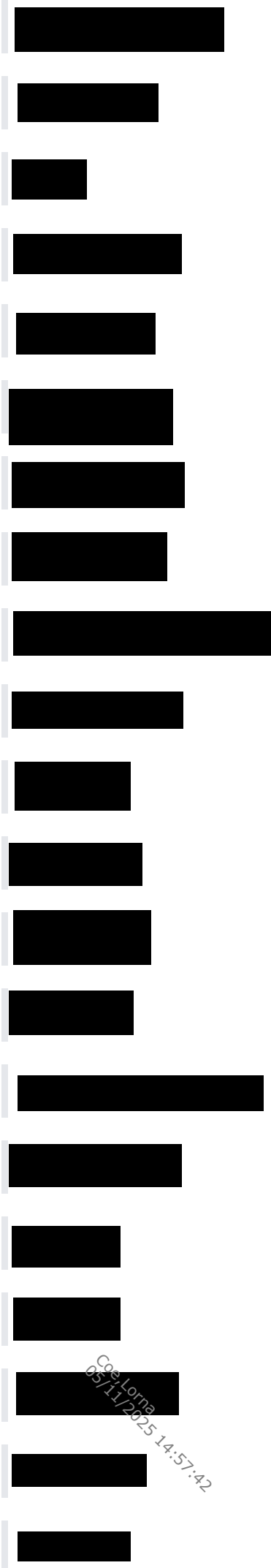
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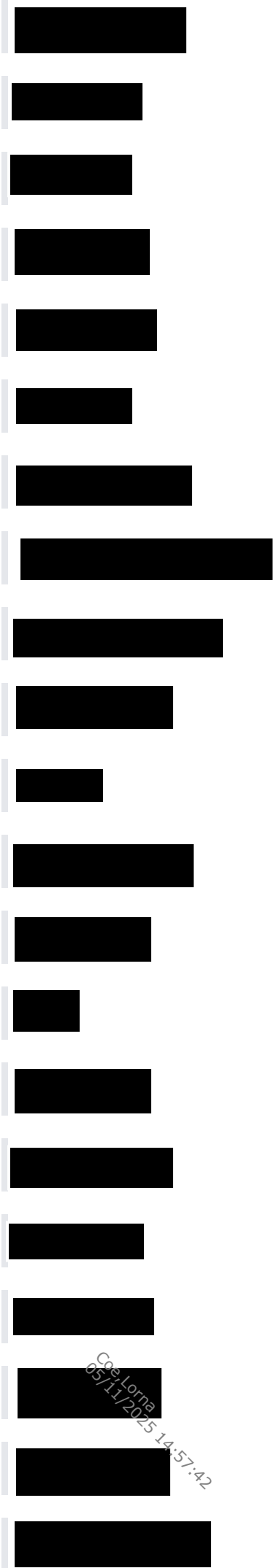
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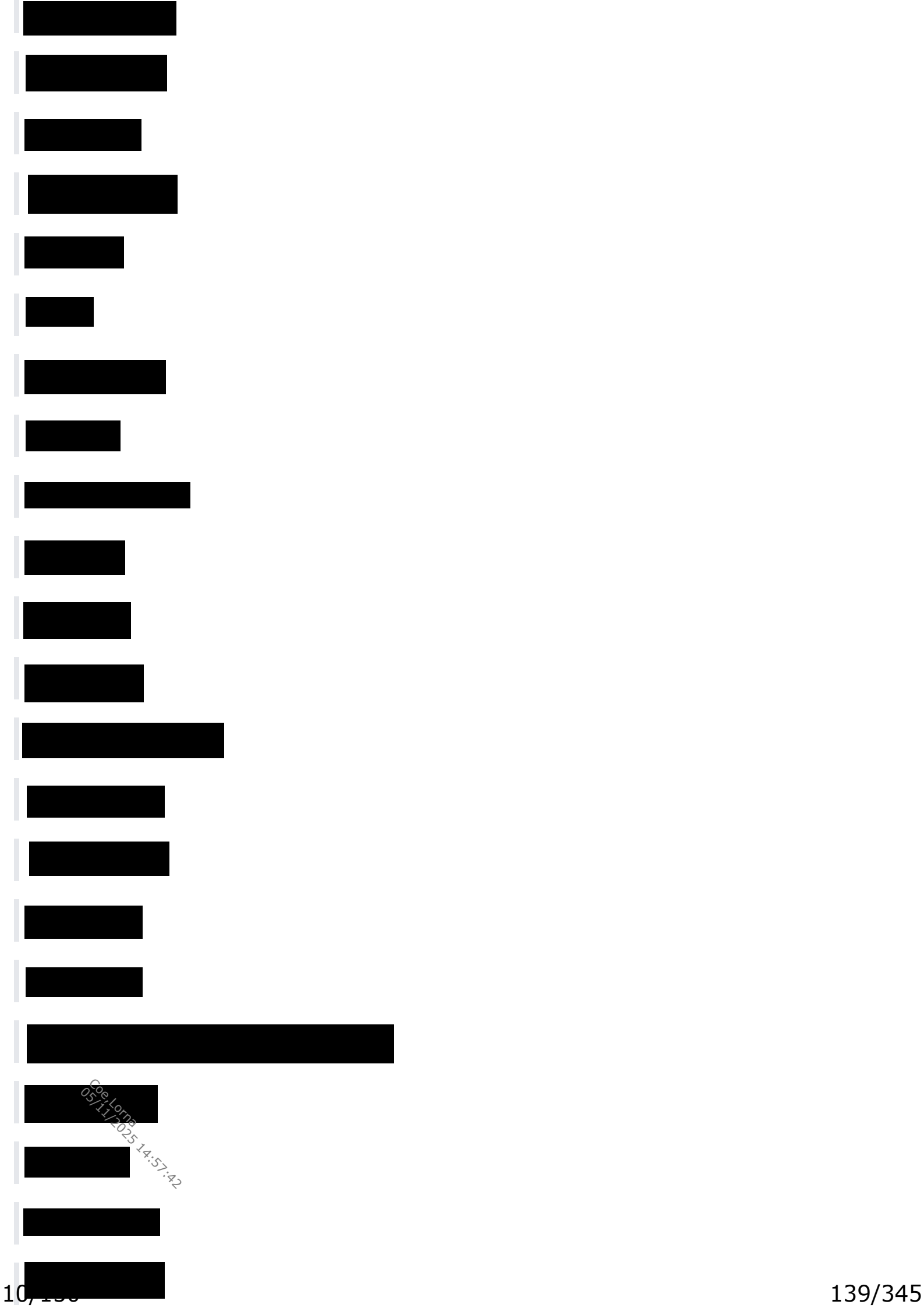
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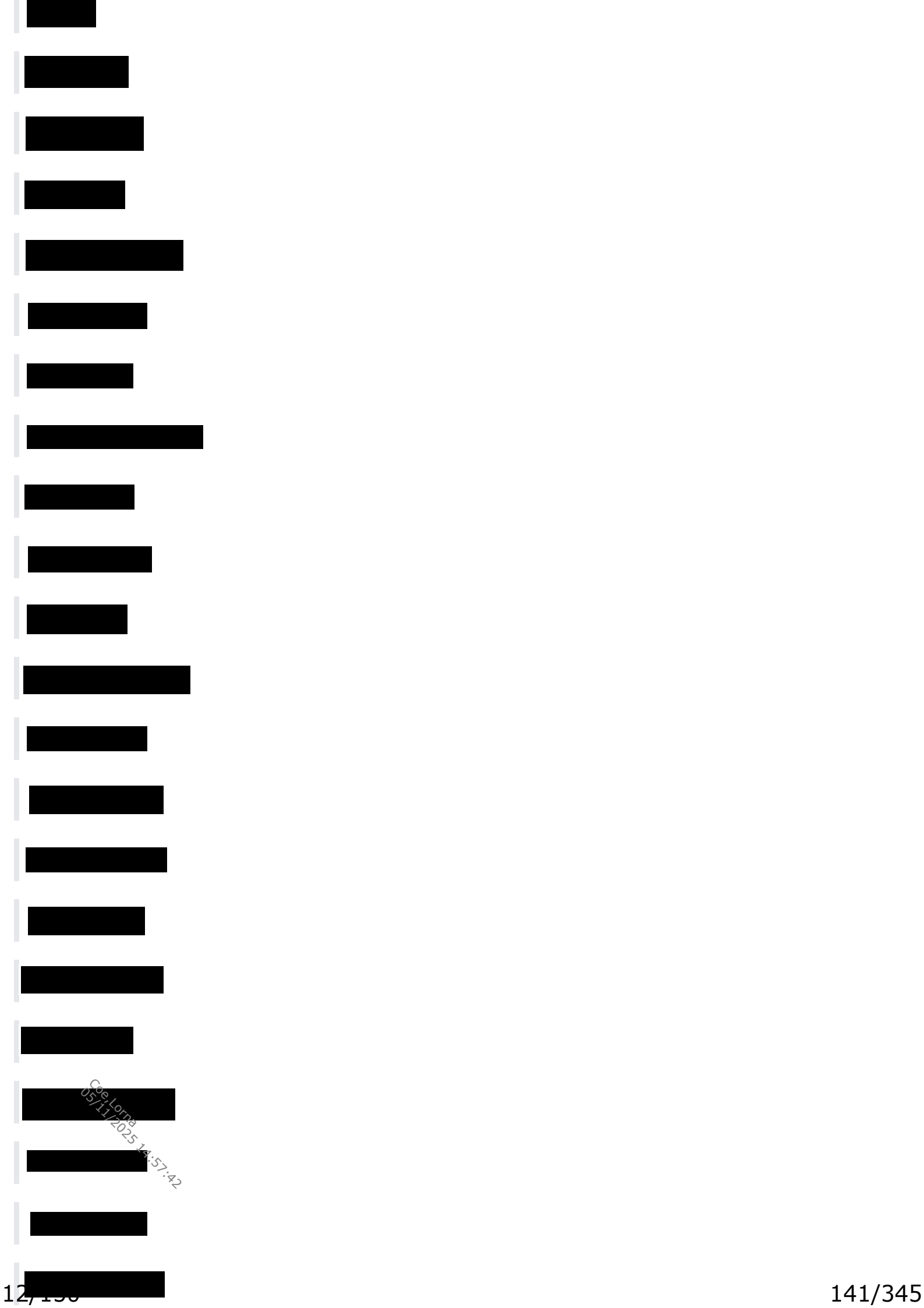


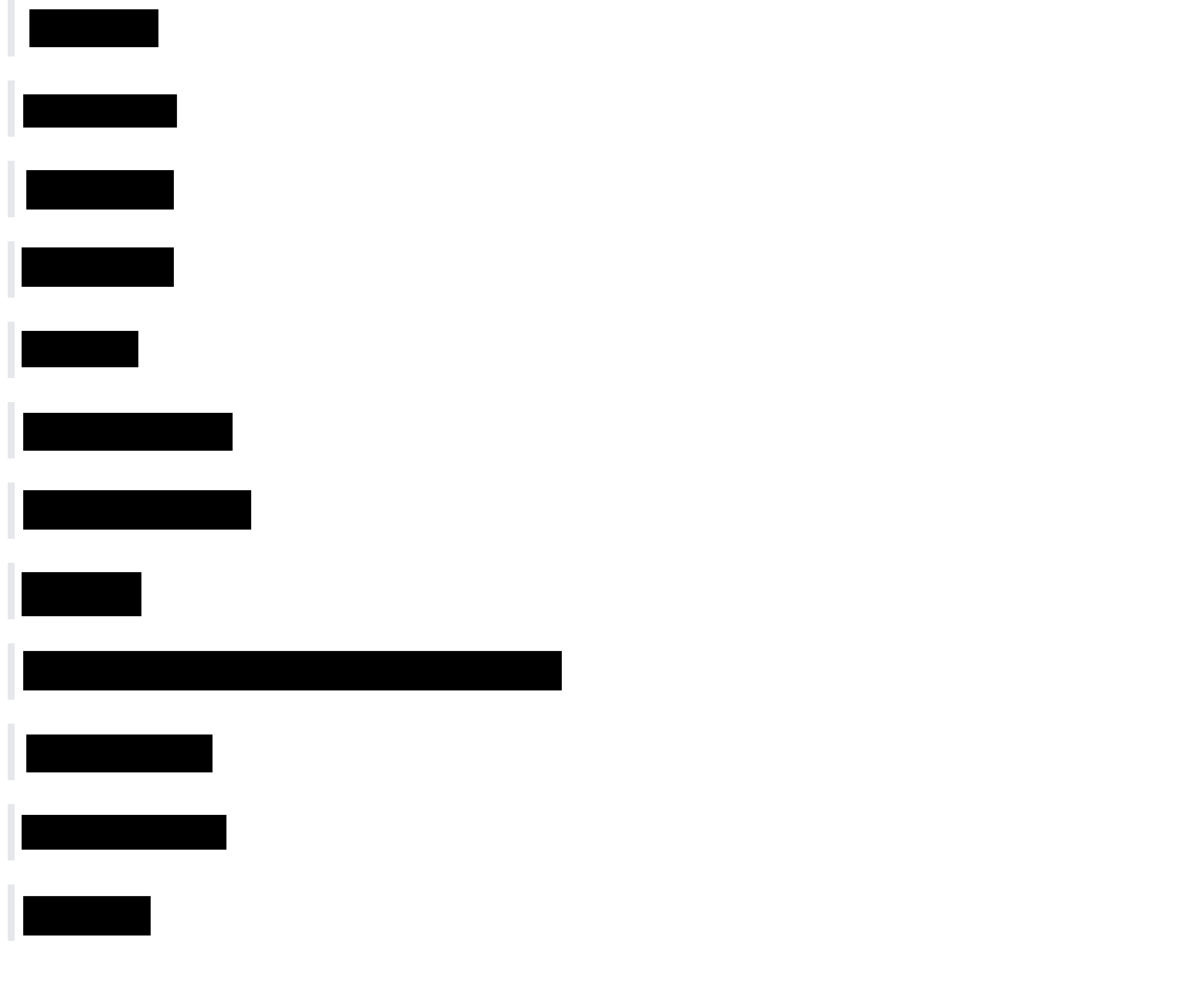
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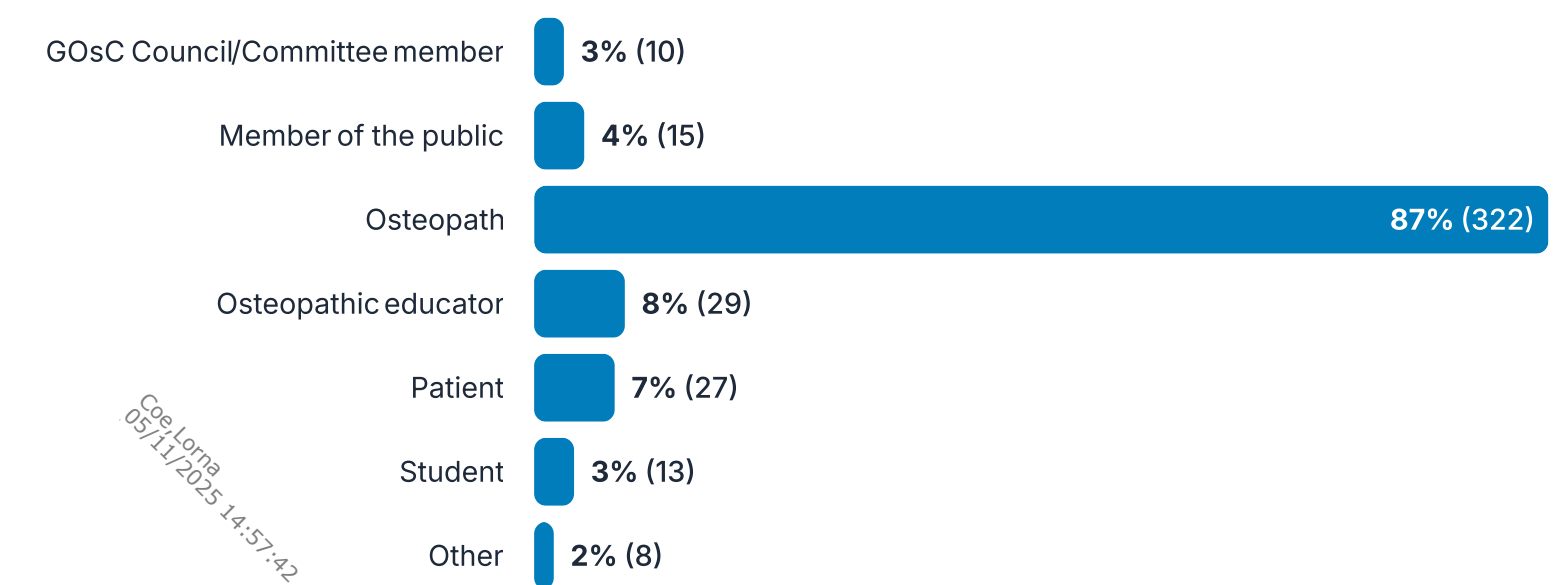
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2. Please let us know in what role you are answering these questions:

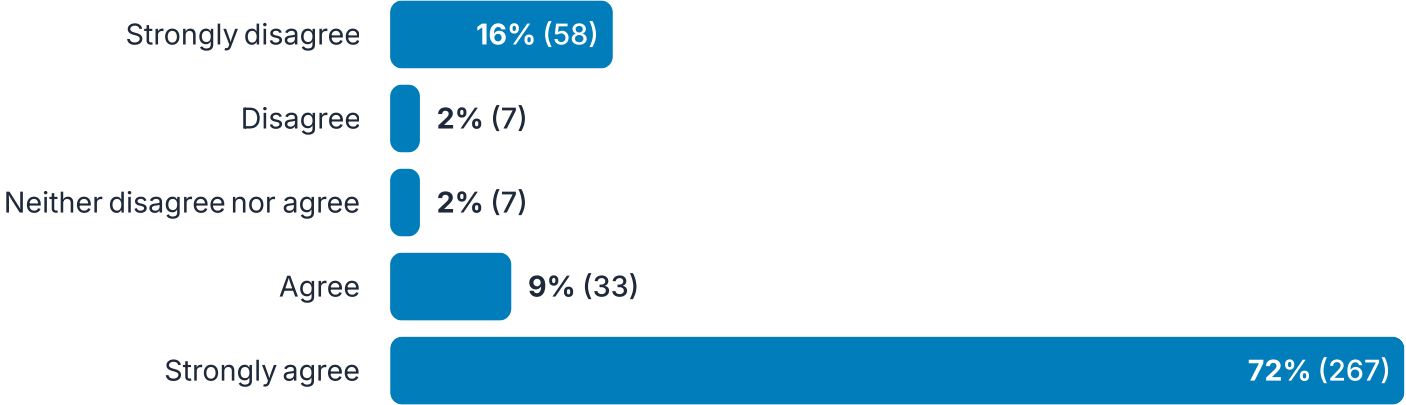
Responses: 372



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4. To what extent do you agree or disagree that an important part of the GOsC's role is to protect the osteopathic title?

Responses: 372



5. Please explain your answer:

Responses: 257

ASsS

The title is what defines our profession and those implying osteopathic interventions by using legal loopholes are intentionally misleading the public.

The GOsC is a regulatory body, whose role is to protect the public and uphold standards of osteopathic practice. Misrepresentation and misuse of the title falls within the remit of the GOsC to investigate and so part of the role of GOsC is to protect the title.

I feel like this is a very important role of the GOsC, it means that patients are kept safe from the therapist claiming to be osteopaths when they are not and also protects the reputation of registered osteopaths.

Training to be an osteopath takes a lot of work and study. To have others carry out a weekend course and use some of the titles is derogatory. I also feel as an osteopath we pay heavy fees that should protect us from this otherwise why are we paying a hefty price and being scrutinised if we make a mistake when others use the title and are not accountable. The failure of their treatment or poor delivery resulting in damage effects the data logged against our name seemingly demonstrating osteopathy is dangerous based on a poor experience with a non trained osteopath. This has taken me time to rebuild patients confidence and explain they had not visited an osteopath.

In a culture of 'alternative' treatments, it is very important for me to know that I am being treated by someone who is trained, regulated and continues their professional training

Erosion of protection goes against the hard work that every person involved in osteopathy works for. Patients deserve high levels of confidence when experiencing Osteopathy and from those who provide osteopathic services.

We pay £37,000+ for our right to practice as an osteopath - for people to be pedaling courses online or otherwise that can be called "osteopathic" for non-osteopaths - is an insult, gives no importance or impetus to do a full degree, is a danger to the public and damages the credibility and image of what osteopaths are and what they do in the public's eyes.

I feel it is fundamental in having a protected title that is clear what training we have had. In addition not to be confused for the public.

Protecting our title is arguably the one thing the GOSC does do for Osteopaths. If you can't successfully do that it's just another reason for the profession to question your existence. This was spoken about at an APM/ GOSC webcast years ago and now, finally some action

We need to protect the public, who may easily misinterpret therapists that use the term 'osteopathic techniques' as being osteopaths, when in fact they're not. This leads to a general safety concern, and also can negatively affect the reputation of osteopaths.

Our regulatory body must protect the public in all areas to do with osteopathy. The public must not be misled into having treatments delivered by a massage therapist completing a short online course.

We've studied, endured and complied, at great time and financial expense to achieve the position in which we now stand and it's proved largely successful. to allow low trained, low skilled bodies to gain from this is not acceptable. the public expect high standards and rightly so. they should not be subject to second rate treatment. the claims are based on marketing and money. The public are not protected.

Osteopaths go through several years of intense training to gain their qualification, and it feels wrong that others (who are not osteopaths) can piggy-back off the back of this without going through the same level and amount of training.

The title of Osteopath, osteopathy or osteopathic are important terms requiring protection, not just for professional identity but for patient safety. An Osteopath adheres to high standards of professionalism guided by the GOS, which allows the public to trust in the professionalism of osteopaths. Practitioners defining their work as

Osteopathic who are not registered are a danger to the trust of the profession, and may result in negative connotations to the Osteopath title. This places the public at risk in two ways, one underqualified practitioners which can hurt the public, two: the loss of confidence in osteopaths, therefore patients less likely to seek help.

The public need to be confident that only regulated professionals can use the title Osteopath. This includes the use of terms like osteopathic technique / manipulation etc. The public are still very naive when it comes to choosing a practitioner and even understanding the difference between different professions. It is 100% the role of the GOsC to protect our great profession.

Osteopaths are trained to a standard that allows them to safely do their work. Members of the public can feel reassured that their osteopath meets this standard and osteopaths can feel reassured that the years and money spent meeting this standard is meaningful and allows them to be set apart from, for example, a massage therapist who may have done a short course in massage and an even shorter course in osteopathic manipulation. Equally, a physiotherapist trained in 'osteopathic manipulation' will not be trained in the thoughts and philosophies that an osteopath uses. If a practitioner that isn't an osteopath learns to use HVLA then it should be described in language that doesn't reference or suggest Osteopathy. In the same way, if I train in needling techniques I shouldn't refer to myself as an osteopath that uses Traditional Chinese Medicine acupuncture techniques....

The only way we can protect our profession is to make sure everyone is compliant to the rules

Protecting the osteopathic title is central to the GOsC's statutory role. Without effective protection of the title, patients cannot reliably identify who is a properly trained, registered, and accountable practitioner. Allowing unregulated individuals to use similar or derivative terms undermines the public's trust in the profession, dilutes the value of registration, and creates risks to patient safety. A robust regulatory framework must include active protection and enforcement around the use of the title and its derivatives.

The GOsC core role is to ensure only properly qualified individuals call themselves or infer they are osteopaths. This is one of the primary roles in protecting the public.

Too many "supposed" osteopaths using the title in their work practice's when they are nothing but.

This should have been in the original protection as surely as osteopaths we work in an osteopathic way

You are there to protect the public not a title. Someone trained in osteopathic techniques should be able to describe what they do to potential clients without discrimination. Just because they are not on your register does not mean they are unsafe to practise. There are mechanisms in place through law to deal with anyone who abuses someone else, inside or outside a therapy room.

Gosc role should be to protect osteopaths and its title as well as those associated with the title such as osteopathic like physio do for theirs.

As a regulatory body it is of course a mandate to protect the title

I believe the GOsC plays a role not only to protect the title of "Osteopath" but also to prevent non-osteopaths from disguising themselves and their services/treatment as osteopaths.

With increasing awareness and recognition of osteopathy in the UK amongst other healthcare professions and the public we need to make sure that they have confidence in the qualifications and standards of the person treating them, and the GOsC are the right people to do this and ensure public safety. Public safety is the GOsC's role and therefore protecting the title protects the public

To ensure patient safety.

The role of GOsC is to protect the public and ensure standards of safety are met. Members of the public will assume that someone using osteopathic techniques is an Osteopath. Therefore protecting the title must include osteopathic techniques.

it is imperative that the public are protected from seeing practitioners who say they use osteopathic techniques and do osteopathic manipulation as that definitely gives the impression that they will be receiving an osteopathic treatment ie Osteopathy. An osteopath does not just use techniques to treat their patients but it is an approach and a way of thinking that then guides the osteopathic treatment. Indeed many of these so called techniques are used across all manipulative MSK therapists- it is the WAY treatment is applied that is unique to Osteopathy- so to call them osteopathic techniques is misleading.

The public and profession both need protecting.

Hugely important for GOsC to protect the title of Osteopath

You are the regulator and thus it is your total responsibility to protect the profession from any misuse of the the term osteopath and associated variations there of the imply osteopathy

Protection of title is paramount for patient safety and for maintaining the credibility of the profession

Because what is the point of the register if it does not define who is and who isn't

It's important to protect the public, thats why it was put there in the first place. so if we don't do this, it's a complete waste of the act being in place.

I feel it is incredibly important that the GOsC protects the title Osteopath. The title Osteopath signifies to those seeking help, the we are a regulated healthcare professional, and have undergone extensive training that meets educational and ethical standards. Without the protection of the Osteopath title, professional accountability is taken away, as are the high standards that Osteopaths are held to. The public looks to the governing body of our profession to help them navigate choices about their health with confidence. The public should be able to trust GOsC to provide constant protection, clear standards and an unwavering focus on patient safety. It is, in my opinion, the most important part of the GOsC, to both support practitioners and to protect the people they serve. This is achieved by protecting and upholding the standards of the title 'Osteopath'.

The public should be kept safe

I have been concerned about this for years. I do not believe the public are adequately protected by the term osteopathic being open to all. If they see the term osteopathic being used the public have the right to believe they are seeing a qualified osteopath. When I prescribe exercise i do not tell my patients I am now doing a physio technique, its part of my osteopathic consultation. I trained for 4 years to be safe and have 26 years of safe practice under my belt. I do not believe that courses that offer osteopathic manipulation in a weekend to poorly

qualified alternative practitioners are safe. I could teach a variety of osteopathic to patients in minutes but knowing when not to use them that's the skill and where all my education and training as an osteopath come in. When poorly educated practitioners use these techniques I have had several patients who reported injuries from over aggressive manipulations

This is important to protect the public and the practitioner. It is important to build public trust. The Register must represent security, status, and protection.

Never quite sure what you do!

equivalent to HCPC, GMC, NMC and other professional bodies to ensure registered professional meet a set of standards. These should all be upheld to consistent broader standards set out the Professional Standards Agency

We only have u on this

as a profession we need to have strong protection and the gosc is best placed to protect us

Patients and the public can have confidence in my colleagues and I to treat them safely, with competence and respect partly because we are registered osteopaths. This means we are highly trained, are registered with GOsC and are insured.

The concept of osteopathic in terms of practice is as definitive as the title. It embodies the philosophy, training and practice of osteopaths and, although arguably not exclusive in nature, sits at the heart of what defines an osteopath. Protecting the word osteopathic in relation to approaches to diagnosis, evaluation and treatment is important as more and more postgraduate courses including the term osteopathic are being delivered that erode identity of the practitioner and profession, and allow practitioners who are not qualified as osteopaths to introduce the concept of being "osteopathic" into their practice description.

Public safety

If GOsC was formed to protect and reassure the public (amongst other things, though their role has diminished over the years particularly in the areas of promoting the profession). It makes little sense to allow the terms to be used by those whose actions are unregulated and who have little accountability. Such a situation would call into question the benefit of membership of GOsC.

Public reassurance and protection

In this current economic situation there are better ways of spending our membership money rather than wasting it on terminology changes. How about promoting the profession to the wider general public rather than in fighting over technical nuances?

Yes, I consider the role of GOsC to protect the public, protect the osteopath, manage the public perception of the profession, and protect the osteopathic title.

It is the role of a statutory regulator to ensure that only those who are registered on its register are permitted to use the title of the profession it regulates. It is therefore logical that the GOSC has, as part of its core role, the

ability to prosecute people treating the public and claiming to be Osteopaths - in order to fulfil its core purpose of public protection.

Osteopath should remain a protected title and strengthened to prevent animal manual therapists completing a diploma and calling themselves "Animal osteopaths".

Use of it by untrained/unregistered practitioners puts the public at risk & subsequently damages the profession

GOC needs to protect the public by guaranteeing quality and safety of osteopathic treatment

We need the public to be able to trust that when they see the term osteopath practising osteopathic techniques, they can be confident that the individual they see is properly trained and safe and competent to help them.

The GOC is the regulator for the profession, therefore protecting the professional status of osteopaths is inherent to its purpose. It is unacceptable that individuals who have not undertaken appropriate training and proven themselves competent practitioners be allowed to use the term "osteopathic". It is also incomprehensible as to why the 1993 Act did not protect the adjective (osteopathic) as well as the nouns (osteopathy and osteopath) especially as the adjective is part of the regulator's name.

Just as it is a core part of the GMC's role to protect patients from those pretending to be or falsely presenting themselves as medical doctors, so it is for the GOC whose existence was founded by the Act of Parliament primarily to protect the title of "Osteopath" and to pursue complaints on behalf of patients where an Osteopath's fitness to practise may have been called into question.

To protect the professional standards and therefore the public

Necessary for maintaining public confidence in the profession and for protecting the reputation of osteopaths. This legal function could foreseeably be carried out by the police following notification by a member of the public or an osteopath, but GOC probably adds an extra layer of protection by actively monitoring web-based and other advertising for potential breaches, so I think in that regard it is important for a health profession's regulator to be the primary holder of responsibility for this function.

I have had many patients tell me they have already brought their infants and children to an 'osteopath' the outcomes have not always been satisfactory and important issues have been missed leading to prolonged difficulties for these children. The above mentioned 'osteopaths' are in no way qualified osteopaths but will often refer to their training in osteopathic techniques and cranial therapy etc on their websites and directly to their patients. Not only is this misleading and dangerous for the patients but I have had feedback from other allied health professionals who are now concerned osteopathy is not something they feel safe recommending following feedback from patients who have seen these practitioners who are alluding to themselves as osteopaths

I think GOC's role is to protect the public. By protecting the title, I guess, this in a way protects the public.

Nobody can control life. If an individual is good at his or her job, the people will find out and go to him or her for help. Whether they are using osteopathic techniques or any other kind of techniques, if they can use them and get good results using them, then people will seek them out whatever way they describe the work they do.

It will totally undermine the value of our profession. It will destroy the reason for CPD and the 4 years honours degree. It will be very confusing for the public.

I feel as a regulator, the GOsC's role is vitally important as they have the power and authority as a body to clamp down on those who wrongly mislead members of the public that they are osteopaths or practitioners that use incorrect terminology such as "osteopathic techniques". As an Osteopath confronting such people, it can look quite personal but coming from a regulatory body it can be enforced better.

It is extremely important to protect the osteopathic title to a) protect the patients, to b) promote osteopathy as a safe (and unique) profession and to c) distinguish them from other professions.

The title Osteopath is defined by who we are, our training, governance and regulation over seen by GOsC. not by what we treat and it is in this the public trusts. It is paramount and our duty to the public that anyone using the title Osteopath in any form whether prefixed or post fixed is a member and regulated by GOsC.

I strongly agree that one of the GOsC's most important roles is to protect the osteopathic title. Safeguarding the title ensures that only appropriately qualified, regulated, and registered practitioners can call themselves osteopaths. This protection is essential for maintaining high professional standards, ensuring patient safety, and preserving public trust. Without strict regulation of the title, there is a risk of misuse by unqualified individuals, which could undermine the credibility of the profession, compromise clinical outcomes, and potentially put patients at risk. Protecting the osteopathic title also reinforces the value of the extensive training, clinical expertise, and continuing professional development undertaken by registered osteopaths

I strongly believe that mis-use of the osteopathic title by untrained and/or non-registered individuals or clinics is not only misleading to the general public, but also poses as a danger to unsuspecting patients. For these reasons the GOsC should seek to not only protect the title of "osteopath" or "any kind of osteopath", but should extend this protection to include phrases like "osteopathic techniques", "osteopathic therapy", "osteopathic treatment" and "osteopathic care".

To have the confidence in our profession, the public need to trust that their practitioners are well educated, adequately insured and kept abreast of best practice via cpd. Misleading titles like osteopathic manipulative therapists, erode that confidence as the public often don't know the difference between these practitioners and registered osteopaths. I also think it's important in securing the future of osteopathy. If a prospective student is considering osteopathy as a profession, it's important that they know the effort, years of study and financial outlay of studying will be worth it, and that others aren't free riding on osteopathy's reputation whilst only taking part in a few weekend courses.

If the title of osteopath isn't protected, what's the point of the intense and expensive 4 year education. What's the point of GOsC when it can't protect the title of osteopath.

As the regulatory body, the GOsC has a responsibility to protect the integrity of the title "Osteopath." Allowing unqualified individuals to advertise themselves as osteopaths or to offer so-called "osteopathic manipulations" undermines the credibility and reputation of fully qualified, registered Osteopaths.

Our title is intrinsically linked with how our profession is perceived by the public and therefore it is important to have strong protections around it to maintain standards. If this image of professionalism is diluted by people who are inappropriately qualified using variations of the title then it weakens our profession as a whole.

So that patients know they are in 'safe hands'

There are too many manual therapist that are falsely claiming to be osteopathic therapist and training schools are teaching osteopathic techniques to massage therapist which are inadequately educated.

Essential for patient safety

Although many of the osteopathic profession see the GOsC as the vain of their lives, it. (the council) serves to uphold standards and bring people / practitioners to account by providing a pathway for patients to voice concerns and seek redress when needed. Without this there is no support for patients or checks and balances in place for osteopaths. Those practicing outside of this mechanism, inferring osteopathic title, allow themselves the opportunity to use our good name without going through the rigors of osteopathic training. A dog without teeth is of no help to the profession or the people osteopathy serves

It defines us as a profession and safeguards the public that they are protected by defined standards of care.

The very role of gosc is to protect the public and set standards ! It feels hypocritical when it appears that the title isn't important enough to protect at every opportunity.

If not clearly protecting and making it clear who is an osteopath and who is not - the public cannot lean on the GOsC to choose to go to a registered osteopath.

Unless a therapist has been educated thoroughly in the theory and practice of osteopathy from the beginning , they are not an osteopath. Osteopathy is not a series of techniques.

Education should be kept to it highest standard as a degree to protect the profession so it can withstand standing within the NHS and as an allied health profession. Other health care professionals using the terms osteopathic techniques allows the profession to be become devalued. There will also come a time when people won't register due to this and just say they are using osteopathic techniques.

It protects the public, reinforces trust and might remove non-osteopaths from the market place. A patient choice is their choice but at present there are too many outlets 'fudging' what they do.

I see it as a top priority of GOSC alongside the protection & promotion of our profession

We have studied extensively for a long period to become qualified and join the profession. It must be protected as a title and role, so that short cuts cannot be taken to dilute the discipline - this needs to include legal protection.

We need to promote the fact that osteopathy is a profession in its own right.

The four-year journey of studying the intricate fundamentals of the human body profoundly transforms osteopathic students, equipping them with unparalleled skills and insights. This comprehensive education, which intricately weaves both theoretical knowledge and hands-on practice, fosters a profound understanding that cannot be replicated by those who have not engaged in such a rigorous and demanding process. Each academic year involves a thorough exploration of complex bodily systems, vital physiological functions, and the delicate equilibrium of health and well-being. Through rigorous coursework and extensive clinical training, students develop a holistic perspective on patient care, which places a strong emphasis on the interconnectedness of body, mind, and spirit. This transformative journey ultimately shapes osteopathic professionals who excel in both knowledge and clinical capability, standing out in their ability to provide comprehensive and compassionate care. Moreover, this education is not merely about acquiring facts; it embodies a commitment to ethical practice and patient-centered treatment. The need to protect the integrity of the osteopathic foundation is critical, particularly in an era where the influence of profit-driven motives threatens to dilute the core principles of care.

treatment. They ensure that the liberties and practices of osteopathy remain true to its ethical roots, preventing external pressures and commercial interests from overshadowing the essential needs of patients. By maintaining these standards, the GOSC upholds the commitment to holistic health that is the hallmark of osteopathic medicine. Their knowledge and clinical capability, standing out in their ability to provide comprehensive and compassionate care. Moreover, this education is not merely about acquiring facts; it embodies a commitment to ethical practice and patient-centered treatment. The need to protect the integrity of the osteopathic foundation is critical, particularly in an era where the influence of profit-driven motives threatens to dilute the core principles of care. Organizations such as the GOSC (General Osteopathic Council) play a crucial role in safeguarding the fundamental values of osteopathic treatment. They ensure that the liberties and practices of osteopathy remain true to its ethical roots, preventing external pressures and commercial interests from overshadowing the essential needs of patients. By maintaining these standards, the GOSC upholds the commitment to holistic health that is the hallmark of Osteopaths.

It is a valued profession

People who qualify as an osteopath should be the only ones to use the title osteopath

The title is awarded after long and thorough training with multiple assessments to ensure the public are in safe hands. GOSC are the organisation that set and uphold good standards education to ensure public safety. As GOSC approve courses then any non- degree courses using the terms Osteopathic, Osteotherapist etc are misleading the public as are any practitioners not meeting degree standards. Osteopathy has worked hard to establish credibility as a profession comparable to the high standards of Chiropractic and Physiotherapy, and therapists who have short cut or fast tracked manual therapy should not be awarded the same title as those who spent 4 or 5 years maturing into academically, professionally and practically sound practitioners. GOSC accredits the standards of courses and needs to protect the title.

It's virtually the only reason we pay our fees and register

I believe that no one should be allowed to mention the word osteopath /ic in their marketing unless they have completed full degree level training earning their right to do so.

Their role is to protect the public so protecting the title makes it clear to the public who is qualified and regulated.

I can see that this is part of the role in maintaining a standard within the profession, it should be more about protecting the public, not just the title. however I don't know how this can really be policed, given I know of someone who was struck off and they still practice using the osteopathic techniques calling themselves a naturopath. Who would look up whether a person from a different discipline has been struck off elsewhere. This doesn't safeguard the public ultimately it drives them underground.

I pay GOSC fees which as ever are ever increasing. I also pay IO fees. The clear definition and communication from both has always been the IO promotes the and supports the profession. The GOSC is there to 'protect' the public from the osteopath and maintain standards.

It aligns with the protecting the public responsibility. The public may not be aware of the distinctions & levels of training and knowledge that go along with the terms osteopathy/osteopathic.

To stop under qualified persons using a valuable version of the title.

We spend a lot of time and money studying and many hours in clinic training to become osteopaths, and to be able to use the osteopath title. We are assessed continually to make sure that we are safe to practice. 'Osteopathic techniques' and manipulation courses are taught in 2 days. The manipulation courses in particular are dangerous. I went on one myself and I had plenty of hours of experience, but what I saw was disturbing.

It is one of their main roles and aligns very strongly with protecting the public.

The long training and professional standards of registered osteopaths should be recognised as a distinct entity

Protecting the title protects the public from practitioners that are not complying with standards, maintaining cpd, or working to maintain the reputation of the profession as a whole.

As Allied Health Care Professionals with clear duty of care for patients supported by very specific form of training, it is imperative for patient safety and confidence that the title Osteopath is protected and patients are not mis guided by similar terms of reference.

Through maintaining a register and protecting the osteopaths title it inherently protects the public when visiting an osteopath

GOsC is the regulating body

Just as the title for physiotherapist is protected so should the title of osteopath. The training and time taken to study the subject along with the safety to patients and effectiveness of treatment is what makes our profession unique. Having the title protected will develop trust, confidence and knowledge in patients seeking treatment.

They are the osteopathic regulator

Simply to protect the public and RESPECT for those of us who have earned the title in the right to use Osteopathic technique, etc.

The title Osteopath is legally protected and it is the GOsC's responsibility to protect its use and the public perception of what is meant by the title Osteopath

This is to both protect the general public and the profession and those qualified and registered as Osteopaths.

I believe it to be a key role of the governing body, as it is necessary to protect both the profession and the public.

I pay a significant amount of money per year after an expensive 4 year degree course to use the title Osteopath and hence want it protected.

If GOsC is our professional regulator and upholds the standards of the profession which includes ensuring rigorous training in the education of osteopaths, it should also uphold and enforce protection of title against those who would put the safety of patients at risk and who threaten to bring the entire profession into disrepute through inadequate training and no regulatory framework.

This ensures that someone has had the required level of education and training, holds the appropriate level of competence and has maintained the appropriate level of growth, development and remain up to date within the

profession to be able to call themselves an osteopath.

I invested 4 years, no income for that time and approximately £100k at today's rate with fees and travel to gain my BSc(Hons)Ost. That needs protecting.

It is the mark of the profession and ensures that there is a code of conduct and a degree of enforcement to protect patients.

Because practitioners are abusing this title. People are being charged fees for treatment not in line with osteopathic standards. People need to be made aware of the standards a "Qualified Practitioner" is to meet

It is crucial at GOsC is the regulating body and there to uphold the professional standards

It builds trust and safety for both the profession but for me as a patient, I will know that this something that I can check on the register. I want and need to know that the practitioner that I have seen or will see, is entitled and regulated to treat me and others.

This helps with patient safety as the practitioner would have gone through a rigorous training and kept up dated with new ways of working

Who else will do this to ensure the public understand they are seeing a genuine professional?

It reflects the standards and support to both the public and the profession.

It is GOSC's role to make sure those following strict guidelines in their educational pathway and CPD be rewarded by having their title protected in all manners. That does who not comply to the same standards may not profit from its reputation or impact it negatively.

I strongly agree that protecting the title of osteopath is a critical role for the GOsC. The title represents a standard of education, competence, and patient safety that has been earned through statutory regulation. Allowing individuals who are not registered to use osteopathic terms risks patient safety by potentially misleading the public about the qualifications and skills of those providing care. It also undermines public confidence in the profession and diminishes the value of regulated practitioners' training and expertise. Strengthening protection of the title ensures that patients can make informed choices and receive care from professionals who are held accountable through recognised standards and regulation.

If they are there to protect the public and have a fitness to practise committee then they need to protect the title

I believe the role of GOsC is the protection of patient's. If this title is not protected then patients can unknowingly be treated by someone of lesser standards than Osteopaths are held to. This could be dangerous if they have not had adequate training.

It changes the perception of the public. Massage therapists trained in osteopathic techniques will lack other skills such as diagnostic ability, which in turn could reflect badly on osteopaths

Without a protected title we wouldn't need to be registered and host wouldn't need to exist

Protecting the title signals protecting the safety of the public who consult us.

If the role of the GOsC is to protect the public, then they have a responsibility to ensure they are treated by a registered osteopath with appropriate training, and not someone appropriating the word 'osteopathic'.

The GOsC's role is to protect the public as a primary concern. To achieve this, GOsC undertakes several functions, one of which is to ensure there is safeguarding of the public in relation to those wrongfully advertising themselves as Osteopaths. Other functions include ensuring the public are provided with safe and effective patient care through adequate standards of education and having the means to quality assure this. The response reflects that protection of the title is no more or less important than the other functions of a regulator to ensure patient and public safety.

As the regulatory body it is the most important role of the organisation. If anyone can use the title explicitly or by implication it makes a mockery of undergoing significant training and continued scrutiny and regulation by yourselves.

It is a core function of protecting the public.

In order to protect the public, you must have a clearly defined and protected professional title, training standard and code of conduct

It is the prime existence of the organisation.

Not Osteopathic as historically that is a way of thinking and application. These would be difficult to be protected and is too exclusive - some others who are not calling themselves osteopaths would be sympathetic to our approach and we should not exclude that. The legacy should be open to all students who study the human structure and function. Osteopath would be the term to protect, ensuring compliance and met standards which would assure the public

Its necessary to be recognised for quality, training and principles

As our governing body it should be in your best interest to protect the title 'osteopath'

Practice standards are regulated

Protect the title 'Osteopath' by keeping our profession strong and relevant. Protect the public with public education, research and collaboration with the NHS & EU. Much better use of resources vs than hunting down 'Osteopathic' technique users.

It is important to protect the public

This is the purpose of GOSC.

I have been a registered osteopath for 37 years. I have worked hard to gain a reputation as an osteopath. I don't agree that someone doing a weekend course can advertise that they do osteopathic techniques without the breadth of knowledge which makes up the basis of osteopathic examination, diagnosis and treatment.

There is no point having a protected title if people can imply they have Osteopathic training or are using osteopathic technique but can go unchallenged and unregulated. It is also confusing for the public

To protect the public to ensure safety and competence in practice the protection of the title should be overseen by a regulatory body.

As the regulator it's part of GOSC's role

It is for the protection of both the patients and Registered Osteopaths.

We train for four years to be able to call ourselves osteopaths. The governing body should protect this right, so that the public are safeguarded against non-trained individuals calling themselves osteopaths and potentially causing harm.

It is imperative that the reputation of osteopathy is protected by ensuring only those properly trained and engaging with appropriate CPD can provide osteopathic treatment to patients (or training to others).

The title has a degree of understanding from the public eye, yet they may not appreciate the difference between an osteopath (GOSC) reg and a practitioner using 'osteopathic' techniques. Particularly in the crossover into animal practitioners.

A governing body regulating the profession and requiring registrants to pay for a licence to practice, and to adhere to standards associated with the title, also holds the responsibility of protecting this title on behalf of osteopaths. As an osteopath, I have put many years of my life into a Masters degree and I continue to pride myself in practicing osteopathy, to help others and enjoy progressing in my role personally and professionally. If the GOSC were to not seek our best interests as osteopaths and that of our patients, I do not believe or see how a paid registration to a governing body could be justified. I am sure that other registered HCPs under their governing bodies, such as doctors and nurses, who have also worked and continue to work hard for their right to practice under their title, would be in favour of protecting these for very similar reasons. A title protected by a governing body helps to maintain the reputation of a profession and its members and by important extension, the quality and safety of the service that patients/members of the public will seek and experience. As an osteopathic educator, I could foresee reduced student applicant numbers, which would be a shame in a profession with already low numbers of practicing osteopaths in the UK. An unprotected osteopathic title could mean that prospective students may not see the value in choosing osteopathy as a career, over that of any other manual therapy who claims to have the same or similar approach to healthcare. Projecting into the future, could this lead to suggestions that any non-osteopathic HCP or therapist would then teach/lead future osteopathic courses, with insufficient knowledge, understanding and practice of osteopathy? Exposure to and working alongside other HCP is very valuable and important, but cannot comprise the core of the curriculum and course for osteopathy. A T Still was a medical doctor prior to developing osteopathy and taught his students his pioneering knowledge and skills. We would be jeopardising his work and a 150 years of history of outstanding quality of valued, non-invasive healthcare. Not having a protected osteopathic title would be a great loss to all, jeopardising our history and upstanding reputation, potentially subjecting it to being modified by anyone without an appreciation for the history, philosophy and progression of the profession, until the essence and core is lost and it is simply no longer, osteopathy. Osteopathy was unique then and still is today and it is worth protecting. There is also pride and honor in achieving a degree, feelings which promote motivation to maintain high quality of practice standards. There is also assurance in knowing that you will register as part of a community of like-minded professionals with shared interests and goals and having a governing body which you can trust to maintain and protect your right to practice safely. A reputable and protected title following graduation and registration is particularly important in a world of job insecurity and rising costs of living, a strong consideration for students and existing osteopaths. As a patient, it is reassuring that the title is regulated and protected and not misleading. I would not feel safe if anyone with a weekend course qualification or in an unrelated therapy, were

to claim to be an osteopath or use osteopathic techniques. We osteopaths owe it to our predecessors to preserve it, we have earned and deserve it and are dedicated to it. Our patients benefit from it and appreciate it. Students are inspired and challenged by it. We have many 'unique selling points' and qualities which we should strive to protect and uphold, which our title helps us to do. Osteopaths and the GOsC must all work together to protect the osteopathic title.

We need to insure that the title is protected, for safety of patients and our own integrity

It's pointless having a title and being regulated if anyone can use it whether qualified or not.

They are the osteopathic profession s governing body

It is what I AM

Not enough members of the general public know what an osteopath is/does. So why does it matter what people call themselves. The public only care if you help solve their problem not your title or education.

The GOsc is there to protect the public. I feel this should include clarifying who has the medical knowledge and skills to safely treat.

It's a fundamental part of the role in that it protects the public.

We have had extensive training in order to use the title Osteopath. The main role of the GOsC is to protect the public and so they should be sure of the standards of people using the title

The council needs to ensure the competency of the title of Osteopath.

The protected title is what best separates us from lesser qualified or unqualified individuals

To protect the public from possible deception and poor treatment and also protect the high standards required to fully qualify as an Osteopath.

If the profession isn't supported then GOsC would be null & void

That's what the chiropractic council does, we have to pay to be registered to be allowed to work as an osteopath, so therefore part of their responsibility is to protect that title and the techniques we use.

Along with protecting patients they need to make sure that the title and all that encompasses osteopathy is protected and promoted. As should all osteopaths.

Patients expect and deserve a high level of training that the term represents so it should not be used without the appropriate study

Who else will do it if not for the governing body?!

In order to protect the public, the GOSC needs to rigorously ensure osteopaths are trained and held to high standards.

The title is the prime reason for being registered as an osteopath. If it's not protected then why stay within the profession?

I feel osteopathy is a specialised course, hence taking 4 years at university, and the thought of someone advertising they do Osteopathy after participating in a weekend course feels like an insult to the profession.

It's important that the training we undergo is recognised and that we can be trusted with safe and effective treatment

Part of the gosc's role is to maintain the public's confidence in the profession via effective regulation. If the term 'osteopath' is not tightly protected then the term ceases to have the public's confidence.

There is no need for an osteopathic council if the title or implication of a title can be used by anyone!

Because we have worked hard to be the best at our craft.

Osteopathy is what an osteopath does . This does not always need to be proven by evidence based legitimacy as the evidence bas will always change with every generation . Hence the principles of osteopathy need to be protected.

I feel that if I have to be regulated that title should be strongly controlled and that should be the role of GOSC

Protecting the title distinguishes osteopaths from other manual or complementary therapists (e.g., chiropractors, massage therapists, physiotherapists). • It strengthens the professional identity and helps ensure recognition within healthcare systems, including NHS and insurance frameworks. Gosc is the governing body.

There are many highly qualified and skilled practitioners who trained as osteopaths and work using osteopathic principles and philosophy who can not call themselves osteopaths anymore but are far more qualified to be treating the public than new osteopathic graduates.

I pay fees for GOSC, and I feel that they should take a role to protect me as an Osteopath, otherwise what's the point of the fees

They're the regulator. It's the least they can do after ruling with an iron fist and driving people away from the profession

The title signifies a particular level of training, competency and reflection which members of the public can rely on when seeking treatment

I very strongly agree.

I thought it was one of the main roles of GOsC

It is our regulator and it serves as a protector to general public but it has a role to protect the title under law.

A registered professional implies that that person has partaken in a certain level of training and they have been examined and found to meet that that standard. To be answerable to a professional body means that they have standards they have to keep working towards (obviously many of us would do the extra training without the mandatory requirement) but some do not - so it keeps those standards up year after year. The GOSC is also there to weed out (hopefully) those Osteopaths that are "unprofessional" - those that have crossed boundaries, broken the law, scammed and cheated their patients. We don't want those people in our profession. If allowed unchecked, this unprofessional behaviour, can give us all a bad name.

I've worked hard for my title and as well as protecting the public I believe our title should be protected too.

Protecting the osteopathic title is in line with protecting the public, which is one of the GOSC's primary purposes (if not it's single, most important primary purpose). If unregistered people with little training anyone can describe their work as "osteopathic", the public are not safe. They don't have the training. They don't have the diagnostic skills. They may be unsafe.

I worked hard for that recognition and it OSS important that a patient knows that only someone with the complete knowledge and full training can be called an osteopath

As our professional body, it's imperative that you act to protect and uphold, our professional standards

Gosc is about public protection. Protection of the public via regulating osteopaths on the register. Public protection also by protecting the title from those that are not a trained osteopath.

To protect the public from unqualified practitioners

I think we undergo pretty rigorous and lengthy training and it belittles our skills when other less qualified health practitioners use titles like 'osteopathic techniques' when they are not osteopaths.

That we train and work hard to be called an osteopath and the title should be protected by the governing body

The osteopathic title is important for the professionals who have gone through the necessary training and education, and are supposed to abide to the professional standards to ensure public's safety and the future of the profession in the broader ecosystem of healthcare.

The whole reason gosc exists is to protect the public and regulate the profession. If people are using osteopathic techniques but not trained in them they are a danger to the public.

The word Osteopath implies a level and standard of training one which we as practitioners have invested heavily and on a somewhat lonely path. For the membership criteria we have signed up for and the scrutiny, the GOSC should have actively been protecting the Osteopathic title since its inception as part of its remit to protecting the public.

I've seen people say they have a degree in osteopathy but aren't registered. Therefore, misleading the public.

Without a clear understanding of the title, there is confusion, doubt and mistrust. How can you protect the public or expect an osteopath to follow correct regulation if the definition of the title osteopath isn't clear.

Agree

GOsC need to support osteopaths who are prepared to work and maintain the high standards required

Really you want an explanation!!...surely as regulator the GOsC protecting public safety in the hands of Osteopaths, it follows that in requiring 4-5 years training and a degree, then it needs to be protected elsewhere is the value....and the safety!

It is important to as the regulator of osteopaths that those abusing that title should be held to account. As an osteopath paying to be governed by the regulator I believe the profession should be protected, as well as the public

It carries a standard level of education and practice which means a level of expertise and skill- in both manual treatments assessment and diagnosis. Both osteopathy and chiropractic care are about much more than doing particular manoeuvres.

That's one of the reasons to have a regulator

Because it's your role to regulate osteopaths in the UK....and protect their title from misuse. This is misuse.

They are the people that investigate and look to prosecute those falsely using the title. Osteopaths as individuals do not do this, nor do I believe they are able to.

We recognise that protection of title is valuable to registrants and is an important part of the "social contract" between registrants and the public which the statutory regulators mediate. Without protection of title, registration becomes somewhat voluntary for registrants.

It is what the title represents to patients that is important and the implicit knowledge for them that they are being treated by a specifically skilled, trained, regulated professional. I understand that the GOSC's main role is patient protection and this falls within this remit.

We pay a significant amount of money to train. Furthermore, we pay GOSC a substantial amount of money a month for very little in return. I have paid 50k for an education only for my provider (college of osteopaths) to undercut me with running a diploma course in osteopathy. I think it's GOSC's duty to protect the title for this type of thing and for untrained practitioners playing on words and ripping the title off.

We can only call ourselves Osteopaths if we are qualified AND registered with the General Osteopathic Council. If we can only call ourselves Osteopaths based on this registration that would imply that the GOsC is responsible for maintaining the quality of the registration and ensuring the safety of the public by monitoring those who are registered (which they do). Part of that should be including protection of the title to ensure those using the title or words closely related to that title are safe to place hands on the general public.

If you are to protect the public, then the osteopathic title needs protecting.

You've done nothing to uphold the profession since your inception, so why are you worried now?

If an untrained person is able to freely use the term 'osteopath' or any derivation of that (Osteopathic, Osteopathy) this becomes confusing and unclear for the public to know who has the relevant level of training to be a safe practitioner of this practice.

Training and history.

The public look to the GOsC as the representative body of the Osteopathic profession, it is therefore upto the GOsC to protect the title so the public can be sure that they are seeing a qualified Osteopath rather than someone who has just done a weekend course in an Osteopathic technique.

I always feel that the GOsC is there to protect the public from poor practitioners and therefore Osteopaths from practitioners who are not registered. Our Title proves our ability and education.

If somebody claims to use Osteopathic techniques they are misleading the public, who GOSC protects, if they have not undergone a full Osteopathic training. A technique is also used applying Osteopathic principles behind the treatment, it is not like drying dishes with a tea towel

It is one of the main raison d'être for the existence of GOsC: if it cannot police who is an osteopath and enforce standards in education and professional conduct then it cannot protect the public.

As the regulatory body, it seems that this should be protected by gosc.

In order to discharge its duty of protecting the public, the GOsC must protect the osteopathic title

GOsC is there to protect the public. They can only do this by protecting the title, thereby enforcing high levels of training and standards across all uses of the term osteopath/ osteopathic/ osteopathy

We have studied and trained for 4 years minimum for the title of osteopath. Our extensive knowledge of both MSK and non MSK issues as well as assessment, diagnosis and treatment is what sets us apart from other professions.

Who else is going to do it?

The GOsC is there for public safety and within that should encompass protection of who is passing themselves off as an osteopath - including the use of osteopathic technique when not a registered osteopath. Use of OT is misleading to the public and may cause harm to patients or put their safety at risk.

That's the whole point - to protect the public by ensuring patients can rely on trained individuals.

Isn't that why we sought state recognition? We need people to know that the title stands for something.

For safety and to have the skilled training

We specifically train to be osteopaths, with all the knowledge, principles and adherence to safety that the title implies. We comply with the strict criteria laid out by the GOSC to maintain our registration and as such our professional title should need protected.

In the same way the term chiropractor or physiotherapist is a protected term, so should osteopath be. As our governing body GOSC's role is in part to protect the public. If the term is not protected then patients could potentially be put in danger by fraudulent claims by unregistered and untrained practitioners.

It stops people who are not registered from adopting the title Osteopath

If Osteopathy is not protected then you don't have a defined role.

We must have protection of title in order to safeguard the public and protect the reputation of the profession

I believe the use of the terms osteopath or osteopathic techniques imply a high degree of training, credibility and trust. Whilst specific techniques might not be exclusive to osteopathy alone, another therapist should reference their own profession and what they are qualified to practise. Another practitioner who has done a weekend online CPD course cannot compare to the rigours of an MSc. Trust is being undermined in our profession by skills dilution. I want the term Osteopath protected. I'm proud of our skills and place in the medical profession, co-existing with others.

I feel that the GOSC should protect the term osteopath, thus protecting and educating the general public, but also protecting those who have a degree or the equivalent in Osteopathic medicine/ osteopathy.

To ensure the safety of patients and protect trained and registered Osteopath employees

It's a trademark for profession

It is the duty of the GOSC to protect the title and protect patients.

Important for public perception.

I think it's crucial for patient/public protection and the development of the profession

It's important for the GOSC to uphold the standards of osteopathy and how can they do that if non osteopaths are using our name.

A certain level of training and competence is required to be an osteopath therefore to imply you are an osteopath if you are not, not only undermines the training we have but also gives false representation to the public and could pose a risk to the public as well as undermining confidence in the profession. If GOSC is there to protect the public then protecting the title is an essential part of this to ensure public safety knowing an osteopath is appropriately trained and qualified

Public need assurance of educational and professional standards of osteopaths

Needs protecting

As the regulatory body, it is the GOsCs duty to make sure that only those with suitable knowledge and competence are able to be associated with the Title of Osteopath and all that is associated with it to uphold the integrity of our profession

We have trained hard to be able to call Ourselves osteopaths and if that goes there will be nothing to regulate

The use of the word Osteopah/Osteopathic specifically refers to the profession and can be deeply misleading and dangerous for the general public

The public needs to know that they are going to a safe environment. Serious damage could be caused by someone who had just completed a weekend course.

You need an osteopathy qualification to register therefore they should be protecting those of us who do and protecting the title of osteopath. If people are operating without the qualification and saying they are wouldn't in be in goscs best interests that they don't ruin the reputation of osteopaths as a whole?

It is imperative to protect the title of osteopath and long overdue the wording of osteopathic technique. Non osteopathic practitioners can use HVT , mobilisation, manipulation there is no need for anyone de registered or untrained to use any ref towards osteopathy

A trusted board to oversee quality and qualified care

I think GOSC is there to regulate osteopaths so it does make sense they protect the title to ensure they are able to meet their own remit. If the title is used more widely they'd need to regulate those individuals too.

We have been trained to a high level spent years refining techniques and learning how to treat safely I have seen a huge increase in people doing weekend courses in spinal manipulation and claiming they are using osteopathic techniques without actually knowing what an osteopath is or does !

No one else is protecting our title

I strongly agree. Protecting the osteopathic title is essential to maintaining public trust and professional integrity. The title represents not only the techniques we use but the depth of our training, diagnostic reasoning, and duty of care that underpins safe and effective practice. Without this protection, there's a risk of public confusion and potential harm, as unregulated individuals may use similar language without the same clinical accountability or standards. Safeguarding the title ensures patients can confidently identify qualified practitioners and reinforces the credibility of our profession.

I strongly support your statement "It is our role to protect the health, safety and wellbeing of the public, and to protect the reputation of the osteopathic profession. We are responsible for making sure the public continue to have confidence in the profession of osteopathy, and we are responsible for the professional standards that osteopaths and osteopathic students must follow in order to practise safely. " I am confident that a strong and clear title protection of osteopath and anything related, like osteopathic, is essential to uphold and maintain patient safety and the profession's reputation.

Think about patient safety, and patient needs to know that they are in safe hands and following regulations and have the qualifications necessary to treat

As osteopaths provide a specific type of care using techniques.

Absolute clarity needed about who is treating a patient. It is an important role of a regulator to Register qualified professionals. Patients and the public must be able to trust in the role of the regulator and how it assures patients that the person treating them, is what they say they are and qualified to do so.

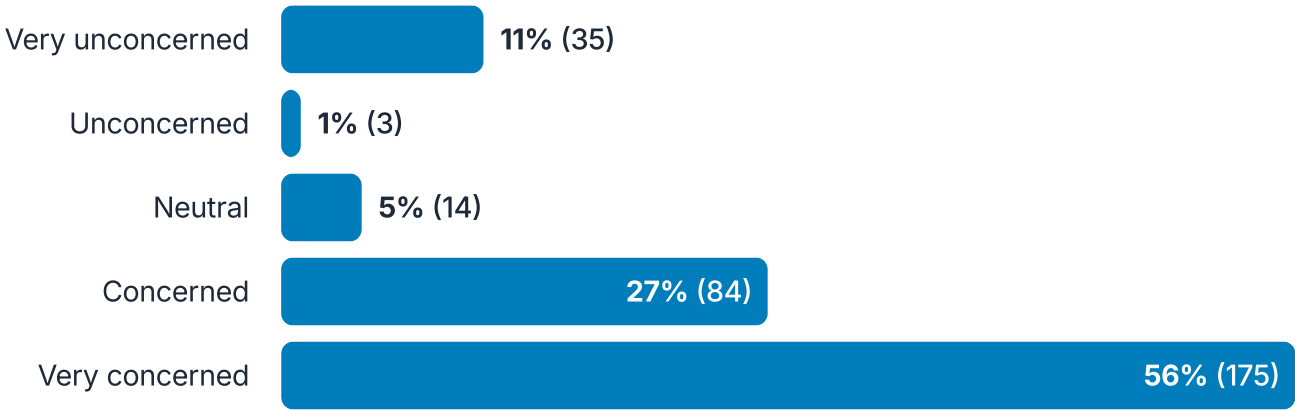
6. Are you aware of a growing trend of people using osteopathic terms to promote their services when they are not registered with the GOsC?

Responses: 371



7. If you answered yes, are you concerned about this?

Responses: 311



8. Please provide any additional comments below:

Responses: 213

dADas

There are increasing numbers of practitioners with no more than a level 3 certification in massage training with these organisations. They lack sufficient safety and training and are rapidly promoting themselves on social media as "Osteopathic"

There has been therapist local to us advertising osteopathic manipulation treatments

Patients are not being made aware that these musculoskeletal specialists with osteopathic manipulation qualifications through a short course are not an osteopath. Although if they were an osteopath and deregister I do not have the same complaint as they have trained as in depth and greatly as I. There are some wonderful

deregister Osteopaths and I say Osteopaths because you don't switch the job off when you no longer are a member if gosc, they have done that for their own valid reason.

Osteopathic techniques are not the same as someone who stays up to date with training and regulation! I resent that someone can misrepresnt themselves (often deliberately) and argue that their treatment 'is osteopathy' but without regulation and presumably the appropriate insurance etc.

To perform surgery or to say you provide a surgical service in the Uk, it is a legal requirement to have carried out the necessary and appropriate training and meet specific criteria to become a surgeon. This should be standard for osteopathy. GOSC needs to have zero tolerance to any erosion to the terms osteopathy, osteopathic

1) I have had a number of patients in the last few years that are coming to me because another practitioner has injured them through a manipulation (mainly sports therapist using 'osteopathic techniques'. 2) Patients were hesitant to use a Osteopath through the damaged occurred, so the public believe that the term 'Osteopathic' makes them an Osteopath. I am concerned it is tarnishing our name. 3) Patients are not beeing made aware of the risks in receiving manipulations. 4) As a Lecturer and module leader at a Osteopathy College- students coming through who have done these coursers are doing in my opinion very aggressive manipulations that over lock the joint and cause pain.

Public doesn't understand the difference and it is condemning for the profession

Being able to call myself an osteopath should be dependent on nothing other than pure merit. The expensive fees discourage osteopaths from registering- after all a fully qualified and competent osteopath should be able to control their own career

See above answer

Much work was done to protect the title and it feels that the title and our superb education are being undermined when non osteopaths can use our name.

The identity of osteopathy is obscure enough with out practitioners who dilute /or risk our reputation to the general public. Osteopathy is not a set of techniques but a philosophy. We are also much more highly trained to asses and diagnose and refer on as a AHP.

On Facebook, there's an "assistant physiotherapist" near me working for the NHS around Horsham in Sussex. She describes "osteopath techniques" as part of her treatment. Dreadful. I don't know if her employers are aware of this. Perhaps the NHS could receive advisory notes.

I do feel like it misleads the public into thinking they could be an osteopath. And if that person is not safe and competent it could tarnish the reputation of qualified and legitimate osteopaths.

There should be legal stipulations on courses promoting Osteopathic techniques, such as a duty of care to ensure that registrants are registered Osteopaths, or other appropriate body (HCPC for physiotherapists), and a disclaimer that practitioners can only advertise as using osteopathic techniques if they are registered with GOSC.

If you don't protect the title completely you will have Osteopaths leaving the register which will eventually lead to the collapse of our profession. You need to give us something to justify the training, title and CPD we do to offer the best service to our patients. The title Osteopath should be respected and not diluted.

When I trained we didn't start to learn how to use HVLA until year 3. Until then we were deemed to have sufficient competency to safely use them. I worry about the public thinking they are in safe hands when actually their therapist may really not have the level of experience needed to use these techniques judiciously. Also, as an osteopath qualified for over 10 years, who had a well paid senior level career prior to becoming an osteopath, I must say that it is a hard career to get established in and make a good living from. There isn't (or at least wasn't) any kind of mentorship process or system, and there's very little practical business training. It's utterly galling to see people do a weekend course and then market themselves as osteopaths without the expense of regulation that we have. Seeing this trend, as well as swathes of osteopaths deregistering and practicing as osteomyologists etc is heartbreaking and has really made me question the worth of my education. I feel this sense that the hard work I put in just hasn't been rewarded- other professionals that undergo a similar level of training are treated with respect whereas we are seen as glorified massage therapists. It's all a bit depressing really.

Many leaving the register as they 'retire' but continue to treat patients in the same way they have always done

There has been a noticeable rise in individuals and businesses using osteopathic terms—such as “osteo”, “osteopathy”, “osteopathic techniques”, or “osteomyologist”—to promote services despite having no registration with the GOsC. This includes misleading clinic names, social media handles, websites, and business signage that imply the practitioner is a regulated osteopath. In particular, unregulated practitioners frequently use branding like “Osteo & Wellness” or “Osteo Therapy”, which the average patient would reasonably assume indicates GOsC registration. This creates confusion, misleads the public, and exploits the reputation of the osteopathic profession without meeting the same professional standards.

There are courses that certify individuals in osteopathic technique and issue certification for this. It is inherently dishonest to the public and the participants.

This is very misleading I have seen patients who have been less to believe these people are trained osteopaths

Statutory regulation should be in place where there is a chance that a therapist can kill a client - so said a government official recently. How many people die after receiving osteopathic techniques? I think the GOsC should relinquish its control over the title osteopath (and all versions of that word) and registrants should be incorporated into a more generic association, like the HCPC.

This is what gosc should be protecting Osteo's from are weekend courses claiming to be Osteo's or osteopathic trained

It makes a mockery of studying for four years, doing CPD and paying to be on the register, when anyone can infer they've had osteopathic training, by using the term osteopathic.

Such occurrences run the risk of negatively affecting public opinion on osteopaths and osteopathic treatment.

I have had reports from patients that they've been to dentists and local massage therapists who claim they can do osteopathic techniques and what I've heard concerns me, but as they not claiming to be osteopaths there is little that can be done, but what I've heard concerns me!

Many websites/practitioners (who are not osteopaths) are claiming to use osteopathic techniques, I have had patients who have experienced this prior to my appointment and believed they were seeing an Osteopath. It is misleading.

I'm concerned that Osteopaths will be associated with people who are not regulated and who put patients safety at risk. I'm also concerned about loss of professional status / reputation amongst other healthcare professionals.

This is of particular concern in CPD courses available to non osteopaths being taught so called osteopathic techniques. Also a HUGE problem in the treatment of animals - An Animal Osteopath MUST have done an approved course in Osteopathy not just learning a few techniques applied to animals

I believe there should be stricter rules about the use of these terms, as they can cause confusion for the public.

Hugely concerned that people are able to do weekend courses on 'osteopathic techniques' including manipulation. They are then able to advertise themselves as offering osteopathic techniques. We have trained 4 years in order to call ourselves osteopaths. It is unclear for the public to really understand the differences, they may assume someone who is offering osteopathic techniques is a qualified osteopath which is incredibly dangerous.

The use of osteopathic terms by others to promote their services undermines our professional standing and dilutes our reputation with the public

I am further concerned as this trend is growing and now some trainers and CPD providers are having their short 3 day or online courses, accredited by small bodies that are not regulated themselves. I see this as very misleading to those attending the courses and possibly giving a false confidence in their manual skills. This could be even more concerning if the individuals display or reference these certificates on their websites or consulting rooms, potentially misleading the general public as to the depth of training received.

Weekend courses, or even just someone who has no training and pretends to know what they are doing

I have had several patients see me in clinic over the last few years, injured and conned out of large sums of money, by people claiming to be Osteopaths or using osteopathic terms. Not only does this reflect incredibly poorly on the profession and undermines the credibility of the Osteopathy itself, but patient safety and well being is put at risk.

Using Osteopathic terms inappropriately can be misleading

I have now blocked on facebook companies offering OMT courses but for a period of time I was deluged with ads for massage therapists and other healthcare practitioners to learn OMT from companies such as OMT Training.

Not aware until now. It will be useful to show some evidence.

Not heard of this

I have seen some refer to "osteopathic techniques" but minimal. I think it's more confusing to have osteopath, chiropractor and physiotherapist. I believe it would be better to start working towards one profession as an MSK specialist.

Massage therapists and others use the words osteopathic techniques Osteopaths teaching anyone Osteopathic skills

It seems ridiculous to me that anyone who is not an osteopath can use any term which even implies they are qualified as an osteopath

See above.

Among us, Osteopath I think this is the biggest complaint. I was actually told by Madeline Craig, who used to be chairman of the GOSC she told me directly in those days that her belief was that Osteopathic techniques were also protected by law. Otherwise people will make use of the title that we studied very hard for and paid a lot of money for. It's not right.

The public (who by and large are not aware of the existence of GOsC) are being misled.

I have spent £60,000 and four years to become an osteopath. I don't think others should use osteopath, osteopathic techniques or equivalent. It disregards the degree.

No, 80% of the UK population don't know what an osteopath is or does and that's from Ncore, considering we are so under represented, this term makes no difference whatsoever. It's also an offence to call yourself an osteopath and therefore if someone is blatantly advertising themselves as an osteopath it's an offence but to say they use osteopathic techniques is irrelevant. It doesn't imply that they are an osteopath.

Sometimes I have come across the term 'osteopathic manipulation' or 'osteopathic technique' when looking for CPD courses. I always find those statements strange, since they don't really mean anything. It does not specify what is meant by those terms. In my opinion, those techniques are not specific to Osteopaths, but rather used by manual therapists who work in different ways. It's just the term that has been nicked if anything.

The difference between "Osteopath" and "Osteopathic" is self-evident. One is a description of a person's training and professional identity; the other is an adjective. It is not necessary to treat the public as ill-educated - they are capable of differentiating the ordinary meaning of these terms.

If people choose to surrender their GOsC registration then they shouldn't be allowed to use techniques used by osteopaths.

These weekend courses teaching osteopathic techniques to non osteopaths is enabling these practitioners to mislead the public/lie by omission & it's highly likely they don't have the level of insurance/capability/training to be carrying out the techniques learnt safely on the public.

Particularly concerned about the teaching of "Osteopathic techniques" in short term courses to non osteopaths and in some cases it seems adverts directed at non medical trained persons.

If one is allowed to use "osteopathic techniques" after courses lasting a few short weekends, what, exactly, is the point of undertaking all the CPD, paying registration fees, paying insurance, keeping up to date with research, conducting oneself professionally both in and out of clinic, and maintaining said clinic to the hygiene levels required? It is an absolute joke. These individuals charge similar prices to registered practitioners yet have a fraction of our overheads.

Weekend or day courses in so-called "osteopathic manipulation/techniques" for anyone who is not registered with the General Osteopathic Council make a mockery of the Council's regulation of training and education for the protected title of "Osteopath". This appalling loophole in the Act exposes patients to risk of harm or abuse by

those masquerading as fully trained and regulated Osteopaths and severely damages the reputation of those who are fully trained and qualified to use the title.

It seems ludicrous you can essentially claim to do an osteopaths work on the technicality that you use osteopathic techniques

It will be difficult to prosecute if the individual made it clear to the patient, that he was not an osteopath, but practised osteopathic techniques

Seen "osteopathic techniques" used more often by not osteopaths

It does not effect my business. And I did not hear any negative reports on any of this trend you ask about.

Not as yet

I find it more disturbing when I see on social media unqualified therapists using techniques they may not be qualified for such as HVLA.

I think if other professionals who don't have osteopathic training and who are not registered use these terms, the public cannot distinguish between a registered osteopath/osteopathy and other therapists/professionals. And this can have an impact on our profession as a whole, on patients' safety etc

I am very concerned of the implication that unregulated practitioners could and do use the title osteopath if prefixed by such words as animal or equine, canine, veterinary etc and that because they state they do not treat humans patients they are therefore entitled to use the title osteopath. Owners of animals seek osteopaths to treat their animals (with veterinary permission) because of the regulation and governance of osteopaths and are being confused and I believe misled by prefixes.

I am very concerned about this issue. The misuse of osteopathic terms by individuals who are not registered with the GOsC misleads the public, undermines patient safety, and devalues the profession. It is particularly concerning that some qualified osteopaths are teaching osteopathic techniques to unqualified individuals purely for financial gain. This practice is irresponsible and should be subject to greater accountability and regulatory action. Allowing unqualified practitioners to use or promote osteopathic methods not only puts patients at risk but also threatens the credibility and trust that the public places in registered osteopaths. The GOsC must take stronger action to ensure that both unregistered practitioners and registered osteopaths who enable this behaviour are held accountable

Extending protection against the mis-use of the aforementioned phrases not only protects the general public, it also guards against possible "imposter or scam practitioners" posing as osteopaths. This can only strengthen the overall value and standing of the osteopathic profession in the eyes of the public.

To have the confidence in our profession, the public need to trust that their practitioners are well educated, adequately insured and kept abreast of best practice via cpd. Misleading titles like osteopathic manipulative therapists, erode that confidence as the public often don't know the difference between these practitioners and registered osteopaths. I also think it's important in securing the future of osteopathy. If a prospective student is considering osteopathy as a profession, it's important that they know the effort, years of study and financial outlay of studying will be worth it, and that others aren't free riding on osteopathy's reputation whilst only taking part in a few weekend courses.

Very uneducated/untrained individuals advertising themselves with "osteopath" or "osteopathic" in their description is a mockery to our profession.

There are a number of practitioners in Northern Ireland who advertise as Osteopaths, yet are neither qualified or registered. I will have patients tell me they have been to an osteopath before who wasn't great and caused their pain to worsen and when I ask who it was they saw, it's usually one of these unqualified "osteopaths". This not only poses a serious risk to public health but also damages the reputation of fully trained and registered osteopaths.

Not until I saw the Facebook post

Dunmurray therapists

It is very important to protect the titles to ensure protection and safeguarding of the public

These therapists do not have the intensive training required

I have in the past seen many manual therapists who are not registered osteopaths that advertise their services in osteopathic terms such as providing "osteopathic manipulation"

This is reducing the trust and confidence in our profession. Not just from patients, but also from other professionals.

As above the use of the term osteopath, osteopathic techniques should be used by those who are registered osteopaths and newly qualified osteos should be at a educated standard of graduate as a minimum to allow the profession to be regarded at a high standard within the health care professions

I left a practice as the lead clinician was not registered but was qualified. He didn't want to undertake CPD but dines out on the past by calling himself an osteopathic practice. Worse still he has encouraged a registered osteopath (who lives 300 miles away) to provide cover during holidays (in theory) to provide the osteopathic legitimacy. When I whistle-blew on the GOsc website to the email address and phoned I got no response and no reply. Very disappointing.

People providing courses using osteopathic techniques. There needs to be a thorough understanding behind any technique taught which can only happen under comprehensive tuition in an osteopathic institution.

There are diploma courses being developed in manual therapy that would dilute and trivialise the Osteopathy title if allowed to use the title. It would dilute Osteopathy's current status and good standing in the public eye and health care arena. The profession has spend decades raising the academic training standards and the title must be protected to those those suitably trained.

It damages our reputation and industry that through wordplay therapists with less experience, knowledge and skills and potentially mislead the public into accepting treatment from someone they think is an Osteopath.

As a previous sports therapist and final year osteopathy student. The depth of my knowledge has vastly increased during my training on my current course and the true understanding of the principals to guide me

practice is something of value and deserves protecting. If it is not protected and shorter courses than the current 4 years are opened up, I feel this will detrimentally impact osteopathy as a whole, degrading what we are/ have trained so hard to become!

Issues of safety and regulation should be paramount to protect the public and the professionalism we continue to promote.

True osteopathy in it's original inception is being lost anyway into a mix of practitioner's who manipulate, our colleges are in decline. General public are still largely unaware of what we do and who we are. There are two camps, those that were trained as osteopaths who have deregistered with gosc because they don't like the way the profession is being guided, they have full and proper training, and I don't see them as a threat. The second camp are those that manipulate and have only minor qualifications in say massage and manipulation and have never done proper osteopathic training who are more of a potential threat to the name of the profession.

I think the GOcS should listen to why someone would choose to deregister when they have spend 4-5 years studying to become an osteopath

The knock on effect appears to be also devaluing the registration of practitioners to the gosc and could be leading to the increase in de-registration as a practitioner can use this grey area to continue to use or reference the terms

This has been a concern since some training providers have offered courses etc in osteopathic manipulation techniques and the rise in social media

Perhaps the underlying cause for people not registering needs to be addressed

I worked hard to obtain and continue to work to maintain my understanding through cpd. What I do is more than just techniques.

Please see above

It's becoming more and more common that other manual therapists are portraying osteopathic skillsets via marketing material when not registered as an osteopath. There is also room to query the titling of courses as osteopathic when being taught exclusively manual techniques.

I didn't train for 4 years, then work on developing my clinics for 28 years, for a weekend trained massage therapist to be able to advertise that they offer 'osteopathic techniques'. If they get it wrong, and patients are harmed, it's marks all of us negatively.

A "physiotherapy assistant" NHS, in the next county describes herself as using "osteopathy techniques"

Physio and chiropractic all use these terms I'm not sure you would ne able to stop that

It's misleading to the public

It is UNSAFE example people who do massage or a weekend course in how to manipulate someone's joints without any knowledge of the indications or contraindications or red flags

We see many examples online of people who are not Registered Osteopaths claiming to treat Osteopathically and using Osteopathic techniques.

As a registered Osteopath, I adhere to the requirements to be registered and to keep both the public and profession safe and well respected. Others using these terms are riding off the back of those of us registered be it if they have come off the register or are another physical therapist using these terms to imply that they are trained to the same standards and comply with the stipulations of the register.

I have come across people who have completed a weekend course in osteopathic techniques and call themselves a practitioner of osteopathic techniques. Patients are not aware of the difference and level of training, they just see 'osteopath' in place any of carefully worded marketing material avoiding the word. My major concern related to animal osteopathy where we are increasingly seeing massage therapists adding osteopathic articulatory balancing technique and marketing themselves as animal osteopaths after extremely limited (predominantly online) training. It is also very sad to see animal osteopathy listed amongst the many treatment modalities these therapies use (it isn't just a technique like cupping or myofascial release). This is really devaluing our entire profession as owners will see animal osteopathy as an adjunctive technique, not a highly qualified profession. I have had several owners who were not happy with the treatment from these animal osteopathic practitioners. This also damages the profession as they will then use ACPAT physios instead as they can see they meet certain training standards very clearly.

I am not aware of this trend. But with the massive use of the internet I can believe this is the case. It would be good to see the evidence of this analysis to substantiate this claim. If this trend is related to osteopaths leaving the GOsC I would like to know why.

Offenders should be prosecuted!!

I am only aware of this through my involvement with ESO, GOsC and BCOM. I have not seen it mentioned as a concern elsewhere. (Though, I don't know where I might expect to see it. Part of the problem, I expect.)

I have noticed people use different titles when not qualified or registered but offering osteopathy services

I am concerned because I have hope that GOsC have other alternative protective frameworks (including the fitness to practice but also false advertising).

Completely undermines Osteopathy as a recognised professions that should be trusted and regarded

Sense some have trained fully in osteopathy and are competent but became disillusioned with future projections of the profession ie loss of identity / felt threat of being absorbed into the state medical set up - this seems unfortunate. Sadly others have sabotaged this for their own gain.

I am very concerned because the misuse of osteopathic terms by unregistered individuals presents a clear patient safety risk. It can mislead the public into thinking they are receiving care from a qualified and regulated osteopath, which could result in inappropriate treatment or delay in accessing appropriate care. Protecting the title is essential to maintain trust, uphold professional standards, and ensure patients can make informed choices about their healthcare. I have observed an increasing use of terms such as "osteopathic techniques" or "osteopathic manipulation" by individuals who are not registered with the GOsC. This is concerning as it may mislead patients into believing they are receiving care from a regulated osteopath when they are not. Strengthening the protection of the title would help reduce confusion, safeguard patients, and maintain the integrity of the osteopathy profession. I support clear legislative amendments to Section 32(1) of the Osteopaths

Act 1993 to explicitly cover misuse of osteopathic terminology, including descriptions that may imply competence or professional association with osteopathy.

Weekend courses are springing up which allows people to promote that they use Osteopathic techniques or treatments. This belittles the 4 years that it took us to train and the rigorous testing we went through to prove we are competent

Training colleges advertising to teach OMT will create practitioners who will be limited in their knowledge base and will devalue osteopathy as a whole

Many would assume this implies they are an osteopath or undergone osteopathic training

Misleading to the public and may be dangerous

There are former/ex-osteopaths who still use the term "osteo" in their web addresses. Patients commonly refer to us as "osteos". So this is an additional layer of confusion. If a person who has been removed from the register but then can use a web address with the word osteo in it, set themselves up on Harley Street and display their academic qualifications, that may include "Ost" or "Osteopathy" - well that will inevitably cause confusion to the public.

I work in a building with a non-osteopath practitioner who advertises osteopathic techniques on their website. There is no control over how these techniques are applied, and should something go wrong, no redress for the patient.

An increase has not been noted.

I am concerned when people use osteopathic type titles for those who have been removed from the register for fitness to practice, but continue to provide their service in an unregulated manner - that is incredibly concerning. I also think some students have been doing this before they graduate to allow them to practice on massage clients, which I'm not sure is right / safe

It misleads the public and harms the reputation of the profession.

It's the use of the word 'osteopath' and its derivatives which is the problem. You can't protect the techniques themselves, but they should be described as manual therapy techniques or similar

I'm surprised the individuals have not been prosecuted. It undermines the purpose of the GOSc and will result in hoards more Osteopaths exiting the register because there are no benefits.

We need to be clear that 'osteopathic' doesn't refer to a modality but to everything that comes before it. Therefore, clicking someone isn't 'osteopathic' without the reasoning for the click!

It misleads the public into thinking they are qualified osteopaths

I am concerned about this because 'osteopathic technique' courses are available to a wide range of people including unqualified people. I have attended a course as a student and was concerned that some of those of the course had no idea of anatomical landmarks and felt unsafe when they were practising on me.

It undermines our profession. Osteopathy is a unique combination of principles and philosophy which cannot be taught on a weekend course.

What do we pay our money for?!

Osteopathic techniques and other Osteopathic information may not be applied in the correct way.

It dilutes the integrity of our profession and as I said above could lead to harm, whilst also giving osteopathy a bad name.

It is very surprising that courses offering to teach 'osteopathic techniques' to non-osteopaths are allowed. Given that there is no such thing as an osteopathic technique - there is technique performed by osteopaths - these courses are clearly intended to mislead both the applicant and their clients / patients.

It is unsafe and misleading. These practitioners may be very good in their own right, but they do not know what their shortfalls are through limited education

I have very low social media activity levels which may explain why I am not aware of such a trend. However, being active in practice and teaching in an area of relatively high osteopaths to patient ratio, I was surprised to only find out about it when shared by a colleague this week.

It's misleading and patients could believe they are being treated by a qualified osteopath when they are not. It's a particular problem in Equine Osteopathy.

Its not surprising when there are lots of osteopathic technique classes which open to other professionals.

Ost technique is not the same as the protected title. Annoyingly.

Clinical safety in applications Patients looking for osteopaths being mislead

Osteopathy is the entire process including case history, assessment, diagnosis and then application of appropriate treatment. Use of osteopathic techniques I think does not include the whole process, implies that there is no need for the whole process, and therefore no need for the osteopath to be trained osteopathically

For the same reasons as the first answer and also the fact that I spent many years training to get where I am. I do not appreciate people purporting to have the same skill set as me. Especially if they are a potential danger to the public.

It is misleading to the public. Techniques such as manipulation or massage can be used by a multitude of practitioners. Osteopathy is what an osteopath does. Osteopathic techniques are used by osteopaths and the term should be protected as such

No i am just aware of local colleagues but it comes as no suprise.

Osteopathic terminology implies a level of education & professionalism. This can't be guaranteed if it's being used by unregulated professions

Safety is a major concern, I know of sports therapists that are trained in HVT over a weekend, it was year 3 before I was allowed to perform these manoeuvres and had to be accompanied by an osteopath clinician in clinic. How can a weekend course teach somebody these skills and also more importantly when not to use them.

Education providers promote osteopathic technique courses and should be brought into line as well.

It is a safety issue for the public and could present osteopaths in a bad light if un-registered people are claiming to use our techniques

The phrase osteopathic technique should be protected. The training and knowledge cannot compare to these weekend courses that are being offered by some institutions

It implies a standard of training and ethics related to treatment .

If the current trend doesn't reverse, being a registered osteopath will mean next to nothing, and the profession will collapse as osteopaths resign from what will have become a redundant register

The general public may not be aware that a massage therapist who has done a weekends training osteopathic techniques is not the same as seeing an osteopath.

They are taught technique, but not when to utilise them - they do not have diagnostic skills, they do not have differential diagnosis, they have the potential to do more harm than good, and if they do this using 'osteopathic techniques' then by association, it is harmful to the Osteopaths. I also think the general public do not necessarily know the difference between an Osteopath and someone who uses 'osteopathic technique'

To me techniques are something that are interchangeable between manual therapists but to declare it as osteopathic implies an application on osteopathic thinking, use of the osteopathic principles and that the trainee has the level of competency of an osteopath.

The general public may be unaware that those people advertising using osteopathic phrases haven't undergone the level of training required to be a registered osteopath. It undermines the profession.

Can totally misrepresent the profession and our abilities /skills

As an osteopath I cannot say I use chiropractic techniques, or other techniques. It implies a false image to patients, and is not reflective to the depth of training an osteopath has to go through. Also the 'osteopathic techniques ' are not copyrighted to osteopathy, so why call them osteopathic techniques. The term is a false representation which tricks people to do the courses plus the public to see non osteopathic practitioners

Other professionals wishing to learn about osteopathic practice is a validation that what they think we do is good

Again if we've trained to be an osteopath and pay the money to be regulated this should mean something

People go on weekend course and offer osteopathic techniques. It thoroughly undermines our qualifications.

I think it is all about the qualifications and experience someone holds

Using these phrases implies a level of competence which is associated with osteopaths who have undergone rigorous training.

Would think it's obvious. It's dangerous and makes me wonder why I spent 4 years doing it when others can do it with no training

A weekend of teaching so called osteopathic techniques does not constitute a safe level of expertise - we cannot assume non-osteopaths attending these courses have sufficient or rigorous understanding of anatomy, physiology, carrying out risk assessments, red flags, etc

Seeing way too many references to osteopathic technique/ manipulation from various massage therapists.

My main concern is that people are doing short courses and implying that they are an osteopath. I think that most members of the public assume that if someone does 'Osteopathic techniques' they are an osteopath

I am a registered osteopath. The term osteopathic technique is not protected. Techniques are common across disciplines such as chiro and physio. So it is impossible to protect. Perhaps the term osteopathic could be included under law. If the public read my website bio it is clear that I am a registered osteopath

I think it is misleading to the public. Basically these therapists have gone on a course to learn new techniques which may, or may not, have been taught by an osteopath. So why don't they just advertise "I've learn new techniques"? Because nobody would care - the public wouldn't care. But to put replace the word "new" with "osteopathic" ie "I've learnt osteopathic techniques" - is an effort to imply added "worthiness" and "credibility" and so is used as a deliberate intention to mislead the public and deceived them. As these therapists don't have to adhere to the osteopathic code, nor do they have to learn how to screen people before doing these procedures they are endangering the public and putting the osteopathic name in disrepute.

I'm seeing massage therapists and sports massage therapists advertising they use osteopathic techniques in their treatments. My concern is they have not done the rigorous training that I have done through my osteopathy training and this is misleading to the public.

The protection of titles help to preserve professional standards. If the profession falls below standard, we have only ourselves to blame, but if people outside of the profession bring our profession into disrepute - through poor training, money-making opportunism (i.e. weekend, non-accredited courses sometimes of only a few weekends in duration), there is every reason for concern.

I've seen massage therapists who've done a weekend course advertising that they use osteopathic techniques and even offering osteopathic treatment. When reported nothing happens. They have far less experience and knowledge than we do, if a patient with them has a bad experience they assume osteopathy not for them even though they've not actually seen an osteopath, I've trained for years and pay a lot of money for the privilege to call myself an osteopath yet Joe Bloggs down the road can seemingly advertise the same services without any osteopathic training. It makes a mockery of the whole degree. If a massage therapist called themselves an orthopaedic consultant they'd be shut down in minutes. It devalues our profession and these people are allowed to continue which potentially just gives osteopathy a bad name.

I've heard rumours of osteopaths that have been struck off the register, describing using osteopathic techniques. A dangerous confusion for unsuspecting patients.

People using the title osteopath pose more threat /higher risk to the public than a trained osteopath. It's an abuse of the public's trust.

Osteopaths have extensive training that allows them to diagnose and provide appropriate treatment. Just knowing you to perform an osteopathic technique doesn't provide you with the necessary knowledge and skills to judge whether a technique is safe and appropriate for that patient

It undermines osteopaths and allowing people to use our name to get work

I have raised complaints previously with GOSC and feel they should have been actively educating insurance companies, sportsmassage course centres in dissuading them from advocating this practice.

More needs to be done. Otherwise, more will leave the register and practice unregulated.

We are taught techniques after following rigorous study and supervision. 'Osteopathic techniques' are taught in a weekend, which include manipulations that we weren't allowed to practice let alone attempt until our fourth year of study. How can someone providing a weekend course be assured that their student is sufficiently qualified? Osteopathy is philosophy, science, deduction, palpation and reason, not a series of manoeuvres that may or may not provide temporary relief. It undermines our education and confuses the public. Why should they pay for an osteopath when their *insert name of profession allowed on these courses* can 'click it back in to place'. Do practitioners have any proof that they are not dangerous? If they cause injury, it will tarnish the name of osteopaths without an osteopath being involved. Will this increase our insurance due to poor management of the term and poor execution and poor performance?

Osteopaths need support, our numbers are dwindling because too many are leaving the register and becoming manual therapists, osteo technicians etc...

It's capitalising on the profession standing of Osteopathscutting corners and potentially undermining clarity and confidence in the public's mind

I believe therapists using terms such as Osteopathic techniques and not distinguished by the public as separate to registered osteopaths and put the profession in jeopardy

It takes away the safety I think we have with our longer training

Using the term 'osteopathic techniques' does imply 'by an osteopath'. It is deliberately used to 'trick' and mislead the public.

Practice of the osteopathic principles requires much thought and ongoing development. Osteopathy is way more than a "technique" or "manipulation". However the use of these terms by these people is muddying the waters even further than they already are. How can the public hope to understand what we are, and what we can offer whilst there is so much confusion around this?

Not majorly, as CPD grows and pool of techniques are there to be learned. I can advertise I know physiotherapy techniques such as PNF, Mulligan or McKenzie. So it can go both ways. I'm also not concerned as if that was the be all and end all of what they want, why see them instead of an osteopath. If it is an osteopath that has deregistered I may see them as actual competition, but they also have the relevant training to advertise their expertise in my opinion

We are aware of a growing trend of both chiropractic, and osteopathic terms being used by individuals that have either never been registered, or have previously been registered and are not currently. Individuals who are purporting to be chiropractors and osteopaths fall into a wide spectrum of circumstances, with differing levels of training, and present differing levels of risk to the public. With regards to those who are qualified, but not registered, we have sought to tighten our own standards (Code of Professional Practice) to protect the public: We require chiropractors to be clear with patients that they are registered and regulated, and by requiring them to be clear with patients which of their colleagues (with a chiropractic degree) are (and are not) statutorily regulated. We realise, however, that this will be of little use against those who are not working alongside regulated individuals, and puts those who are registered in a difficult position when employed by a non-registered individual. We note a related (though separate) problem of qualified (but not-registered) practitioners highlighting their degree (M.Chiro) and using that to add credence to their role (alongside the use of terms such as "chiropractic" or "osteopathic" techniques). We are particularly concerned about the use of some of the adjectives "chiropractic" and "osteopathic" on social media (as links or hashtags for instance) where they can imply regulation with little or no oversight.

Having had a patient who had a neck manipulation carried out by a massage therapist who did no medial history, no testing and just asked would you like me to manipulate with no risk explanation, no informed consent who then had a massive reaction and came to me in a panic that he had done some serious damage to her neck. There is nothing written on his website to his skills in this area, and based on my knowledge of such courses I imagine he gained his manipulation 'skills' in a short weekend course. This is someone who doesn't even advertise his 'skills' and it concerns me then on the people who do advertise and perform these skills and lure people into a sense of security that they are being treated by someone with a wealth of training, like an actual Osteopath.

I understand others have seen this and it is a concern as it implies a level of training they have not received.

Whether a chiropractor, physio, neuromuscular specialist, or any of the other names treats me, the techniques are all the same!

Patients come expecting a safe treatment and environment. I have always upheld a Registration as well as membership of a representative body at great financial cost . In addition to my CPD commitments the financial and time burden is great which increases the need to raise charges to patients in turn making Osteopathy less accessible to more people due to cost. Also battling the lack of acceptance of Osteopathy within other Health care professions is draining and in some cases damaging, when GPs actively tell patients not to attend an Osteopath. I am loyal. I believe in Osteopathy. I am a parent of additional support needs. I am having to fight for my family as well as for my profession when I really do not feel we should be at this stage! I have been a registered Osteopath from the start of GOsC & even had to fight for that!

Patients do not understand that the use of these terms indicates they are not regulated, which is a potential safety issue. But also allows other professionals such as Physios or massage therapist presenting themselves as pseudo Osteopaths. Relying on Patients understanding the difference.

There has been a noticeable surge, particular with regard to animals - many courses profess to teach osteopathic techniques to non-osteopaths. These practioners with the best of intentions then describe themselves as Osteopaths which is misleading and dangerous to the public as there is no way of knowing if they have the same background and understanding. Some of these courses are mostly delivered on-line which is mind boggling for a hands on therapy and I believe is detrimental to the profession.

They make out they are more qualified than they are. Not safe!

They are misleading the public for financial gain. It is unsafe and unethical

It creates confusion in the minds of the public: they do not necessarily differentiate between different professions & generally would not understand the difference between an osteopath and someone using osteopathic techniques. It endangers the existence of GOSc in that there is a diminishing incentive to retain registrant status. Without GOSc there is no public protection. It creates an environment in which the public can be misled by unwitting or unscrupulous practitioners who may represent themselves as osteopaths by using the phrase "osteopathic" but do not have the levels of diagnostic and patient management skills of a real osteopath. This means that patients can potentially be defrauded into spending money with someone whom they believe to be an osteopath but is not or (worse still) placed in danger by someone without the training and diagnostic skills of an osteopath. It potentially brings the profession into disrepute as non-Osteopathic practitioners without the training of an osteopath are perceived by the public as being osteopaths as they are "osteopathic". It makes a mockery of years of training, on-going time and financial commitment to CPD and our GOSc fee.

I have only seen one example in my location, but this isn't a new thing.

A regulated profession is a safer profession. With an increase in the number of people using osteopathic terms to promote their services, patients are at risk.

Osteopaths are leaving the profession because of the restrictions in what they can say Osteopathy can help with and if they can say they are using osteopathic techniques and they are legitimately trained as such I have no problem with that however if they were not trained as Osteopaths with the safety and knowledge then I do have a problem with that

Former registrants still saying they are trained Osteopaths,

I fear that patients may interpret this as the person being an osteopath. Not only are the risks related to safety but devalues our profession as a whole. People who use and advertise these techniques very often just have a weekend course under their belt and if a member of the public were to incorrectly assume they are an osteopath, this could also further cause reputational harm to our profession. I know chiropractors or physiotherapists would never allow this within their profession - why are we? If clinicians who are not registered osteopaths cause harm to the members of the public, there is no regulatory body to maintain safety of patients. I agree with the principles of GOSc and the reason we have it in place, patient safety is essential. However if I, someone who upholds the standards including ongoing CPD can be called up to a regulatory body if I cause harm to a patient (rightly so), I find it unfair that someone can advertise 'osteopathic technique', cause harm and have no consequence, allowing them to potentially cause further issues and again calling the profession into disrepute.

Slightly tempered concern when those fully trained as osteopaths cease registration with GOSc from frustration and use the terms

A 4-5 year osteopathic degree cannot be replaced by a weekend course!

It's misleading for the public and raises safety concerns and undermines motivation to do the extensive training.

Although I am aware I do not know anyone personally who is doing this in my area

There is growing talk of more people moving off the register because it doesn't seem to mean anything, if you can still advertise you treat similarly. Will the GOSc do anything or will it be the end? I believe this is the approaching ultimatum

You don't hear ppl using registered terms for doctor or physio without expecting a physio is certified. Or solicitor if you used like solicitor you expect a solicitor is a solicitor

I know of people who are ceasing to be registered who are continuing to practice using some of the descriptions identified above in relation to treatment types

Claiming 'osteopathic techniques' if you are not an osteopath or have not completed a degree or training as an osteopath is misleading to the public

It is quite expensive to be registered and often members feel their interests are not well met

It is frightening that people who are ill equipped with the same knowledge and skills are able to practice "osteopathic techniques" in their practice when they have little to no education. Not only is this an inherent risk to the public, but it also tarnishes the reputation of our profession.

Im concerned as its misleading the general population that probably don't understand the potential consequences of incorrect diagnosis and treatment

Someone thinking they only have pulled a muscle may find out that they have AS. A non professional just using the name wouldn't know not to touch this type of patient

We don't own the terms and it's great others are getting educated. There is a difference if they think it makes them an osteopath rather than saying they can do similar techniques.

This whole concern was highlighted to me when training as an osteopathic student in 2014 when seeing an advertisement claiming to do osteopathic techniques for patients and to train massage therapist in osteopathic techniques I highlighted this to the council back then and was appalled and the response this has clearly come home and should have been addressed years ago

Misleading titles leading to patients being more vulnerable to receiving un-regulated treatment

I'm not aware of it in my locality but see it on social media a lot - which is it's own echo chamber so I try to ignore it

Unqualified, lazy individuals putting the reputation of hard working, competent and safe osteopaths at risk. I have worked incredibly hard over the last 18 years to Promote the profession and show it's safe regulated and these people don't care and ultimately if someone is hurt during a treatment they don't care. I know massage therapists who don't even record consent or notes because they think they don't need to

Using the word Osteopathic Infront of anything, implies that there are Osteopathy skills being used

Yes, I'm increasingly aware of this trend, particularly among local sports therapists and bodyworkers advertising "osteopathic techniques" or "osteopathic-style treatments" despite not being registered with the GOsC. While many of these practitioners may have good intentions, the use of osteopathic terminology without appropriate training or regulation can easily mislead the public. Patients may assume they're seeing a qualified osteopath, with the associated level of diagnostic skill, safety standards, and accountability that registration provides. This not only puts patients at potential risk but also undermines the credibility of the profession. The techniques

themselves aren't inherently dangerous, but without the underpinning education, reasoning, and ethical framework of osteopathic practice, their application can be unsafe or ineffective. Protecting the osteopathic title is therefore essential to maintaining professional integrity and public safety.

Osteopathy is a global profession. We see that in un-regulated countries there is a multitude of both good and poor osteopathic health care provision and education. We are also concerned that individuals in the UK and other countries, quite clearly state that they deregister to save money or to just "do as they please", while still saying that they continue to deliver "osteopathic" services. Together with colleagues in the Nordics, Europe and on the global stage, we strongly advocate for regulatory measures that will ensure safe and good quality osteopathic health care provision, and for osteopathic education to be accredited - prefferably delivered in the format of degrees consisting of ECTS, and in compliance with the European Qualifications framework. Poor regulation provides a market for rouge operators, both educationwise and service deliverance. It is clear to us that statutory regulation of the profession including title protection and anything related, and regulation of education by accreditaion in line with standards for higher education, are necessary to maintain and develop the profession and osteopathic healthcare provision. For your information, the legal framwork in Norway does not allow for anyone to state delivering anything "osteopathic" without holding a license to practice as an osteopath.

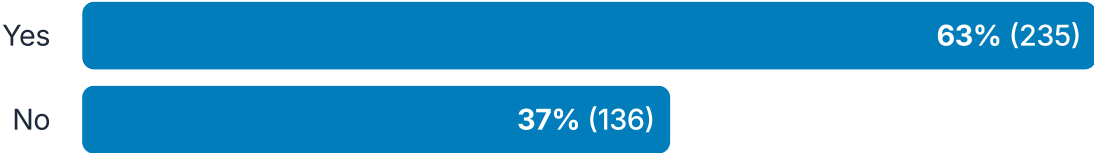
Misuse of titles is concerning, GOsC needs to make these titles more protective for patient safety and dignity of the patients. Safeguarding rules go into that, you want to be in safe hands that is an osteopath, especially for vulnerable patients

I got an email recently from the british school of musculoskeletal medicine offering a diploma in osteopathy. Online in 12 months for £900. This is misleading and it should be flagged

Patients especially in the private sector need clarity and confidence in who is treating them. It is part of the dumbing down of health and care provision by lower grade roles often not fully explained yo patients about what they can and cannot do. e.g. physician associates and in the out of hours provision clinicians are directed not to say what kind of professional they are. This happens i Greater Manchester.

9. Are you aware of osteopaths teaching 'osteopathic approaches' to people who are not on the GOsC Register?

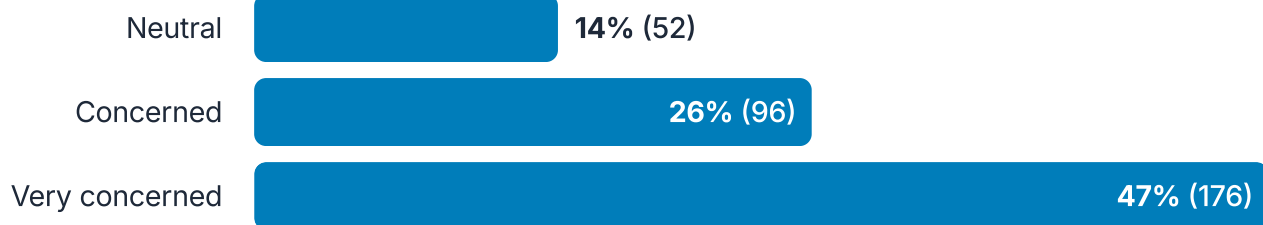
Responses: 371



10. Are you concerned about osteopaths teaching 'osteopathic approaches' to people who are not on the GOsC Register?

Responses: 372





11. Please explain your thoughts on this and tell us if you have any patient safety concerns:

Responses: 259

asdasd

Social media is showing people trained by these organisations performing high velocity thrust techniques in extremely dangerous positions potentially putting patients at high risk of injury or worse.

There are definitely patient safety concerns as short courses particularly in manipulation are in no way sufficient to teach techniques that qualified osteopaths spent 4 years learning. There is no regulation over what is taught in regards to safety or consent for these treatment and no regulator to oversee the way these patients are being cared for.

If it is someone who holds an osteopathic, chiropractic or physiotherapist degree no, anyone else absolutely should not be taught as they have no idea what they are doing because the anatomical knowledge is poor.

Without registration and CPD 'osteopath s' are not up to date with techniques and training. They are also not trained to teach!

It comes back to the point previously made regarding the years of dedication and work everyone within the field osteopathy undertakes to gain public and inter-professional trust

By these courses becoming cheaply available compared to a 4 year degree, why would people need to commit to the full degree. University student number are at a decline and I feel this is not helping the future of Osteopathy.

I'm concerned about which kind of osteopath does this! There should be sanctions from the GOSC upon Osteopaths who teach 'osteopathic approach/ techniques'. The most important thing you're taught as an osteopath is when not to apply the technique. Just knowing the moves doesn't make you a safe practitioner.

Teaching osteopathic approaches as in the principles of holism is fine and can be applied to non-osteopaths. The concern though is if it is practical eg HVTs and non osteopath students not understanding the safety and also not enough time to practice. It may then trigger them to advertise that they do 'osteopathic techniques'

There is no guarantee that the students on these courses have the medical diagnostic knowledge osteopaths have, which compromises a patient's safety. If one of these practitioners went on to cause an injury this would be picked up by the press as being osteopathy. So not only are patients at risk, but also the reputation of the profession.

These techniques use leverages. These can be powerful and create force into joints and bones. I doubt the average massage therapist takes as long and as detailed case history as us. They may not appropriately screen patients appropriately. Eg osteoporosis would be a concern. These techniques cannot be learned online. Osteopaths training starts with small techniques and carefully build up to become skilled and careful hands that we are known for.

To achieve this level of ability has taken an enormous amount of time and experience. You can't just show someone a technique, it's not safe and they don't have the necessary skills and palpation. I'm just as concerned with physiotherapists who "manipulate". They don't like osteopaths much but try to emulate. They achieve a higher pay grade if they've "done the course"

I understand why osteopaths may want to teach non-osteopaths. And I think this is fine. But I think the distinction needs to be very clear as to what those techniques should be called if the person is not an osteopath. And I don't think any connotation of the word 'osteopath' should be used by anyone other than an osteopath when performing techniques and treatments.

As mentioned previously, it is a big concern that practitioners can attend a course on osteopathic approaches without having attended a degree in osteopathy. There is a danger to public safety as there are little controls in place for quality of content and assessment. This could lead to patient injury, and osteopathy will gain negative press. Protecting these terms will mean that GOSC has control over this, because right now there is no legal precedent to prevent these courses from teaching Osteopathic approaches.

The title Osteopath means nothing unless there are specific criteria to be able to use it. It takes five minutes to teach somebody how to crack a joint, but takes five years training to teach somebody when not to crack a joint. It is a massive safety concern. Any problems caused by these people will only have a detrimental effect on the title Osteopath. The public won't differentiate and the press certainly won't.

I feel concerned that therapists are learning techniques that they don't have the level of competence to learn and that patients don't understand the difference between the standards of training. It's very opaque- I'm not sure that many people would really understand the depth of training to meet standards which allow to for example say that you hold a level 2/3/4/5 diploma etc and how that suffers from a masters level degree.

Difference between teaching another professional eg. Physio these techniques who are regulated themselves but not to a massage therapist who is unregulated

Teaching osteopathic approaches to individuals who are not on the GOSC register risks undermining the professional and regulatory standards of osteopathy. Without the framework of osteopathic education, clinical supervision, and accountability to a regulatory body, there is a real danger that these approaches will be misapplied or misrepresented—potentially putting patients at risk. It also contributes to public confusion when unregistered individuals claim to be "trained in osteopathic techniques" or "influenced by osteopathy" without the legal or professional right to do so. This blurs the distinction between regulated osteopathic care and unregulated practices, diluting the credibility of the profession. I believe clearer guidance and possibly restrictions should be in place to prevent misuse of osteopathic knowledge and branding by those not qualified or regulated.

While technique could in theory be taught to any body therapist it should not be termed osteopathic.

People have not had the training and clinical reasoning or the requirements for safety, knowledge and safeguarding of patients.

It all depends who is doing the teaching - how skilled they are as practitioners and teachers. Giving other professional healthcare practitioners additional skills to make their complementary therapy work more effective should be encouraged. If you can precisely define what osteopathy is, maybe this would be an issue.

This is where you massage therapists offering manipulations and not aware of red flags, or offering it as a be all and all treatment

Most of the people will have some anatomy/technique knowledge, but if that then means they say they use osteopathic techniques- then I think the osteopaths teaching these are doing the profession a disservice.

Short courses (eg weekend) may not provide the attendees with sufficient knowledge and definitely practice - certainly far short of what is required of osteopathy students.

Manual therapy techniques are not exclusive to osteopathy, but I believe our approach is part of what makes us unique as a profession, so teaching this without the full background of osteopathic training to support this approach could lead to misdiagnosis and treatment, which would be a patient safety issue.

These practitioners can then claim to use these techniques which I feel is misleading.

There is no quality assurance and set standards of teaching. Therefore there is room for error and a risk of clinical safety. As a profession, whilst we cannot stop people teaching a watered down version of Osteopathy, we can distance ourselves and protect our title.

Please see my previous answers

People can teach what they want, and osteopathy is not a technique. But I believe that this practice helps facilitate an improper use of terms which can be misleading.

Highly dangerous, this should not be allowed at all. Huge safety concerns for patients.

Again it dilutes the osteopathic profession and they are probably only doing for their own personal financial gain rather than thinking about the profession as a whole. Osteopathic CPD providers should be regulated/screening/approved.

Osteopathy is not just about techniques. Osteopathic treatment often involves 'direct' and 'structural' approaches which require a lot of background information about when and more importantly, when not to apply these manoeuvres. Practitioners need to have developed their palpatory and handling skills over a period of time to get an understanding of joint quality and tissue quality, all of which inform the type of approach applied. Background knowledge and clinical education is required to fully appreciate the risks and benefits of these interventions. They cannot be taught in a few days.

Because 1. You can't teach this in a weekend 2. We're talking about HVT and you can't learn it safely and effectively without having a grounding and development of palpatory skills and appreciation of tissue feel/reaction 3. It is being done just for financial gain by the immoral teachers 4. Practitioners claiming this ability are trying to mislead the public

Teaching non-osteopaths certain techniques when they don't have the same underlying knowledge- anatomy, physiology, pathophysiology, red flags etc- could be detrimental to the public by people performing the

techniques and injuring the member of the public. This would bring unwanted negative press to the profession.

People that are teaching 'osteopathic techniques' or a 'blend of osteopathy and XYZ' to others that are not registered with GOsC or even trained as Osteopaths, are putting patient safety at risk. In my opinion it is not possible to teach 'osteopathic techniques' etc via anything other than the 4year degree we work incredibly hard for. By teaching weekend courses or even one day courses that have anything like 'osteopathic technique/manipulation' etc in the title, means that unqualified practitioners/therapists are taking a small part of our profession, and reducing it down to a specific technique, then implementing it. We are a philosophy, not simply a collection of techniques. Furthermore, the techniques we do use, have been practiced countless times under very close supervision, which is underpinned by the extensive anatomy, physiology, biochemistry, biomechanics etc etc studying done, before the physical techniques are even taught.

Short courses presented to non osteopathic therapist carry a significant risk to patients

Companies selling weekend courses and videos to teach osteopathic approaches are very concerning. I worked in Canada for 10 years and saw the effects of patients being misled by practitioners claiming to offer osteopathy and osteopathic techniques as there was no regulation.

Osteopaths should be deterred from so doing. If GoSC can have this in the Statute, that Osteos are forbidden to do so, that would be good.

There have been courses for Physio's and sports therapist for year teaching HVLAT over a weekend for years. That scares me, but it isn't new.

My challenge is that I'm not worried, as a technique is hard to define and is unlikely to have any specific benefit. However, I think it may be confusing to the public, as they are unsure of the profession they are seeing. But this is largely more a philosophical debate than patients, I find they are more confused about physio vs chiro vs osteo. They are generally clear that a massage therapist will have a different level of training, but they get confused about modality. We need to change the terms being used on these courses, so legislation to help clarify this point may aid clarity. I am more concerned about osteopaths using outdated modalities in treatment approaches and clinical rationale. I think this does far harm to our profession.

Diminished quality of osteopathy and its broader skills of assessment and diagnosis as FCPs...

without the extensive training that osteopaths have the protection is not there and risks are great, then if something goes wrong it will be osteopathy which is bought into disrepute

I think that spreading the excellent way that Osteopaths approach the system of the patients body means more patients will benefit from that philosophy and thought process. It may also promote the profession to other disciplines - and potentially encourage them to study to become osteopaths. I do not object to that.

The concern isn't so much about teaching the techniques themselves, but rather about the growing number of individuals profiting from claiming to use osteopathic techniques without being qualified osteopaths. This is misleading and potentially dangerous, particularly if these individuals lack the rigorous training required of registered osteopaths. It also risks damaging the reputation of the profession, as negative experiences with unqualified practitioners may be mistakenly attributed to genuine osteopaths.

Once again it erodes the identity of our profession and puts patients safety at risk if they believe that they are seeing an osteopath and are consequently protected by the regulatory professional standards.

My biggest concern is to the patient's Osteopaths are very well trained in the UK People using so-called Osteopathic techniques may not have a training to spot red flags. This is essential. I have been banging on this drum for more than 10 years

Teaching fellow MSK practitioners who are aware of red flags is a positive move to educate regarding a distinct approach to MSK dysfunction. They do not purport to be osteopaths or to be using osteopathic techniques - osteopathic practice is much more than a series of mechanical manoeuvres - it is the philosophy behind the application and execution of the treatment that makes it osteopathy.

we need to protect what we do

Why should it be of any anybody's concern who is being taught osteopathic philosophy, or osteopathic techniques, the reality is Osteopathy does not own any techniques, you can't restrict people from using manipulation, mobilisation or any soft tissue techniques.. To try to do so is redundant In fact being taught how to use manual therapy techniques properly and allowing people to gain insurance actually protects patients and stops people from using these techniques having only watched them on social media. That's more of a concern than someone actually attending a physical training course

Not really. I think the public should be able to understand the difference. But perhaps the fact that these terms are being used exposes the ambiguity of Osteopathy. I often find people are confused about what makes Osteopathy different to other manual therapies, and I think that's fair! I don't see the term 'physiotherapy techniques' out there because they don't claim to have a technique specific to their profession. What is Osteopathic technique? If we are going to be upset about people using it, we need to be able to define it and prove that it is specific only to what we do, and not other manual therapists.

I am not concerned about the teaching of these techniques and have seen no evidence that they have created Patient safety concerns. I would prefer that if people are to be taught manual therapy techniques, that they are taught them by experienced, trained clinicians (such as Registered Osteopaths) so that they may be taught properly and safely - rather than people learning them from watching a video. People who wish to learn these techniques will do so, I would rather they are taught them competently - otherwise a patient safety concern could seemingly be created.

If practitioners practice osteopathic techniques without the training osteopaths have received and cause harm to patients it will bring bad publicity to the profession.

If we require 4-5 years degrees to safely practice as osteopaths how can it be plausible that someone can be taught manipulation techniques & the knowledge of when its safe or unsafe to use them in the same weekend.

Concerned that when applied inappropriately and without enough screening/ examination skills the techniques could be harmful

As osteopaths we are taught most importantly to know when treatment/treatments are not appropriate or safe and I have grave doubts about the competency of non osteopaths to know when not to use a technique which could then be considered to have caused an injury and the profession be brought into disrepute when claims are made about the misuse of "osteopathic techniques" causing harm to the public.

I can only assume these individuals are doing for financial gain - at the expense of the value and reputation of their profession. These courses are easy to find in a few minutes on a search engine for those who want a quick

boost to their income. There is also evidence that those doing "osteopathic techniques" courses refer to their clients as "patients". This suggests they believe they are qualified to "diagnose".

Any Osteopaths who are on the register and who offer training courses to any individual who is not registered with a statutory health regulatory body such as the GMC or GCC should be subject to an immediate fitness to practise enquiry and face suspension while this is underway and real sanctions if found culpable, up to temporary or permanent loss of title. There are such obvious patient safety and reputational concerns in allowing such training to happen without repercussions.

I fear the impacts of the patient screening aspect of treatment as well as the competence of the individual treating

It raises concerns that non-GOsC registrants might include such terms in their advertising, thus giving the impression that what the client will receive is osteopathic treatment, something that can only be provided by an osteopath. Without the training that osteopaths receive in patho-physiology, on which is built the knowledge and skills base for screening patients - which is developed over hundreds of hours in college clinics under qualified supervision - and the protracted, gradual and therefore thorough development in psycho-motor skills required for safe delivery of techniques with possibly higher risk of serious adverse events, I suspect there is a not inconsiderable risk of serious adverse events resulting from performance of these techniques by non-osteopaths. Prohibition of the use of the word 'osteopathic' will not prevent these techniques being taught to non-osteopaths, but it would protect the profession's reputation from unfortunate outcomes from their use by such people, as the client would not then make a connection with osteopathy. Prohibition of the use of the word may however reduce the attractiveness of the courses currently being advertised in this way, reducing the number of non-osteopaths (along with chiropractors and physios) offering treatment with potentially higher risk of serious adverse events.

I have concerns regarding the ability of non medically trained individuals using osteopathic techniques as I do not believe they have the necessary qualifications to safely differentially diagnose symptoms effectiely or safely. I also feel we need to protect the profession and allowing other health care professionals pick and choose elements of osteopathy to practice will weaken the profession in the eyes of both the public and the wider health care population

It depends on who is receiving the training, how thorough the training is, and the range of treatment that woll be carried out.

No concern

How can anyone claim to OWN a technique?

These wkcd courses teaching anything and everything generally are falling into inappropriate hands with no guidance . It's just money making . And then glorified on Instagram . If can pay you can attend . Where is the safety ?

It is very misleading to the public and also irresponsible. I am sure such training providers who teach osteopathic technique to non qualified osteopaths stress the legalities of it all.

I think if osteopaths teach aspects of osteopathy and make clear the terms cannot be used by the participants (if they are not osteopaths) to promote their service it is ok. If other therapists or professionals who are not registered osteopaths describe their service with the words 'osteopathic approaches', osteopathic techniques, etc. can have a huge impact on patient safety and the reputation of our profession. It is also misleading

osteopath is an osteopath who has done a training, whereas another therapist or professional who hasn't done the training is not an osteopath.

There is a grey area between some osteopathic techniques/ chiropractic techniques and physiotherapy.

I am very concerned about this issue. The misuse of osteopathic terms by individuals who are not registered with the GOsC misleads the public, undermines patient safety, and devalues the profession. It is particularly concerning that some qualified osteopaths are teaching osteopathic techniques to unqualified individuals purely for financial gain. This practice is irresponsible and should be subject to greater accountability and regulatory action. Allowing unqualified practitioners to use or promote osteopathic methods not only puts patients at risk but also threatens the credibility and trust that the public places in registered osteopaths. The GOsC must take stronger action to ensure that both unregistered practitioners and registered osteopaths who enable this behaviour are held accountable

I have heard of the existence of two-day training courses that teach osteopathic techniques, sometimes with an osteopathic approach, to the likes of massage or sports therapists, and these often include the delivery of spinal manipulation or high velocity low amplitude techniques. As a UK-trained osteopath I am only too aware that osteopathic care does not simply involve delivering techniques. It crucially also involves taking case histories, carrying out effective assessments and applying an in-depth knowledge of human anatomy, physiology and dysfunction to arrive at an accurate diagnosis, so that these osteopathic techniques can be applied safely and appropriately. Given that you cannot learn all of that in two days, these short weekend courses also pose as a danger to unsuspecting patients.

Philosophies and approaches can be osteopathic but I don't think that techniques are uniquely osteopathic. A joint manipulation is only really osteopathic if it's applied using osteopathic thinking. Not something developed in a weekend course. The understanding of pathophysiology, psychosocial factors and consent cannot just be developed in such a short space of time. As a result I think the risk of adverse effects occurring increases, and if that happens the reputation of osteopathy and osteopaths in general will suffer for it.

If our methods are being taught to other qualified practitioners I don't have an issue with it, but if it is being taught to people with no prior qualifications or training I strongly disagree.

I believe osteopathic techniques should be performed exclusively by fully qualified and registered osteopaths. These techniques are a reflection of our training and clinical understanding and I believe they should not be taught in isolation from the broader context of Osteopathic education.

I feel it is ethically questionable for Osteopaths to teach osteopathic techniques to non GOSC Registered Osteopaths unless they are similarly qualified Osteopaths from another country. There are no safeguards around how those techniques will be used and is quite often it is done for an Osteopaths individual monetary gain at the expense of patient safety standards as those individuals carrying out the techniques will quite often not have the training or indepth knowledge of an appropriately trained Osteopath on the register.

Patient safety is paramount

Clinical Risks Patient Safety: Osteopathic techniques often involve manipulation of the spine, joints, and soft tissues. Without adequate training in anatomy, physiology, pathology, and red flag recognition, unqualified therapists could misdiagnose, miss serious conditions, or cause direct harm (e.g., nerve injury, vascular compromise, fractures). **Delayed Medical Care:** A non-qualified practitioner may treat symptoms that actually require urgent medical attention (e.g., cauda equina syndrome, fractures, infections, cancer), leading to delayed referrals and worse outcomes. **Overconfidence Risk:** Learning parts of osteopathy without the full clinical

framework may give therapists a false sense of competence, increasing the likelihood of risky interventions. Ethical Risks Professional Integrity: Sharing advanced clinical skills with unqualified people risks undermining the credibility of osteopathy as a healthcare profession. Exploitation: Charging non-qualified people for training that they legally cannot use may be considered unethical or exploitative. Public Trust: Patients may assume that someone trained in osteopathy has completed formal education, which could erode trust if misrepresented. Reputational Risks Damage to the Profession: If unqualified therapists misuse techniques, causing harm, it can create negative publicity for osteopaths more broadly.

As a member of public I want my practitioner to be regulated and registered

Some of these courses are taught on a weekend basis!

Depends on the context of the teaching. If it's direct techniques then this can have disastrous consequences for the public

Using osteopathic techniques without any training in differential diagnosis / contras will eventually lead to injury or worse. It will likely be the technique used that will come under as much scrutiny as the unqualified practitioner.

How will the public know the difference between a practitioner who has had 4-5 years of osteopathic training to one who has done a two day course in osteopathic techniques?

I feel The extensive medical training I received was necessary in order to practice safely . Anything less thorough would appear insufficient and therefore unsafe .

If explicitly teaching people to treat 'like an osteopath' they are consequently more likely to advertise themselves accordingly.

As stated

They are unqualified (and uninsured) to deliver HVT. This is not safe practice and damages our reputation.

It hugely undermines our training, expertise & the rigorous testing we provide our patients with to protect them & treat them safely

Very much so. It needs to be taught including a high level of understanding which includes contraindications; anatomy, physiology, pathology, biomechanics, osteopathic philosophy, etc.

Osteopathy is a way a philosophy. It is not Osteopathic technique

Therapist should know what they are treating and must have detailed knowledge of what to do and why.

These courses omit crucial aspects of developing professionalism and academic understanding to interpret research and to understand the multifaceted knowledge required to practice safely. Misleading the public by grouping manual therapists who have not passed the theory and practical to sufficient high standards and these therapists are more likely to fall short compared to someone who has undergone sufficient length and depth of training. More risk of missing flags in treatment decisions and less finesse and understanding of holistic

approaches and risk of missing conventional medicine signs and symptoms that may require referral or different approach.

Teaching approaches is one thing, as it is in the best interests of public health - we can't protect and shouldn't protect a way of thinking.

I think that the teaching of osteopathic methods is of value to osteopaths but the people learning should be made to fully understand that in no sense does this give them the knowledge to say they offer osteopathic techniques

It depends on the level of training and what they call themselves after that. The people I know who have done that are not on the register but have full osteopathy degrees and learning more skills. No concern here. For those who teach eg massage practitioners to manipulate, I don't know any and I don't think they should be allowed the title of osteopathic techniques, just manipulation. However it's a bit like a traditional acupuncture degree versus dry needling weekend course being called medical acupuncture. Medical acupuncture sounds more respectable to some, but much less based in philosophy and with much less understanding and a lesser qualification. That is concerning. It would be worse if we had medical manipulation that might give the public more confidence than say osteopathic techniques, but they would be less experienced. It's a very complex area.

I don't see how after an online or weekend 'taster manipulation course' and coming from a non anatomical/medical background people can have sufficient knowledge/clinical decision making skill to safely undertake the technique.

I'm aware of very experienced osteopaths who's teaching and finding the GOsC too restricting and unsympathetic to the scope, philosophy and tradition of the profession.

They can't guarantee the unregistered participants have the appropriate knowledge to keep the patient safe, know when a technique is not appropriate and to refer on when necessary. Also why circumvent formal training. Is it a quick money earner for the provider. By all means provide cpd for regulated health practitioners but not to those who could potentially be a risk to patients and the reputation of the profession.

Before training as an osteopath I did some of said courses for techniques. Not having the knowledge about red flags and patient safety is concerning as not all patients can be treated with certain techniques. Where some of the courses give you the techniques but not appropriate knowledge when to use them effectively.

As explained above

There is a belief that individuals are passing themselves off being as well trained as Osteopaths, especially in regards to HVTs and other manipulative techniques.

If they are trained therapists and they are insured correctly, then why shouldn't you teach Osteopathic techniques, they are only techniques and concepts

As osteopaths we are trained to be able to analyse if there are any red flags or not, and how to appropriately apply them if and when needed. Unsure if a not osteopath has the same skills.

Techniques are not necessarily the property of osteopaths. Osteopathic philosophy is a different matter.

Osteopathy is not just technique, it is understanding the body as a whole and knowing when to apply techniques, this can't be learnt in a day or weekend course, and incorrect use could put patients at risk of injury.

Some osteopathic techniques such as soft tissue mobilisation or fascia release are highly effective and safe for many simple musculoskeletal issues, however some techniques such as joint manipulations and higher risk skills which need to be delivered by people with appropriate knowledge of the risks and delivery skill. However people learning and using osteopathic approaches should not be able to describe them as osteopathic and infer and osteopathy training.

My concerns is regarding the titling of a course or technique as osteopathic and in turn its use by therapists to then describe what they do as osteopathic. A poor experience with any of these 'osteopathic technique' trained therapists would lead to distrust in the osteopathic profession and regulation

It diminishes our profession. By all means, teach someone to articulate a joint, but don't call it osteopathy unless the person is actually an osteopath.

Patient safety is paramount to the profession. Anyone being taught the osteopathic techniques that do not have full understanding of when or to who the technique should be performed gives rise to accidental injury and the possibility that the name of osteopath be devalued by such practice.

This is a skill and an ethos, not just techniques

Yes I would have concerns about patient safety, professionalism and ethics

I think some of the Osteopath were teaching non-Osteopaths osteopathic techniques or manipulation techniques. Let us say, which is better or doing well because they vet who they are teaching. But some are not. I think the only way to stop this is to protect Osteopathic technique, etc. It's common sense. The people who are doing it have found a way around the rules Madeline Craig told me at the first meeting of the forum for osteopathic regulation in Europe that in fact it was protected, but that was many years ago. Obviously the people who came after her didn't have the same Approach or respect for the title, unfortunately

There seems to be a growing trend of training institutions claiming to offer courses in Osteopathic manipulation to physiotherapists and other practitioners. It is unclear how thorough these course are and how safe the practitioners are in applying these techniques

This gives the false impression that they are osteopaths and that they can use the title or wording around the title without being properly trained as an osteopath and registered.

I don't believe that any one technique or approach can be claimed for a specific profession. I am more concerned with the use of the word "osteopathic" or similar derivatives, than the teaching of specific techniques.

And some of those teachers are well-established names in the osteopathic field

Improper training leads to increased risk to patients in relation to the mis-diagnosis, treating when not appropriate or using inappropriate techniques.

If a person has not undertaken the required level of osteopathic training, which would be vetted by the GOsC, my biggest concern is patient safety.

Again, assurance of professionalism and patient protection.

Thinking it's possible for even practitioners to teach short courses... and benefitting financially. The person trained may start treatment thinking they have sufficient knowledge... but now need experience.... So start treating. Not good. This is dangerous and could be harmful to patients for a start. So many issues with this.

They could be giving unqualified people impression they can practice as osteopathic

From an inclusive perspective, I am concerned about patient safety and the potential harm caused by someone who is not regulated.

this means that the person being taught rather than trained in these practices may not be able to either diagnose or treat patients with complex needs/conditions leading to possible patient harm

It's one thing teaching spinal manipulation, but to understand Osteopathy and apply the principles correctly takes more than a weekend

If this is to "manual therapists" who are part of regulated groups then the osteopathic techniques shouldn't be abused nor gain bad press. In fact the opposite - it would/could promote osteopathy and benefit patients. A win/win.

My concerns are for those who not medically trained otherwise. I do not have concerns if physios and osteopaths share the same post-graduate opportunities as long as they provide proof of their registration.

I have significant patient safety concerns regarding both the use of osteopathic terminology by unregistered individuals and the teaching of osteopathic approaches to people who are not on the GOsC Register. The use of terms such as "osteopathic techniques" or "osteopathic manipulation" by unregulated practitioners can mislead patients into believing they are receiving care from a qualified osteopath. This may result in inappropriate treatment, delays in accessing appropriate care, or adverse outcomes. Similarly, teaching osteopathic approaches to individuals who are not registered with the GOsC increases the risk that unregulated practitioners could provide care without the necessary oversight, professional accountability, or adherence to established standards. Strengthening protections around the use of osteopathic terminology and the teaching of osteopathic approaches is therefore essential to safeguard patients, uphold professional standards, and maintain public trust in the profession.

Obviously this could have safety implications for patients

Manipulative techniques are being taught over a weekend. I feel that cannot possibly be enough time to adequately understand the risks and be able to explain these to a patient. These courses are not being checked to show they are held to the same standard as us

See before

Safety depends on who is providing this training and those undertaking the training may feel they can use techniques without having the knowledge to assess if appropriate meaning more risk of causing harm and

affecting the profile of registered osteopaths

I am concerned if the intention is to suggest that the learner could then advertise that they have been trained by osteopaths to use osteopathic techniques. On the other hand, the techniques themselves are not really owned by osteopaths, and if there were sharing of learning about techniques between physiotherapists, osteopaths and chiropractors, that might have the potential to improve overall service to the public.

There are numerous weekend courses where 'osteopathic techniques' are taught. These then flow into the public domain and members of the public could easily believe they are receiving care from an osteopath.

The question is too general to answer, since there are several sub-categories of those who are not on the register and all would have a different answer. For those who have never obtained an Osteopathic qualification, but are advertising 'osteopathic approaches' - this needs to be discussed with those teaching these courses to come to an agreement on terminology since there is no law to stop the teaching. For those who have come off the register out of choice - they might practise under another title and continue to keep their skills up to date or develop them. There is an assumption that they will use 'osteopathic' terminology in their advertising, which may not be the case. For those who have been removed - a matter for insurers?

I know number of students to use these services as a way to have techniques explained in a different, more understandable way. Teaching institutions have a set way to teach to meet academic criteria & often can't adapt to meet the needs of people who don't think in their way. I also think promoting the 'ways' of osteopathy to other physical therapist is a good thing for the profession & it's nice they appreciate our thinking to provide better care.

It dilutes the profession, could lead to confusion for the patient and if not adequately trained obviously could lead to patient safety concerns that then may impact on the profession as a whole.

There are serious implications to patients who may be misled and receive treatment from those not fully trained.

Good clinical reasoning and patient care is fairly universal across manual therapy professions. But the term 'osteopathic' implies some quality assurance which may be lacking

The teaching of individual techniques takes the process out of context and endangers the Patient.

As above about Osteopathic. These are not exclusive for our use. Osteopath training hopefully brings the complete picture for use.

Same as before

Osteopathy is a 4 year degree of a reason, not something that can be learnt on a weekend course.

Philosophical context may not be behind the wholistic approach, Deep understanding of anatomy before application of technique Consent and boundaries to safe guard patients mind and body.

An Osteopathic approach is holistic. I think cross-industry collaboration should be celebrated

People who aren't registered with GOsC are teaching osteopathic techniques which is not necessarily underpinned by theory and correct skills.

I think this is tricky because some people might not be on the Register because they have deregistered for a variety of reasons, ill health, been overseas, pregnancy, mat leave and those people might be refreshing their skills to come back to practise. Being on the Register is to black and white currently

It undermines our profession and could potentially be harmful to the public. Osteopathic techniques need to be taught in conjunction with a detailed case history, an understanding of red flags and the ability to screen patients to make sure they are safe to treat.

Many safety concerns but also the public may believe they are then being treated by an osteopath

It encourages people to use some of our skills when they do not have the same level of training, which could cause safety issues

How can someone get a weekend course and have the same level or expertise as we do. It's not about doing the technique per se. But knowing when not to do this. Patient safety is at risk from people who don't get the correct training.

Teaching massage therapists and unregulated therapist technique without full training can lead to inappropriate techniques used which compromise the patients safety. Training courses should be regulated and approved after they show they meet the required standards.

Without the backing of the knowledge behind when some techniques can be contraindicated it's very dangerous

Osteopathy may be misrepresented by someone who is not an Osteopath.

The technique I learnt I wouldn't like to be practised on me by an untrained osteopath who has done a weekend of osteopathic technique.

It is acceptable for osteopaths to teach anatomy, pathology, soft-tissue techniques, manipulation - anything they are competent to teach - but it should NOT be called osteopathic approaches. They should also take some responsibility for the patient safety of their students. This could mean requiring students to learn about contra-indications and consent; it could also mean only teaching relevant healthcare practitioners (eg registered physiotherapists).

For similar reasons stated in section 1, qu.5. Even though osteopaths may have the good intention of teaching our techniques for a wider reach and to promote osteopathy, which is positive, I believe this could pose more risks and harm than benefits to many. Those not registered may be mislead and mislead others to think that they are experts, when they potentially lack understanding, knowledge and practice of the holistic and safe osteopathic practice. A 'taster' of osteopathic approaches for other therapists/HCPs to spark interest in seeking further osteopathic studies would be a much better way to promote osteopathy and it's growth, without compromising patient safety and our osteopathic title and profession. There would need to be a clear understanding that the osteopathic title is protected and that they cannot make claims which would confuse and mislead members of the public, posing a risk to them, as well as to the reputation of other osteopaths and the overall profession. Until they too, have earned their title as an osteopath.

It isn't a safe practice, potentially harming the public and our profession

Again particularly in the animal field. As part of our degree we are taught to be safe and to work within the principles of osteopathy. If it takes 4 years full time, in person for humans, why can it be taught online in a few weeks on animals. It's about earning the most money for the course provider, not about providing the best care for the animal. Whilst I appreciate that animal care comes under the Veterinary Surgeons Act, we could at least protect the title itself.

Osteopathy isn't just about the technique used, but the manner and thought behind it. Safety would completely depend on how the course is taught and what's on it.

I feel it is ok for osteopathic techniques to be taught outside the profession as I feel it can develop awareness of what an osteopath is and what we do. As long as the non osteopathic practitioner does not then use that as a way to say they are practicing osteopathy

Some previously reg Osteos have both the education and depth of experience who can justify teaching ost techniques. That they may no longer be registered does not negate their training and time served experience. Some are not though and they I am concerned about. For those who they train, and the clients they may go on to see.

These techniques were around before any governing body was set up- the question should be are these set up for the safety of the public or another way to generate money from people...

It is misleading to the public and is language aimed at giving the impression of full osteopathic training

Devalues osteopathy

While someone who has had degree level training such as physio or chiropractor may mean there are fewer safety concerns, there are courses where people with sports therapy qualifications can learn , thre are safety concerns.

Would be very concerned but it depends who the unregistered people were ie physio, chiro etc

Im concerned that they do not have the understanding of red flags, pathophysiology, and proper techniques that are taught during a 4 year full time degree. Especially when the course is taught online with no hands on technique.

I am concerned for the safety of the general public as the training received is not equivalent to the training from an accredited college.

The basic level of knowledge required for many of these courses is minimal at best. If we have people with minimal knowledge of anatomy and pathology doing 'osteopathic techniques' it risks marring the entire profession if these techniques then go wrong

Because they are not qualified to correctly use these techniques and possibly not insured and it lowers the quality of Osteopathy.

Making a quick buck by peddling technique is not professional

As previous comment, it also undervalues the length and detail of our training.

Osteopathic techniques are a small part of Osteopathy. There are many similar techniques in other professions, just depends on how they're employed in treating patients. The confusion is that some patients assume that these techniques are used by osteopaths, when infact those practitioners are not osteopaths.

The techniques are not the issue here- it is the diagnosis and safety that are the problem

Whilst other professions such as massage therapist or sports therapist are well trained, they do not have 4-5 years of training as an osteopath. Osteopathy is not just about techniques.

An in depth four year degree was seen as needed to prove safe and proficient use of these techniques. Weekends are not sufficient and if a patient is injured, not only is it a tragedy for them, but it will reflect on the osteopathic profession

They are promoting the misuse of our title by allowing people much less qualified to mimic what we have spent 4 yrs learning without the appropriate knowledge or background

I did such a course, back in 2014, when I was in my second year at the BSO (I was already in practice as a manual therapist). I did a one day spinal manipulation class with John Gibbons. I left knowing 'how' to do it, but knowing when I should or shouldn't do it. So I could possibly have done someone harm. I was also able to get insurance for it from Balens. I ended up not using the techniques until I was properly taught them at the BSO from year 3 onwards - and more importantly, differential diagnosis and the ability to know when not to use the techniques.

It is misleading to patients and undermines our training.

The participants who are taking these courses are not trained clinicians, therefore I feel there is an increased risk of patient injury due to the lack of trainin

The amount of knowledge that can be imparted in a few days of training can in no way replace the training needed to be safe nd effective. Those who receive the training will be unconsciously incompetent.

If these 'approaches' include high velocity manipulation then the students being taught may lack the pathology knowledge to decide on their usage

Yes of course there are safety concerns.

Please see previous answer

The public may need to be more aware that regulation of osteopaths applies to those registered and those using so called osteopathic techniques are not regulated .

A technique can be taught, but should be labelled as a manual therapy technique without the use of osteopathy, osteopathy is more philosophy and principles and the theory more than just a technique

It undermines our qualifications and dilutes the practice standards.

Again it depends on their education and qualifications. If they are teaching someone who has a degree in osteopathy and has worked osteopathically for many years then why should it matter. If however someone who does not have the education or understanding of osteopathic philosophy then that is a problem

What is an osteopathic approach? Many different treatments have similar approaches that have been taught as osteopathic

These courses do not teach enough anatomy, pathology, clinical skills to be able to do these techniques safely. They'll get away with it for a while but sooner or later they hurt someone

See comments above. Most of these courses are very short and do not provide enough time to develop safe expertise in the techniques and a thorough understanding of the assessment process before implementing them on real patients

If taught to other comparably trained medical professionals then ok but definitely not to non diagnostic therapies.

Osteopathic techniques can be taught to anyone without the relevant diagnostic skills. The techniques without a proper, safe diagnosis can lead to mistakes happening which compromise patient safety.

If it teaches the participant an approach gives them a false sense of confidence that could lead to incorrect diagnosis and unsafe treatment then I feel it is a concern. However, a patient should research the practitioner and ensure they are visiting a registered osteopath if they want to attend an osteopath.

I think if these trainers marketed their course as just "Techniques" they probably wouldn't get the numbers, if any, on their courses. It is false and misleading from their side to allude that osteopathy is just a bunch of techniques when it is so much more than that. They have broken the whole 4/5 year degree into a small fraction (of what they are probably only good at) and decided to spin it to people outside the profession who want a quick financial gain. The whole thing is rooted in quick financial gain, deceiving the public, lack of safety and cheapening the profession.

I have seen osteopaths advertising weekends of osteopathic techniques and I fear the public will believe these people will be fully competent if they are advertising osteopathic techniques.

Patient safety concerns - absolutely. For example, where students at these courses are *not* qualified health professionals, or where they simply don't have the required case history taking, differential diagnostic and clinic diagnostic training or skills.

It's often a weekend course which can't possibly give someone enough knowledge. If everyone can "do osteopathy" in a weekend why bother doing a degree???

It goes against the standards, core beliefs and teachings of osteopathy

Patients may hold these practitioners' advice in higher regard than possibly they should. My fear is that more sinister pathological processes will be missed/have delayed referral.

Osteopaths are extensively trained to spot pathologies that make certain techniques inappropriate and potentially dangerous. You can't learn this in a weekends course

Techniques like HVT require good understanding of anatomy and physiology and I think in the hands of less well qualified massage therapist that is very concerning, not least for the patient

Safety of the patient is of utmost importance. If other non-osteopathically trained manual therapists are to use them without having a thorough understanding of the risks and benefits, the anatomical and physiological foundations of the approaches, then it might not serve neither the patient nor the practitioner any good to engage in this approach.

An osteopath goes through a 3-4 year degree with thousands of hours of practice and training. Weekend courses are not the same. People who do a weekend or weeks course are not prepared enough to perform osteopathic techniques.

Osteopathic approaches are a holistic method of clinical assessment However Osteopathic techniques are the methodology of practice

Making our profession no more regulated than massage.

Please see my previous answer 8

No formal assurance around process / skill

It makes a mockery of psychopathic standards.

A weekend course with manipulation is just a very basic introduction and not a platform to go off and the treat. What about all the learning and practice it takes over 4-5 years.....is that not worth protecting and enforcing those who trade on the profession's predominantly positive reputation!

Teaching of techniques used by osteopaths is not threatening as my practice of osteopathy is about more than just the techniques I use. However non osteopath practitioners marketing the use of Osteopathic techniques is detrimental to the profession

Being taught how to perform a manoeuvre does not include all of the background training & knowledge- particularly of when it should be used and when it may be contraindicated and should NOT be used.

Unless they are teaching them for 4 years like the rest of us had to do how can it possibly be safe?

Of course it's a safety concern. You can do a weekend courses to become a massage therapist. Will this cover what an osteopath learns? Of course not. Adding another weekend of so called techniques on top won't do that either.

I like allied health professionals teaching each other to become the best practitioners we can be.

We have heard of people teaching "chiropractic techniques" in a weekend, but have not been able to

substantiate the cases (outside of chiropractic treatment of animals). We have been made aware of individuals

marketing "chiropractic technique" seminars to undergraduate students. We have written to our education providers highlighting our concern that, were an undergraduate student on clinic placement to use a technique not taught to them by the education provider, it is not clear that the patient, student or clinic would be properly insured or protected. In both cases it is difficult to enforce against the misuse of the term even if the individual responsible is registered with an appropriate relevant healthcare regulator.

It takes years of training to be able to undertake Osteopathic techniques, my concerns would revolve around efficacy, safety and informed consent. How can a practitioner gain informed consent for a technique they are not proficient in doing?

I have attended such a course myself to refresh my skills after not being allowed to use csp manipulation whilst working in Canada for 12 months. There were only a handful of Osteopaths and chiropractors on the course. The rest were massage therapists. There was a brief run through at the beginning of red and yellow flags for manipulation and mention of the need for a thorough history taking, which they acknowledged Osteopaths would already know how to do and would have the clinical know how to perform necessary tests. I don't remember much then being said or shown to massage therapists how to do this, but admittedly it was 10 years ago and their material may have changed since then. We then moved onto manipulation skills. I think unless you have a lot of self confidence, performing csp manipulations on members of the public after an hour lesson on csp manipulation is highly risky. Certainly not many of the Osteopaths or chiropractors seemed willing to be volunteer patients for the massage therapists learning. And as explained on the previous page I have had a client come in who has seen such a practitioner and had a negative reaction. I have also manipulated this client's neck on a previous occasion with a full history and examination with her having no issues after the fact.

I have seen training courses offering training in neck manipulation online and cannot believe for one minute this is safe for the public.

Did the GOSc devise these methods? Have you trademarked or copywrited them? No, you didn't (and you can't). They aren't yours. Andrew Taylor Still devised the methodology....he called himself an osteopath, therefore anyone following his principles can also use the term 'osteopath'. Your ridiculous legislation doesn't magically offer you sole use just because you and some politicians decided it one day. The GOSc needs to wake up to its own deception!

I would only ever teach an Osteopathic student any techniques used in Osteopathy. I had a Sports Masseur work with me at one time who wanted to learn techniques but, I ended up 'dismissing' them (due to other Professional ethic concerns) which highlights my concerns about the mindset of some less regulated professions. I am also a Registered Sports Therapist with SOCIETY OF SPORTS THERAPISTS since 1995 and understand the complications within that profession for compulsory regulation however, this is a concerning area, with different levels of training all of whom can work using the same title. It would be far too easy for any therapist to apply techniques they are not appropriately trained to use or assess the suitability for.

Osteopathic educators set an example to the next generation. How can student Osteopaths be expected to register if their educators are not registered?

We are trained to take a holistic view and approach for our patients. A course offering Osteopathic technique/s misses out the whole holistic approach.

Reducing Osteopathy to techniques or approaches taught in isolation is demeaning to the profession. Osteopathy is a complete system of healthcare based on a degree level understanding of anatomy, physiology, and pathology etc and applied according to Osteopathic principles. The process of deciding whether a patient is safe to treat requires a deep level of understanding of systemic health without which mistakes can be made.

I feel that having non osteopathic practitioners using 'osteopathic' technique weakens our title and encourages other practitioners to use the wording without being regulated. Patients do not necessarily look further than the first bit of wording and make assumptions about practitioners accordingly.

A weekend course is not sufficient to prepare a practitioner for the use of any technique, manipulative or otherwise. It is unsafe, unethical and probably ineffective

It is not possible to teach this nor techniques like HVT on short courses.

I think that it muddies the waters. Those undertaking these courses may think that it is only the 'technique' that matters. Not a safe approach in my view.

This depends on whom the osteopaths are teaching. If it's sports and exercise medical doctors or physiotherapists (i.e., those that are regulated MSK healthcare professionals) then I am less worried. If it is a weekend course for sports masseurs, I am concerned.

It devalues our expertise and medical knowledge. This causes us to be undermined in the medical community.

My concerns are that it erodes the profession that is shrinking fast anyway. The worse thing that could happen is that the profession shrinks too small to survive and all the techniques and principles are lost to the public. This could happen if you ban the use of osteopathic techniques by non registered osteopaths. If they are being taught to physios, chiropractors midwives other allied health professionals at least patients will benefit.

As mentioned previously, we have trained 4 years for the title osteopath. It is not a course that can be learnt/taught unless enrolled on a proper course offering osteopathy. Most definitely not over a weekend. Patients put their trust in us, it could quite literally be life or death and when there are people practicing techniques such as HVT/HVLAT because they've seen it in social media or a friend taught them, it's not only a bad name for them but the profession too

They can teach osteopathic approaches but which is good, but it doesn't mean the recipient is now an osteopath

This is the same as my previous answers. I find this wholly unacceptable. Being an osteopath is much more than a set of techniques. It's patient safety, physiology, anatomy, palpation, clinical reasoning, learnt supervised clinical experience at university. It's understanding consent and communication.

The students may not have the fully comprehensive training to diagnose and treat safely.

As long as they don't call themselves osteopaths, I don't think it matters what techniques they use. As long as the patient isn't told they are an osteopath or registered with the GOsC that is up to them surely? We all use techniques from other modalities. The cat exercise is from yoga, most osteopaths use it but we don't claim to be yoga teachers.

If we don't protect who can practice "osteopathy" then the terms "osteopathy" and "osteopath" become invalidated. Osteopathy is what osteopaths do and visa versa.

On one hand it feels as though it is wrong because we as Osteopaths have had to spend years honing skills and learning the mindset behind what these techniques do as well as the intention behind them, however if they are

being taught to individuals who already possess manual therapy qualifications and are working as a physical therapist it allows them to see our mindset whilst learning techniques which help to address multiple issues.

I would consider that unprofessional to undermine your own profession. Osteopathy uses many skills that are not owned by Osteopathy but then those aren't osteopathic and shouldn't be labeled as such.

I am not aware directly of people doing this in my area but am aware that it takes place. People who are not on the GOSC register could be physios or other healthcare professionals so if the techniques are taught well then there should not be a danger to the public-it would be about the quality of the teaching

I believe the osteopathic techniques can and should be taught by qualified and registered osteopaths. We have undergraduate courses who are technically teaching non osteopaths. I believe the nuance is in the legitimacy of practicing under the register, not in the learning

Having spent 4 years studying to become an osteopath, I strongly believe I was taught the relevant skills to be able to diagnose and treat patients safely and specifically. I do not understand how being taught 'osteopathic approaches ' can cover the depth and incorporate the hours of practical lessons that a degree covers. This leads me to have significant patient safety concerns.

The osteopathic degree courses are designed to teach anatomy, physiology and pathology, amongst other things, to a standard that enables osteopaths to be able to decide who may be suitable to treat and who requires to be referred to another healthcare professional. This produces practitioners who are safe and competent, and regulated by themselves. By teaching osteopathic techniques to non osteopaths who do not have any of this training, and have the freedom to promote themselves indirectly as being able to supply osteopathy is confusing for the public at the minimum, and also raises questions of patient safety. It threatens all that the profession has been through over the decades so that a patient who needs some help can be assured that they are seeing a well qualified, regulated practitioner. They also have no recourse if anything goes wrong

Osteopathy is a protected title and its practices should be protected. Patient safety is also a concern.

Osteopaths are more than a technique. Professions aren't defined by techniques.

In the same way as I have learnt different techniques from different hcps including, physios, nurses and midwives, it is useful to share some of our skills. Just because I know some of the skills doesn't entitle me to be identified as a different profession

We need to protect the osteopathic legacy and standards and we can't do that if people are teaching 'osteopathic approaches' when they are not fully licensed, trained osteopaths

If osteopathic approaches get misrepresented and patients become confused about osteopathy delivered by non osteopaths it diminishes trust in the profession. Safety issues are related to the high standards osteopaths are held to whereas others, particularly unregulated clinicians may not have the baseline clinical skills needed to understand limits of their scope. They may treat when should refer. I have some concerns for safety in terms of non osteopaths judging the safety of interventions like exercise, manual therapy psychologically informed practice. Osteopaths are expected to understand risks and appropriate assessment to ensure safety. Others, particularly unregulated clinicians, unregulated are not held to same standards.

It is for patients and practitioners to make their own minds up as to what they do.

Whilst mentoring is a crucial part of growing the future of our profession, sharing knowledge between an Osteo practitioner and an unqualified therapist who doesn't necessarily have the skills and knowledge is a violation of patient and public safety.

It weakens the term osteopath and makes us all vulnerable to practitioners not knowing what they are doing and confusing the public

I'd be very concerned if I was aware of such incidents

It's another way to make money and also bring other professions up to our level.

Not every qualified osteopath is a teacher and how can you condense 4 years into a weekend course. It's knowing when not to do osteopathic treatment that is key and any association to the wording will create confusion to the public, a lack of confidence in registered osteopaths from the public and an easy platform for the media to jump on bad practices and associate osteopathic technique with osteopaths that's what the public will see osteopaths

No way of checking register of previous complaints etc

No more pt safety concerns than any other manual therapy practitioner working with minimal qualifications.

My partner is an acupuncturist and did a spinal manipulation course with an osteopath. She felt the course was rushed and the person taking the course was 'showing off his skills' marketing thoracic manipulation as the 'million dollar move' she came away none the wiser and less confident than when she went in.

The techniques are not the issue, it is the knowledge of when not to use them IE case history or examination red flags the technique

Yes, I'm aware of this for example, some osteopaths affiliated with organisations such as Proactive Sports Therapy and practitioners like John Gibbons offer courses teaching "osteopathic approaches" or "osteopathic techniques" to people who are not registered with the GOsC. While these courses are often well-intentioned and aim to share knowledge, they can blur important boundaries around professional identity and public safety. Teaching manual therapy under the banner of "osteopathy" risks diluting what the title represents, a regulated, evidence-informed profession grounded in clinical reasoning, differential diagnosis, and ethical accountability. If individuals without this foundation begin using the term "osteopathic" in their marketing or practice, patients may wrongly assume they are being treated by a registered osteopath. This not only undermines the profession's integrity but also creates potential risks for the public.

The general idea of any profession having monopoly to certain techniques or approaches is not valid. Techniques are only tools to be used. It is how you make use of these interventions in a health care provision context that defines their value. It is up to any licensed professional to only deliver safe and appropriate interventions that are within their scope of practice. Examples of techniques or interventions that are shared between several serious and licensed professions are HVLA, soft-tissue techniques and cognitive behaviour technique. Our concern is when osteopathic interventions are delivered to students or alternative practitioners that are unlicensed. It is a concern when teaching is delivered in such a way that it encourages people to deliver osteopathy as a general approach on the outside of the regulatory frame. As far as we know, this has been the case in the UK in the format of osteomyelists and other creative titles. Again, this often leads to the misuse of "osteopathy" or "osteopathic".

How would we know if they are qualified and competent to perform these techniques and approaches in a safe manner for patients

It is misselling and almost fraudulent. Most members of the public may not understand the difference between an osteopath and someone advertising the techniques. Much of healthcare treatment is based on trust and this is a breach of trust. It is a grey area and needs clarity with protection of the title of osteopath.

12. Please provide any additional comments below:

Responses: 83

adad

What would be the point of being registered with GOsC if what we're taught is not protected. The public increasingly are rarely looking at registers, rather choosing treatments based on people's online presence, spiel and/or word of mouth.

I am concerned for another term 'osteomyologist'. Even if a therapist doesn't state they are using 'Osteopathic manipulation' they are stating they have been on course that teach Osteopathy and chiropractic' so very deceptive. Another thought is if the title is not better protected then there could be a decline of Osteopaths. I am aware of Osteopaths that come off the register and refer to themselves as bone setters as there are so many people now confused by what Osteopaths are they think we are all the same and had the same training.

The GOsC should accept that if someone has qualified from an osteopathic institution, they should be allowed to say so, so long as they state that they are no longer an "osteopath"

This legislation needs to be brought in immediately. I am surprised that in your role to protect the public you even need to ask for our opinion. Surely your role makes it mandatory that this is done as standard.

As an osteopath, I don't really know what standards education providers need to meet to ensure that they are teaching techniques to appropriately competent students. Are entry requirements suggestions or mandatory- it doesn't feel particularly well regulated

As a registered osteopath and clinic owner, I strongly support amending Section 32(1) of the Osteopaths Act 1993 to strengthen the protection of the title 'osteopath' and its associated terms. There is increasing misuse of derivative terms such as "osteo", "osteopathy", and "osteopathic" by unregulated individuals, particularly osteomyologists. These terms are often used in clinic names, websites, and marketing to imply GOsC registration. Most members of the public cannot distinguish between a registered osteopath and an unregulated practitioner using similar terminology. This confusion undermines public trust, creates clinical risk, and allows unfair competition. While I understand that some of these words are considered descriptive, their use in a healthcare context has a clear professional association. The law should reflect this by prohibiting use of these terms where they are likely to mislead, regardless of intent. I recommend: Extending protection to include derivative terms when used in clinical or commercial healthcare contexts Prohibiting use of "osteo" by unregulated practitioners unless accompanied by a clear disclaimer Including misleading marketing, website names, social media handles, and signage within the scope of enforcement Granting the GOsC proactive enforcement powers to investigate and act swiftly This change is essential to preserve the credibility of the profession, uphold standards, and protect the public from confusion and potential harm.

I also see stand alone qualifications for animal osteopaths being taught to non osteopaths. While this falls outside human treatments it never the less dilutes the title and in my view shouldn't be permitted.

Osteopathic title should be protected as much as the physio title

I think protection of our title including osteopathic is long overdue. I am surprised it has taken this long for it to have become identified as an issue.

Various manual techniques can be thought to other physical therapists BUT non-osteopaths should not be allowed to claim their form of treatment uses "osteopathic approaches/techniques" or other terminologies which may misrepresent or disguise them as registered osteopaths.

This does bring into question the use of Dry needling / acupuncture as part of Osteopathic treatment. The fact that it isn't a protected title and anyone can do a weekend course in it and include it in treatment is quite frankly ridiculous. Why aren't we having to do a regulated course like Physiotherapists?

None.

Depends what they are teaching. Sharing ideologies and how we think globally instead of reductionist. That's no bad thing .

Danger to patients

The technique isn't the whole approach anyway. In many different disciplines they may use similar techniques; it is the whole that makes Osteopathy. Please do not mistake my keenness to protect the title as a desperation to keep a few techniques to ourselves; there madness lies.

Any implication that you are an osteopath—such as describing your treatment approach as 'osteopathic'—should be restricted to those with a protected title.

A more robust definition may also help support national identity of the profession and play a role in making the profession more attractive to potential practitioners in the future.

In my opinion, this is one thing that would get the GOSC a lot of credit with Osteopaths. Is the logical thing to do. In fact, it must be done to save the public

I think the general council is wasting its money and time and should be spending it on far more important things how about the decline of the profession, lack of public awareness, lack of cohesion within the industry, poor financial outcomes for students.. A huge lack of evidence base within huge aspects of the osteopathic education That is probably more important

I believe that it is central to this consultation that the GOSC underpin this with stating that its core purpose is to protect the Public; specifically, that it protects the treatment of Humans only. In UK legislation in public order or public nuisance offences, "the public" clearly means people who could be affected, alarmed, or inconvenienced; in planning law, "public consultation" refers to humans expressing views, not animals being considered stakeholders; in public liability (e.g. injuries "to the public"), it is injury to persons, not animals. While animals are protected under various laws (e.g. the Animal Welfare Act 2006, the Wildlife and Countryside Act 1981), they are treated as objects of protection, not as members of the public. The current position of the GOSC, that it not

may not exercise its protection of title powers over allegations concerning a person who only treats animals using Osteopathy is at odds with its core purpose and its statutory obligation to protect the Public. Other agencies exist for the protection of animals and it should be their responsibility to respond to allegations of them being harmed - not the GOSC.

Please protect the title that osteopaths have worked so hard to obtain.

The practitioners teaching these courses ought to be ashamed of the damage they're doing to their profession & peers & teaching these approaches to non osteopaths/osteopathic students ought to be banned.

I have worked as external examiner and clinical examiner in osteopathic education. These courses do not have enough run time to teach the pathology and red flags that may present in a clinic setting. Ours is a degree course, developing students' awarenesses and knowledge of safe practice over years of supervised clinic experience. Theirs is a few weekends. Go figure.

Hopefully there has been or will be communication with the GCC and HCPC, enabling them to consider joining any petitioning of government so they might pre-empt similar advertisements regarding courses offering 'chiropractic technique' and 'physiotherapy technique' to non-registrants. Presumably a united front might increase leverage.

I feel if the recipient's insurers are happy to insure him, the responsibility will be theirs.

None

As explained above. It is misleading to use the terms 'osteopathic' etc and it can have a huge impact on patient safety and on the reputation of our profession.

My concern is that the TITLE is then used or the IMPLICATION that using an osteopathic technique is advertised thus confusing and misleading the public that the practitioner is an osteopath.

The growing misuse of osteopathic terms by unregistered individuals represents a serious risk to patient safety and the reputation of the profession. It is unacceptable that some registered osteopaths are enabling this by teaching osteopathic techniques to unqualified people, often for financial gain. This undermines the integrity of the profession, erodes public confidence, and creates a dangerous environment where patients may be treated by those without the necessary education, training, or regulatory oversight. The GOSC should take clear action to prevent this, including stronger enforcement measures, clearer public information campaigns, and sanctions against registered osteopaths who contribute to the misuse of the osteopathic title. Accountability must be prioritised to protect both patients and the credibility of the profession.

Not sure whether this is possible, but I also suggest that the GOSC seeks to ban the inclusion of the words "osteopath", "osteopathy" or "osteopathic" in the names of courses that are not taught at (or by) GOSC-approved teaching institutions, and to also ban the inclusion of these words from the names of qualifications arising from these courses.

Patient safety should be our number one priority. Secondly is securing the future of our profession, (by both encouraging more into osteopathic universities and colleges and reducing potential collateral negative press by adverse outcomes from unqualified practitioners) By changing the law broadening the protection of the title to include osteopathic, we should deliver both of the two points above. I feel this is vital in securing the future of

our profession. I've been raising this issue for years with the iO and would like to thank them in passing in my concerns and for the GOSC in taking this matter further into consultation phase.

I'm relieved to see that action is finally being taken to address this issue, as it's one that has concerned many of us for quite some time. The unchecked use of the title "osteopath" by unqualified individuals not only puts patients at risk, but also significantly undermines the credibility and professional reputation of those who have undergone university training and registration. Allowing this to continue sends the wrong message to the public and diminishes the trust we work so hard to build with our patients and with other healthcare professionals. It's encouraging to see steps being taken in the right direction.

Here's an example from Facebook advertising 2 day diploma courses for Osteopathic Manipulation Therapy
<https://www.facebook.com/share/r/14HLN8z6yQg/?mibextid=wwXlfr>

The lack of institutions providing Osteopathic education is a real problem and some adjustments to make the profession accessible would be a step in the right direction.

Very happy to be contacted to embellish my experience. GOSC need teeth to expose the practice and bring criminal charges against illegal practices.

Knowing when not to treat is as important as knowing when to treat.

You would not want to see a dentist who had shortcut their training. You would be angry if the dental association did not protect the title or worse still allowed the title to be used misleading the public . So too GOSC have a duty to protect the profession and the public from those with substandard training.

Wordplay shouldn't be allowed as a loophole when advertising services or describing one's abilities.

I think the qualifications at undergraduate level are most important to give the public trust in what we do. I think diplomas covering all the hands on in person are just as valid and could be more patient focused than a degree that is given it's title because of research... The one with more hands on practice could be the better practitioner in the end over those that can write a good research project but have less hands on patient skill.

Patients i have spoken to state that they believe that if they see the term osteopathic etc on a website or SM, that it implies or assumed that they are osteopaths

This is such an important issue for me. I think I actually filled out this questionnaire a few months ago. Forgive me if I did, but it's worth emphasizing.

If patients see someone who they associate with being an osteopath and their treatment causes harm, then this will damage the entire professions reputation. This would be not just amongst patients seeking care for musculoskeletal issues, but also other professionals with whom we refer e.g. GPs for humans or Veterinarians for animals.

Patient safety is closely followed by my concern of the possible negative impact on the reputation of the profession and giving osteopathy a bad name.

I believe restriction of trade needs to be handled carefully. The loss of great osteopaths could occur if the path of too much restriction is followed.

GOSC stands to lose its relevance if the title is not protected and therefore the profession is no longer trusted by the public who will not differentiate between those registered or not. It is also important that those working hard to provide good and safe treatments are not demoralised by others who bring down osteopath's reputation, lower the perceived quality of our services and impact the profession's ability to survive.

I am very concerned that osteopaths may be teaching 'osteopathic approaches' to individuals who are not registered with the GOSC. While sharing knowledge is valuable, this practice risks enabling unregulated individuals to offer treatments using osteopathic terminology without appropriate oversight or accountability. This can mislead patients, compromise safety, and undermine the professional standards and reputation of registered osteopaths. Clear guidance or restrictions around the teaching of osteopathic techniques to unregistered individuals could help protect the public and maintain confidence in the profession.

Not sufficient training and they may be unaware of risks of harming people

There is the wider category of "manual therapy" that massage therapists, sports therapists, and other forms of "bodyworker" practice. I think it would be impossible to regulate the passing on of learning about the techniques and approaches used by practitioners in the wider health/wellbeing/bodywork community. I think that the work of the ASA probably has some background persuasory force to those who are aware of it.

There needed to be a differentiation between 'teaching' and 'advertising' in this question to enable engagement with it. There will be different legal considerations between teaching and advertising.

I think limiting the use of the term if osteopaths are teaching & regulated physical therapist are trained to think and treat more osteopathically will really reduce the awareness of osteopathy as we exclude ourselves from working within multidisciplinary teams & reduce the potential of patients getting the best care. I can see why osteopaths don't like this as it means they are not the only providers, but essentially I don't think the techniques are purely osteopathic & it's more the thinking behind the techniques that make us unique - why wouldn't we want to encourage others to provide this care if they have also spend years & £10,000's to be able to provide safe MSK care? I'd be careful around the exclusion of the use of words and be more considerate about what they actually mean and what the actual concerns are

Stop wasting money and expensive fees on legal action, spend it on growing the profession... This is what will protect patients, better access to holistic person centered care

It's about time we protected 'osteopathic techniques' or anything performed by an osteopath. It should have been included in the act in 1993.

The difficulty is determining what is deemed osteopathic in terms of technique and what is deemed manual therapy. Regulation of technique is very difficult. However if osteopaths are training non osteopaths then no mention of osteopathy should be mentioned in that training.

In the past I have been told by patients of people calling themselves Osteopaths when in fact they have received very little training.

It is important to protect the title more broadly to ensure integrity and quality of practice.

Again it cheapens the osteopathic process.

I once clicked a box on Google when I was creating my website to be identified and my business to come up if someone searches for a chiropractor, there was no mention of any chiropractic techniques and clear my website was only osteopathy, however I had a letter from the chiropractic council saying that i needed to change this immediately, that's the level that GOsc should be protecting us... they don't seem to do anything of any benefit for us now

Osteopaths offer a unique and much need service which helps to fill the cracks our ailing healthcare system. Our whole person approach helps people out of pain. People deserve to be aware of our standards. And be 100% sure that we uphold them. If anyone can say they offer osteopathic techniques after a weekend course, why should anyone trust us with their health?

Although this has not happened to me personally, I know of other osteopaths who have ended up treating patients who have had manipulations and osteopathic techniques carried out by so-called experts who have attended a couple of days of training in these techniques and then applied them incorrectly/poorly causing ongoing pain .

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Reported to GOSC- not even acknowledged. Complete waste of time

The public mostly not aware of our training. If therapists are just taught osteopathic techniques without the knowledge to diagnose the general public could be at more harm of adverse side effects. This will ultimately impact on the term 'osteopath' and reduce the public's trust in our profession

Happening in animal osteopathy now as well teaching anyone osteopathic manipulation

Any term which implies 'by an osteopath' should be protected.

Do your job. Understand what it means to practice osteopathic medicine. The full scope and breath of the principles in practice and there's no way you would even be asking the question. Nor would principles be sidelined and hours reduced in our undergraduate education programmes. Osteopathy is in danger of losing its way completely in the UK. The clinical practice of osteopathic medicine is being marginalised and forgotten.

I think social media also shows a rise in these types of material, practitioners of all types showing themselves 'cracking' clients and I have noticed when checking out some of these profiles that they have no professional qualification and it appears they carry out the same treatment and manipulations regardless of the issue presented and the client as an individual with a medial history. Again it gives a lot of people confidence in seeing someone local who offers these types of treatments even if they don't have formal qualifications. I appreciate there are a lot of chiropractors and Osteopaths who use this type of material to advertise their clinics and it would be hard for GOsc to monitor social media for people who are unqualified doing such videos. But I think the point is that it gives rise to general public confidence in seeing someone do these videos, see the person supposedly better and thinking they want that but not understanding they need to see a qualified Osteopath or chiropractor not your massage therapist who did a weekend course.

As a 'governing body', you're hanging on by a thread. Utterly pointless.

The GOsC has not provided any clarity about the new 3 year BSc degrees being offered at some OEs. After 3 years the student Osteopaths graduate at level 6. Does this mean they can still register as an Osteo. If so then why should students do the four year MSc level 7 programme? The purpose of the four year undergraduate programme was so the UK offered an undergraduate entry and that the UK degree aligned with the EU programmes.

I met someone who presented himself as an osteopath and then found out he did 3 weekend courses that allowed him to do "osteopathic techniques" and felt really defeated and wondered what patients think when they consult him and he hasn't had proper training

The public's understanding is that anyone using the title of Osteopath has a degree in Osteopathy - for clarity and to protect patients' safety there should be no other use of this title.

Osteopaths doing this should be censured

This is a growing issue amongst the profession and I already feel that many osteopaths have left the register or are considering it as it raises the question of why pay the fee and do all the CPD if Tom, Dick and Harry can use "osteopathic techniques".

We must be careful that we don't try to corner the market in 'osteopathic technique' (remember that Turkish barbers click necks) but focus on a proper definition of what osteopathic medicine actually is. What is the osteopathic identity? Once we have defined this, we can then position ourselves better within the wider healthcare professions. This is something that the iO should be undertaking but it would appear that they have confused 'brand' and 'identity' which are distinct concepts in healthcare. The osteopathic brand is what people feel or think about osteopaths — it's our reputation, the emotional and cognitive impression we leave on patients, colleagues, and the wider public. Our identity is the visible and verbal expression of who osteopaths are — the consistent signals that represent our values and approach.

I personally feel as though the GOsC should be taking this incredibly seriously to protect both the public and our professional reputation.

Also unclear how safe the teachers are.

I view Osteopathy as the way we view and understand and approach the body so a technique can't be Osteopathic.

This also applies to the provision of treatment of animals. I am aware of osteopaths teaching osteopathic techniques to non osteopaths. They then promote themselves as animal osteopaths which brings the same problems of patient safety, and confusion in the public about the implied qualifications of the practitioners.

The reputation of the profession is also a concern.

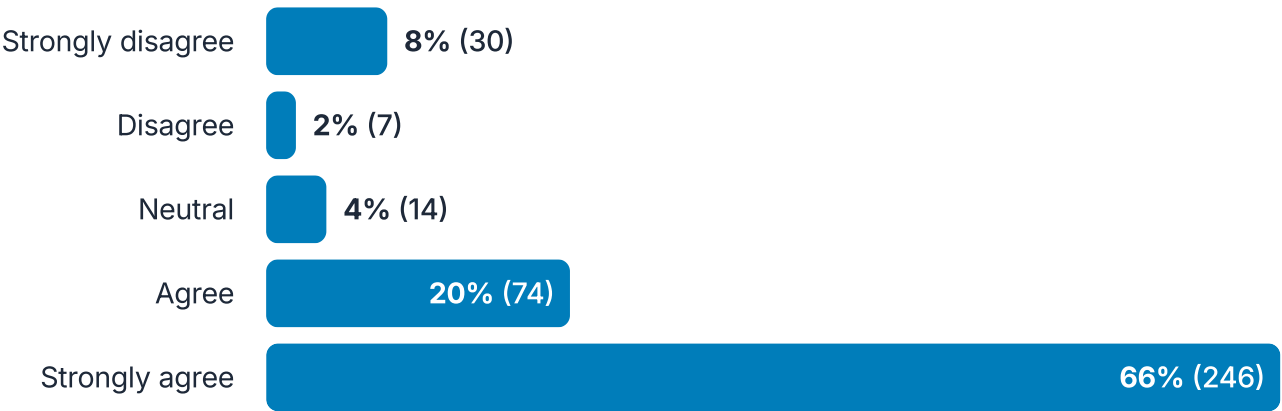
We should want to help other professions but if people have watched tik tok and think they are an osteopath, that is different.

Within regulated professions I've never seen training advertised in pharmacy for pharmaceutical type, Dentist type treatment. Protect the profession

Trained qualified osteopaths would know what they are doing, those that are not osteopaths should not be using the title. This is misleading to patients and breaching requirements of the GOsC Register - protecting patients .

GOsC needs to do more to encourage patients to check the qualifications and registration of the person treating them.

13. To what extent do you agree or disagree, that GOsC should seek an amendment to the Osteopaths Act 1993 to add greater protection for the title osteopath? Responses: 371



14. If the GOsC gets agreement from the Department of Health and Social Care to change the law, which additional terms do you think we should request to be added? Responses: 367

Osteopathic techniques



Osteopathic manipulation

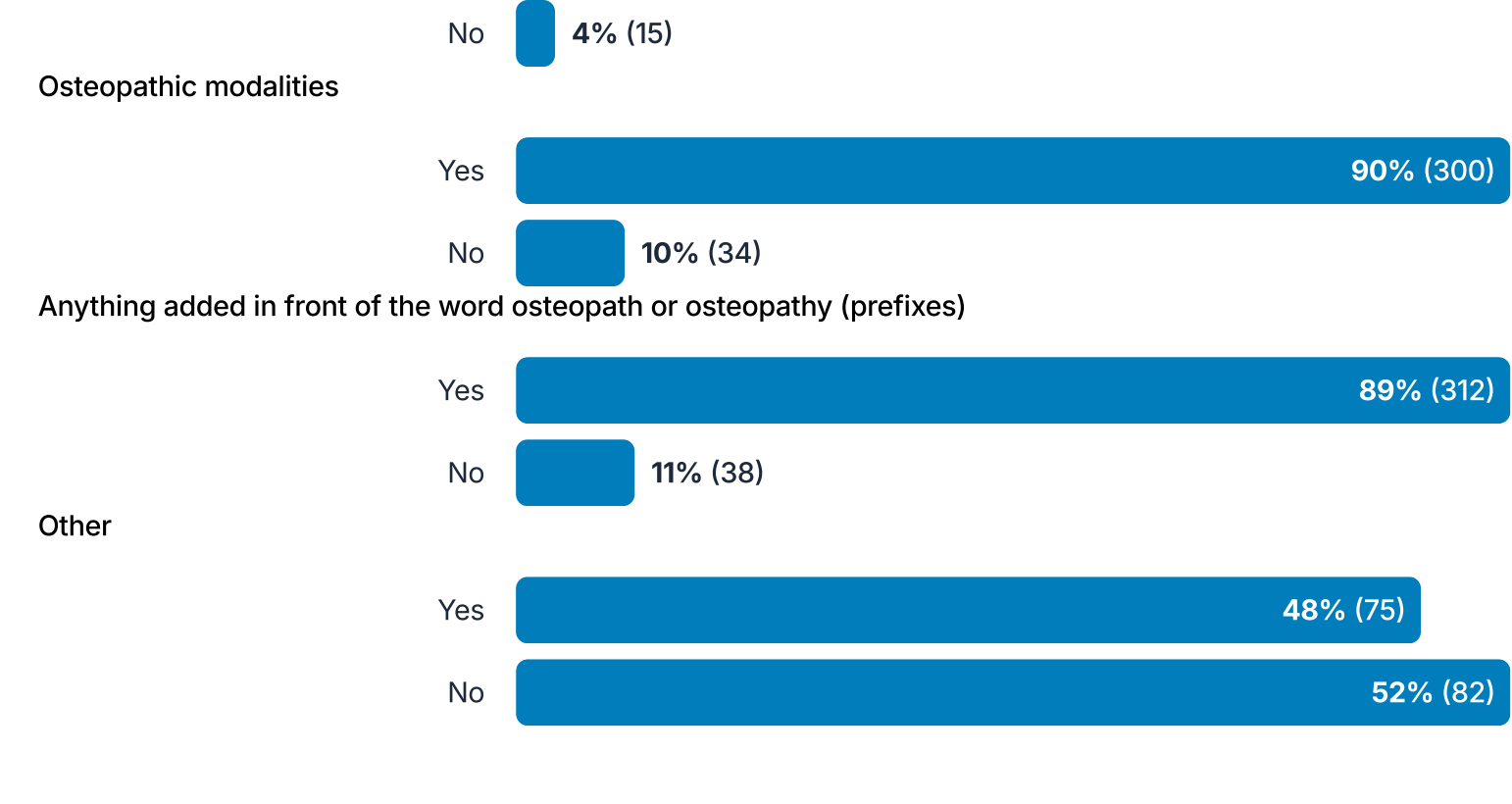


Osteopathic articulations



Osteopathic treatment





15. If you selected 'Other' in Question 14, please provide more details:

Responses: 82

- The awarding of Diplomas in osteopathy should be included
- Cranial osteopathic techniques/approaches/manipulation
- Philosophy or principles
- Osteopathic practitioner i.e. prefixes and suffixes
- osteomyologist
- Osteomyologist
- Comparative terms to osteopath or osteopathy. There's a clinical local to me where the practitioner has a diploma and a fancy machine and claims on her website that her treatment is 'basically what osteopaths do'
- I do not see a problem with these techniques being taught without the word osteopathic in them. The techniques aren't particular to osteopaths, but if the word osteopathic is used it means the practitioner is given false credibility in a patient's eye and false confidence in their level of safety. The only reason to use the word osteopathic is so the practitioners can imply a level of training they've not had. If that weren't the case the trainers wouldn't use the word, so they know they are misleading the public.
- Osteopathic practitioner
- Should we include 'osteopathy' in the above, eg 'techniques in osteopathy', 'modalities of osteopathy', prefixes of osteopathy, 'osteopathy treatments', I know the phrases don't sound grammatically correct, but could be used in

a loop-hole. I think if all this effort is being made to change the wording in the Act, all variations on a theme need to be considered.

Previous Osteopathic qualification. They may have been struck off the register so should not be allowed to advertise for patients using this approach. Also should not be allowed to use D.O or other previous qualifications. They should be removed from the practitioner if struck off.

If legislative changes are permitted, I believe the following additional terms should be explicitly restricted in healthcare and therapeutic contexts unless used by GOsC-registered osteopaths or accompanied by a clear disclaimer: "Osteo" – especially in business names, branding, and websites where it is used as shorthand for osteopathy "Osteopathy" "Osteopathic" "Osteopath-inspired" or "osteopathic techniques" – often used to imply regulated status or training "Osteomyologist" – given its visual and phonetic similarity to "osteopath," and its repeated use to mislead The law should prohibit use of these terms when they are likely to lead the public to believe the practitioner is a registered osteopath. This would bring osteopathy in line with protections seen in other regulated titles and reduce misuse that currently goes unchallenged due to gaps in legal wording.

People claiming to be osteopathic trained without doing the ostepath degree

I think the others will be very difficult to work in practice, I also think we need to start working towards more unity. I also think we need to start encourage a more forward looking approach to care. Research suggests they variations of these techniques have no real world impact. In my experience there is huge overlap between chiro and pshysio variations, and even difference in the techniques taught between osteopath providers.

Cranial Osteopathic technique; cranial osteopathic approach

Philosophy, practice would be suffixes that I would include.

Osteopathic should be regulated. It says simple as that. It is a "no-brainer" Imagine if Osteopath said that they were doing medical treatments medical Osteopathy medical manipulations The order of doctors would be on us in a second as they should be As well as the advertising standard association. Let's get this done

ANYTHING implying that the practitioner is an osteopath.

Seek an amendment to include the adjective "osteopathic". That will surely cover all the above. I would have thought that the existing protection for "osteopathy" and "osteopath" covers the "anything added in front".

As well as prohibitions of specific words and prefixes, perhaps there ought to be provision for prohibition of any word or phrase that would cause a reasonable person to infer that the treatment being advertised/offered is in any way osteopathic in nature. Perhaps this is already covered by the offence of 'holding oneself out to be an osteopath', but there may be a greyer penumbra around the black/white border of that particular offence into which some non-osteopaths wishing to imply the identity might move if and when the unqualified use of 'osteopathic' is proscribed. Such cases would require a judgement call on interpretation, but a panel would presumably be able to form sound judgements. An example might be a website describing a sports therapist who 'has worked extensively alongside and learnt a lot from such-and-such an osteopath', or one who 'works in a holistic way, drawing on the approaches of Rolfing, osteopathy and Alexander technique'. These would appear to be able to evade capture by the prohibition on 'osteopathic' and 'osteopathic technique', whilst potentially still implying an osteopathic character to what is being offered.

I work with many children and infants - I have a lot of patients who tell me they have already seen an osteopath. many of these other 'osteopaths' are craniosacral practitioners, I have no issue with craniosacral therapy, but their websites say they practice cranial osteopathic techniques and its incredibly misleading. the entire wording of some websites would encourage the reader to believe this is an osteopathic website and the parents are then convinced they have already seen an osteo and were clearly not corrected.

Osteopathic approach, Osteopathic diagnosis, Osteopathic care, Osteopathic management, Osteopathic therapist, Osteopathic assistant, Osteopathic manipulation/manipulator, Osteopathic massage, Osteopathic massage therapist... Or any suffixes following the words "osteopath", "osteopathic" or "osteopathy".

"Osteopathic manipulative therapist" as a profession is too similar to oateopath and is deliberately misleading the public.

And anything added after the word osteopath or osteopathy.

Any inference to the term 'osteopathic'

Providing "techniques like osteopaths"

People calling themselves Osteopathic therapists or practitioners

I think expanded to include the word osteopathic or osteopathy should cover all the above without being specific. Osteopath, osteopathic and osteopathy

Osteomyologist,

Anything else that may imply or mislead the public. Including but not limited to Osteopathic training. This needs to also include social media references etc

Unsure about how to answer that question , I need more clarification

Retired (non-practicing)

If someone qualified from a recognised osteopathic teaching establishment, they should still be able to state as such. If they make sure that people they are treating, teaching, helping etc, are made fully aware that they don't hold the title of Osteopath anymore but can state for how long they did, if they did.

I think it's pretty clear. Do use anything Osteopathic means that you are regulated profession and your technique regulated and anybody using those techniques or calling them by name are possibly unsafe. It's a no-brainer

Please consider protecting "animal osteopath"

Any use of protected title however vague or likely to mislead

Oestapathy practice

Student Osteopath or Osteopath in Training or Trainee Osteopath

The Council may need to be aware that unless all eventualities are covered, those who want to misuse the word osteopathy will try and do so - so I would suggest you use the words osteopathy/osteopathic etc in as a broader sense as possible - hence I would say the words osteopathic/osteopathy anywhere in the title should be added when the change in law is requested E.g --- we provide treatments related to Osteopathy - rather than using osteopathy as a prefix ---hope it makes sense!

Osteopathic practitioner.

n/a

"osteo" I have seen people using this term without any qualifications. If questioned they say they are an Osteomyologist or so thing similar

"Osteo" The point here is not that osteopaths own the techniques, but that if a patient receives treatment from any practitioner believing they are an osteopath, because of the way treatment is described, then that is misleading and compromises the purpose and power of the regulator.

Some of these terms are not unique to osteopathy, eg chiropractors use manipulation or articulation, etc. Others are very vague, eg what is meant by 'modality.' And others raise more questions than answers, especially since treatment often utilises other skills commonly used by other healthcare professionals, eg soft-tissue, cranio-sacral, exercise prescription, etc, be it in the context of osteopathic philosophy. Can the law adequately cover these without challenge?

Osteopathic treatment for animals, animal osteopath, all the same above terms applied to animals

Anything osteopathic eg Care Wellness Regime Measures Identity Belief Ideology Protocols

Cranial osteopathic techniques Paediatric osteopathic techniques

The second last option reads the wrong way around to me - so add: any combination of terms that implies the provider, service or activity falls into the category of osteopathy / osteopath.

OMT or such abbreviations that have become popular

Osteopathic medicine

Osteopathic practice and anything 'osteopathic'

To use 'articulation' in the above Context is grammatical nonsense

Anything which refers to osteopathy, osteopathic or osteopath Anything which could be misconstrued by a member of the public

I don't agree with courses now being run where anyone can call them selves and animal osteo , osteo is a protected title so only human osteos that do the animal course should be able to call themselves animal osteos

Animal/equine/canine osteopathy/osteopath/osteopathic

registered

Cranial osteopathy and MET, Strain/counterstrain needs to be protected also

Anything with the word osteo in it

'Similar to techniques/treatment carried out by osteopaths'

Anything added after the word osteopath/osteopathy/osteopathic

Include the word "osteo"

Anything that gives indication it may be related to osteopathy should be included.

Any term that may reasonably persuade a member of the public that they are going for/paying for/getting a treatment equivalent to that provided by an osteopath

A very small minority are using the title osteopathy in relation to equine and canine treatments. Where will GOSC stand on this.

Degree in osteopathy

Any term implying an osteopathic education. The public have no way to know who is qualified. They are not aware of the Gosc, they do not know to be concerned.

Cranial Osteopathy, Cranio-sacral osteopathy Craniosacral etc etc

Anything suffixing osteopathy

Really the terms listed are nonsense, there are techniques for sure, but the thing that makes them osteopathic is the osteopath. With his principled approach,(or not). But the use of these terms by non-osteopaths (and the unprincipled osteopaths teaching them to non-osteopaths) is causing issues

We would welcome an amendment to both the Osteopaths Act, and the equivalent Chiropractors Act, to provide greater public protection. While we would welcome greater protection for the adjective version of our respective regulated terms (osteopathic and chiropractic), we also believe there is value in exploring a restricted activities list for the techniques with the highest risk of injury (as used in New Zealand under the HCPAA act:

<https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>) which we suggest may prevent non-registered and non-regulated individuals from "rebranding" the techniques that present the highest risk to the public when performed by someone without the appropriate training. We would also welcome debate on the misuse of a degree to imply regulation (as opposed to qualification) when advertising businesses to consumers.

The profession needs protection from other professional such as Chiropractice or physiotherapist advertising on Osteopathic marketing platforms such as Google.

Anything in connection with animals (usually equine & canine)

We don't 'own' techniques but any osteopathic prefix should be against the law.

Anything that has the word of wording osteopath

However, if a person who has a degree in osteopathy says so, although not being currently registered, I believe they should retain that right

Osteopathic Practitioner. If someone is trained in osteopathic techniques, surely they can say they use them, but they can't say they are an osteopath. Deregistered osteopaths for example, but as they are no longer osteopaths, they no longer give an osteopathic treatment.

Anything connected to the word Osteopathic.

How would one differ an osteopathic manipulation/mobilisation from a physio therapy or chiropractic technique. A sports therapy technique etc.

Anything that implies or uses the word osteopathic or osteopaths. The title and reputation of all registered, trained osteopaths need to be protected for the safety of the public!

Osteopathic

COEI propose the possibility of broadening the terms above to include any use of the word osteopath or osteopathic when providing a service (including training) that could lead the reader to think the service was equivalent to that provided by a registered osteopath. Additionally, the current legislation appears to prevent former practitioners from describing themselves as a "retired osteopath," which seems counterintuitive. We suggest the GOsC explore a solution that acknowledges professional identity after retirement whilst safeguarding the public.

Anything with the word Osteopathic in front

16. Which organisations, bodies or other regulators should the GOsC collaborate with to further strengthen protection of the title osteopath? Please list and explain below:

Responses: 193

The CPD providers awarding Osteopathic certification. RCVS regarding animal osteopathy

Institute of Osteopathy Advertising Standards Agency

IO, FHT and insurance companies

Insurance companies - they should be obliged to investigate and report misleading claims on websites when providing any 'health practitioners' cover. Clinics - should be obliged to check, and report, anyone renting a room etc to provide treatment.

I dont know many Chiropractors but I would wonder if they have the same concerns.

Not sure

iO , also other AHPs governing bodies

Institute of osteopathy

iOst. Physiotherapy professional body, Chiropractic association.

iO (institute of osteopathy)

Institute of osteopathy institute of Classical Osteopathy Rollin Becker INstitute HCPC Advertising standards agency.

You don't need to collaborate. It's your role to protect the title OSTEOPATH.

Other regulated healthcare professionals and institute of osteopathy

To effectively strengthen protection of the title 'osteopath', the GOsC should collaborate with the following organisations and regulatory bodies: 1. Advertising Standards Authority (ASA) To address misleading marketing by unregistered individuals or businesses using osteopathic terms. Joint work could help remove non-compliant ads, websites, and social media content that imply GOsC registration. 2. Trading Standards To enforce consumer protection laws where misleading use of the term 'osteopath' or related terms is identified. Local authority trading standards teams can take action on deceptive or unlicensed healthcare marketing. 3. Care Quality Commission (CQC) In cases where osteopathic services are offered alongside other health services in multidisciplinary clinics, the CQC can help ensure clarity about who is regulated and under which framework. 4. Health and Care Professions Council (HCPC) and other healthcare regulators (e.g. GMC, NMC, GPhC) To promote consistent regulation across healthcare professions and share intelligence on misleading titles and scope of practice boundaries. 5. Office for Health Improvement and Disparities (formerly part of PHE) To support public awareness campaigns about how to verify whether a practitioner is a registered osteopath and the importance of choosing regulated care. 6. Companies House / Intellectual Property Office To help prevent registration of misleading business names that include restricted or protected terms such as "osteop" or "osteopath" by unregulated providers. 7. Search engines and digital platforms (Google, Meta, Yelp, Treatwell) To restrict business listings or paid ads from unregulated practitioners using misleading osteopathic terminology, similar to how they already manage protected medical terms. Working collaboratively with these organisations would help create a multi-layered system of protection—combining legal enforcement, digital oversight, and public education—to prevent misuse of the title and protect patients.

iO

CSP

Institute of Osteopathy - have a popular positive appeal to osteopaths

HCPC GMC

Institute of Osteopathy, Osteopathic education providers, CPD providers, GCC, GMC, CSP

Physiotherapist and Chiropractors. They are facing the same problems as Osteopaths.

iO Institute of Osteopathy The undergraduate schools so students understand the issue RCVS/ BVA regarding animal osteopathy

The iO. GOsC and iO should work in tandem on this.

Unsure

Physios, massage therapists to prevent them using osteopathic techniques

Institute of Osteopathy Academy of Physical Medicine

Professional Standards Authority- By collaborating with the PSA, it ensures osteopathy is aligned with broad regulation expectations, not just those set out by GOsC. HCPC- As they regulate professions like physios etc, by collaborating with them, it could help define clear boundaries between professions.

Colleges of Ost. Dept of Health.

HPC, NHS. ASA

HCPC and GCC - there should consistency and parity between our professional peers. We should also work with other professional bodies of the professionals that may be affected by this change, e.g. CIMSPA, sport therapist and sports massage therapists.

AHPs orgs Chiropractors Physio Massage registration or training bodies Post grad osteopath centres that allow teaching of osteopathy to a anyone unqualified

institute of osteopathy

Institute of Osteopathy Advertising Standards Authority Health and Care Professions Council Care Quality Commission Trading Standards

There may be value in collaborating with HCPC. It is likely that some of their members would be practitioners who might undertake short courses in osteopathic practice and possibly use this term professionally.

All the Osteopathic schools in the UK The Institute for Osteopathy And even the medical order.

IO RAMP (Register of Animal Musculoskeletal Practitioners)

Any relevant

The reality is, if you are going to try to do this, you're gonna have to contact every Allied health profession and all of their legal regulations will also have to be amended and changed

Institute of osteopathy Educational institutions

Massage courses Sports therapy courses BMA Physiotherapy regulator

IO

The colleges and organisations training osteopaths Potentially those offering the courses teaching "osteopathic techniques" NCOR

Is this not a matter for the GOsC? If the GOsC could ensure equal status for osteopaths in Scotland (see Q.17), it would ensure that we are not seen as lesser practitioners with other organisations, bodies or regulators.

All the other relevant statutory health regulatory bodies, in particular the GMC, GCC and HCPC..

Other professions which have similar issues ie physios

More to protect the public than the title: GCC, HCPC, GMC as mentioned earlier. Possibly NMC if some nurses offer certain techniques.

I live in Ireland and unfortunately we are still pursuing regulation. however I think we would all appreciate collaboration between the OCI and the GOsC on this topic.

Insurere, as the risk is on their part.

OCI

Not sure

other health care regulators

the GOsC should collaborate with: • General Medical Council (GMC) – to align standards across medical and osteopathic care. • Health and Care Professions Council (HCPC) – as they regulate physiotherapists and other allied health professionals where scope of practice may overlap. • Nursing and Midwifery Council (NMC) and General Dental Council (GDC) – to ensure consistency in title protection across regulated health professions. • Professional Standards Authority (PSA) – to reinforce accountability and regulatory alignment. • Trading Standards and the Advertising Standards Authority (ASA) – to tackle false or misleading use of the osteopathic

title in marketing. • Universities and osteopathic education providers in the UK – to ensure that education and training are protected from misuse by unqualified individuals. • Professional associations such as the Institute of Osteopathy (iO) – to support advocacy, communication, and awareness for both patients and practitioners.

Parliamentary Health Committees - To raise awareness and advocate for the public safety risks posed by misuse of osteopathic terminology; Department of Health and Social Care (DHSC) - Crucial for legislative amendments to the Osteopaths Act (their backing is essential for any statutory changes); Trading Standards & Advertising Standards Authority (ASA) - To tackle misleading promotional claims and enforce clearer boundaries in marketing language; Professional Standards Authority (PSA) - Oversees healthcare regulators and can support harmonized standards across professions; General Medical Council (GMC) and General Chiropractic Council - To address potential confusion between professions and ensure mutual respect for protected titles; Health and Care Professions Council (HCPC) - Useful for cross-regulatory dialogue, especially where scope-of-practice overlaps may occur (such as with physiotherapists); UK Osteopathic Educational Institutions - To ensure consistent messaging and reinforce the importance of title protection in training; The World Health Organization (WHO) - For global alignment on terminology and standards, especially as digital health content crosses borders

IO. Devolved governments' health and shadow health ministers. (I am happy to help in relation to northern Ireland) House of Lord's

Not sure

Institute of Osteopathy To coordinate efforts on public awareness campaigns, reporting mechanisms, and lobbying for enforcement of title protection. Advertising Standards Authority (ASA): To ensure that only qualified and registered osteopaths are allowed to use the title "osteopath" in advertising, and that any misleading claims by unregistered individuals are promptly addressed. Care Quality Commission (CQC) To ensure that clinics or health centres offering osteopathic services are compliant with regulatory standards and do not employ unqualified practitioners under the osteopath title. Health and Care Professions Council (HCPC) To clarify role boundaries and ensure that osteopathic techniques are not misrepresented or improperly used by non-osteopaths. Department of Health and Social Care (DHSC) To advocate for stronger legislative support and increased public awareness regarding the protection of professional titles, including "osteopath."

NMC Allied Professionals

Government legislation Allied Health

GMC, NMC and the society of physiotherapy

HCPC

IO APM

GMC IO

The institute of Osteopathy The Osteopathic Alliance

The iO

Continue to strengthen by only accepting graduates and masters degrees to register as an osteopath.

Possibly the insurers, Balens in particular and local councils as well as CQC

The IO

The iO. AHP - whilst in England osteopathy is recognised further work needs to be done in Scotland and Wales. If they don't understand they cannot protect.

NHS and allied professions

Institute of Osteopathy

Cnhc GNC

Ensure it's the same across all of the devolved countries. ie Northern Ireland, Scotland & Wales. HCPC & Chiropractic Council ASA

GCC as they may also be in a similar position.

STO, STA, FHT, GCMT, ITEC, VTCT, LSSM, NLSSM, Any other bodywork voluntary regulators and professional bodies. Worth also speaking with HCPC, GCC

Dont know Definitely not the nhs

Osteopathic teaching establishments. iO.

The institute of Osteopathy, HCPC and GMC

The major massage regulatory bodies

CSP & NHS England as I believe our title is lowered to MSK practitioner if employed within a physiotherapy facility. Sports medicine, sports therapy, CMA, Balens, BGi uk.

Chiropractors, physios, sports massage, massage of all descriptions. NHS, Reiki healers and many others

Institute of osteopathy because it supports the profession

iO And perhaps a consultation with the royal family They've always been big supporters of Osteopathy. Ask them for their feedback on this question I'm sure King Charles I'm sure princess Anne and I'm definitely sure that Queen Elizabeth if she was still with us would say the same We need to protect the public

The Royal Society of Chartered Physiotherapists

iO

GCC

I am afraid I am not sure which organisations this would be.

HCPC

Advertising Standards Authority. The comprehensiveness of consumer protection legislation probably already covers many of the issues raised here. Also, enforcement could be shared with them to make raise awareness and ensure compliance.

People who give sports massage, deep tissue massage

General medical council Physiotherapist council Occupational therapist council

HCPC and those who regulate physiotherapists.

Pharmacy, nursing, medical/surgical colleges, any regulatory bodies dealing with eg law, health, social care etc

NHS

The accredited schools and post-graduate centres such as the ICO, SCCO...

The GOsC should consider collaborating with: Care Quality Commission (CQC): To ensure unregistered practitioners using osteopathic terms are not operating in clinical settings without oversight. Advertising Standards Authority (ASA): To address misleading claims in marketing and online promotion. Professional associations in related healthcare fields (e.g., physiotherapy, chiropractic): To ensure clarity and consistency around terminology used by practitioners. Department of Health and Social Care (DHSC): To facilitate legislative change and guidance. Local Healthwatch organisations: To provide a patient-focused perspective and highlight cases where misuse of terms may affect patient safety.

That's a good question. I don't fully know the answer, but presumably HCPC, GCC, and various voluntary regulatory bodies of sports and exercise practitioners. ASA.

The GOsC should continue to communicate with all stakeholders about their concerns to find a suitable way forward, in understanding this 'trend.' It appears more awareness of the problems needs to be sought and several steps are needed before a change in law is considered.

HCPC - for registered physical therapists to be able to use these terms, if they have been provided with regulated training

GMC BMA NHS General Chiropractic Council

Institute of Osteopathy Naturopaths, soft tissue therapists and massage therapists, sports therapists (maybe CNHC), osteomyologists

GCC Physiotherapy All special interest OST areas, (animal, research, children etc)

None

IO- full representation of practising osteopaths Allied Health Professionals- to safe guard the wholistic approach osteopathy offers-

Other EU/global nations Osteopathy regulators to have cross border recognition of the title and qualification.

Government?

IO

All AHP bodies and regulators.

The IO, Chartered Institute of Physios, Chiropractic National org, patients, retired osteopaths, international osteo orgs for their input and experience

Whatever it takes to make the Act stronger for our profession. Have you links with MPs, MSs, government. Ask us to write to our government representatives. Use our numbers to lobby parliament. Legal advice, barristers iO Classical Osteopaths SCCO Media outlets/publicity The public/ our patients

HPC, iO etc

Osteopaths who train non GOsC registered people.

They should work with the regulators of Chiropractic and of Physiotherapy as well as the BMA. Having a strong cohesive regulatory framework across the registered professions is essential.

I don't know

Not sure

Institute of Osteopathy Sutherland College of Cranial Osteopathy - for protection of osteopaths practicing cranial techniques

Unsure. DHSC? ASA? Can anything be done about courses offered online by companies based overseas?

Animal Osteopathy

All active UK healthcare based bodies, regulators and organisations should be collaborated with, to promote the awareness and understanding of our title, profession and the importance of and our reasons/need to protect these.

Not sure, but our profession needs more recognition, i feel

RCVS - there's a growing number of animal therapists and countless online short courses that anyone can do. Without proper training these new 'therapists' could ruin the reputation of actual Osteopaths. It would also help with our relationship with vets. As in the human field, physiotherapists seem to have more credibility.

IO

Not sure

DEFRA RVC BMA

iO maybe? It is the GOsC's role and one of the main reasons why we continue to pay the registration fee

Presume Chiropractors will have similar issues. Get help from GMC other recognised therapies. Dept health.

HCPC

HCPC GMC

ASA

All sub groups of osteopathy, anyone is on the register and other professionals such as chiropractors

Institute of osteopathy

I don't know

Private health insurers, the NHS and stop undertrained physios from being the musculoskeletal norm.

Health and care professional council

The iO . The iO suffered in its previous form of the oagb when the gosc no longer promoted osteopathy . Funding for this should perhaps come from the gosc for this .

Unsure

Chiropractic council

Sports Therapy Association Insurers HDPN Institutions teaching massage

The Osteopathic Alliance, Institute of Osteopathy and individuals too.

GMC, HCPC

I think all of them should be collaborated with - GCC, GMC, GDC, GOC, NMC, HCPC to make everyone aware that all osteopathic words associated with osteopathy are protected.

"Osteopathy Board of Australia" and "Osteopathy Australia" Australia has long held to protecting the term "Osteopath" and its common derivatives (including "Osteopathic", "Practitioner of Osteopathy" etc). Having worked as a registered osteopath in the UK between 1987 and 2001, then in Australia from 2001 to 2024, and now back in the UK since earlier this year (2025), I have no doubt at all that the public are better served and protected in Australia than in the UK. We can learn from their positive experience.

Each osteopathic teaching establishment, the IO and possibly other professional bodies who have experience of protecting professional titles

Chiropractic regulators Physiotherapy regulators Sports therapist association Massage and holistic therapy associations

Im sure Chiropractors and Physiotherapists meet the same challenges.

Hcpc and gcc

io HCPC DoH DoJ

HCPC, NHS

I O Academy of Physical Medicine

No idea. I assume gosc will know which organisations legally need to be collaborated with. Outside of that surely the benefit of having a stand alone regulator is to determine the terms under which the profession is regulated. Other bodies can then fall in line with the regulations as set out.

General Chiropractic Council - to include references to 'Chiropractic techniques', Chiropractic manipulations etc as above. Joining chiropractors and osteopaths for the protection of all patients seeking manual therapy, would make it a stronger voice.

Everyone and anyone

The osteopathic alliance, other leading osteopathic postgraduate providers such as the institute of classical osteopathy and the osteopathic schools.

Nurses, physio, chiro counsels. Other appropriate bodies

The General Chiropractic Council would be very keen to collaborate on strengthening of protection of the title as we believe it will benefit both professions. We also note that the chiropractic legislation (and we assume the

equivalent GOSc legislation) does not restrict or identify who can bring a prosecution under Section 32 – and therefore suggest that other bodies (including professional bodies and local authority trading standards or environmental health) may, on occasion, find it useful to leverage the legislation.

Insurance companies? Asking them to check the standard of qualification for those requesting cover for manipulation. I would presume there would be a higher risk for those who have done a short course versus those who have done a degree level qualification. Linking with the institute of osteopathy who work diligently on behalf of Osteopaths and supporting them.

The IO

iO, All Osteopathic schools, perhaps BMC or GMC,

Institute of Osteopathy. It often feels the two bodies barely tolerate each other!

Institute of Osteopathy HSU, BCNO and anyother Osteopathic University

Not sure. I feel that the Chiropractors and Physios should have a similar protection but then are our techniques that different or really Osteopath specific?

Any profession involved in primary care

Massage professional bodies, GCC

All PSA regulators. The NHS. Private insurance companies. Integrated Care Systems.

RCVS, Animal osteopaths whi have further post graduate training should be protected and allowed to use the title Animal Osteopath or Veterinary Osteopath.

All allied health professionals and chiropractors.

iO. The iO are brilliant and are for the osteopath not against them

The institute of Osteopathy

Any in similar situations like chiropractors, etc.

GCC

The general medical council and relevant bodies regarding health care to get a collaborative agreement to protect the term Osteopath

IO. Any of the other bodies that therapists belong too that people claiming osteopathic belong too.

iO as the professional body, other healthcare regulators who have been through any similar processes around protection of title, regional groups to discuss the issues and get member opinion.

iO Professional bodies associated with chiropractic treatment

Institute of Osteopathy

The institute of osteopathy. It should collaborate as it is also supposed to Protect the interests of osteopaths and the profession.

NHS

NHS

All statutory bodies

Institute of osteopathy General medical council

Independent cpd companies in the field. Universities, iO. Organisations that group past osteopaths eg osteomyologists. Other regulators and related professional bodies

Physio therapy and Chiropractic governing bodies, dry needling/medical acupuncture governing bodies, health insurance companies and their regulatory bodies

Institute of osteopathy

HSPC

Clearly the Institute of Osteopathy and other regulatory bodies across the board

COEI recommends that GOsC works with healthcare regulators (e.g. GMC, NMC, HCPC, GCC) and advertising/enforcement organisations including the ASA, Ofcom, and Trading Standards. This will help ensure consistent title protection across health professions, address misuse in marketing and online platforms, and help protect the public from misleading claims.

The IO and the NHS primarily. While I've no desire to work in the NHS directly I'm aware that it's the major player in UK health and we ought to be working alongside them.

The HPC, the chiropractic council are good places to start.

No idea, as I do not know the law

iO and OE (Osteopathy Europe)

HSPC - Physios GCC - chiros Massage Therapies GMC - Orthopaedic trauma All these are in a manual therapy space

NHS, NMC and GMC

Professional Standards Authority for Health and Social Care - to learn best practices from other regulators
General Medical Council - lessons learned from regulating Physician and Anaesthetic Associates - especially what not to do
International regulators of osteopathy to see what lessons can be learned and from their case law on this issue

17. Please provide any additional comments below:

Responses: 43

Animal Osteopathy should be regulated by the RCVS once they achieve their regulatory reform.

I believe expensive registration and renewal fees play a big part in osteopaths deciding whether or not to register with the GOsC. Being able to call myself an osteopath should be dependent on nothing other than pure merit

Thank you for tackling this. I feel it's seriously damaging the profession and putting patient safety at risk.

I think if all this effort is being made to change the wording in the Act, all variations on a theme (of the word osteopath) need to be considered and added to the list of terms that can't be used other than by a qualified, registered osteopath.

I think collaboration is the key, listening to other regulated professions about how they protect their titles, and what difficulties/Successes there have been for them.

The acupuncture/ dry needling courses need looking at before it becomes a significant problem. The IO has already provided several CPD opportunities, which highlights that there is a problem.

Osteopathic needs to be protected that's it.

Absolute waste of time and money

I am disappointed by this consultation. The GOSC has stated publicly that it has no realistic expectation of being able to obtain change to the Osteopaths Act, given the wider agenda of healthcare reform. This exercise appears to be the Regulator attempting to assuage a vocal minority opinion within the profession, rather than actually meaningfully performing its functions. It is another example of Mission Creep which has set in under the existing leadership of this Regulator.

Scottish osteopaths do not have AHP status, unlike our colleagues with identical qualifications in England and Wales.

I attach bullet points from the Professional Standards Performance review 2019/2020 stating how we must keep the public's confidence in Osteopaths. I particularly draw attention to 12.1 PROFESSIONAL STANDARDS PERFORMANCE REVIEW 2019/2020 1.1 The GOsC's website⁴ clearly states that the GOsC works with the public and the osteopathic profession to promote patient safety. 2.1 The GOsC's purpose, objectives and principal functions are set out in Section 1 of the Osteopaths Act 1993 (the Act). The GOsC's overarching objectives are to: • protect, promote and maintain the health, safety and wellbeing of the public; • promote and maintain public confidence in the profession of osteopathy; and • promote and maintain proper professional standards and conduct for members of that profession. Standard 12: Risk of harm and of damage to public confidence related to non- registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner. 12.1 Section 32(1) of the Osteopaths Act 1993 makes it a criminal offence for a person who is not registered with the GOsC to describe themselves, either expressly or by implication, AS ANY KIND OF OSTEOPATH. Section 32(1) applies to the United Kingdom and it lists the following protected titles: • Osteopath • Osteopathic practitioner • Osteopathist .Osteo-therapist.

The protection of the osteopathic title in the UK is essential to prevent the public being misled and to safeguard patient safety. The increasing misuse of osteopathic terms by unregistered individuals is damaging both to the profession's credibility and to public trust. It is also concerning that some registered osteopaths are teaching techniques to non-qualified practitioners for financial purposes. This undermines the profession and must be addressed through accountability and regulatory enforcement. The GOsC should take stronger action through prosecutions, public awareness campaigns, and sanctions for breaches, while reinforcing the high professional standards expected of registered osteopaths in the UK.

If the GOsC can build a coalition across these sectors/institutions, this will not only strengthen legal protections within the UK but will also reinforce public trust and professional clarity.

Seek some homogeneity across the European Union in terms of legality and legal protection of the Osteopath title and qualification.

I understand the non practicing registration may cover this but I feel there is room to aid osteopaths that have retired in maintaining their sense of identity to the profession they may have spent a lifetime representing. If not creating another type of registration, rebranding the non-practicing registration for this purpose may aid this

This has to happen, or the profession of Osteopathy will be diluted and cheapened. Why do a 3-4 year degree when you can just do a massage qualification, then 'do osteopathy'. It's all very well osteopaths defining themselves as more than a collection of techniques, but you have to see it from the lay person perspective. They will presume we are all the same, good or bad. Additionally, I would push for actual osteopaths to take the courtesy title 'Dr' to differentiate us from them. As long as we are clear that we are not medical doctors, I cannot see a problem - this title works well in other countries. If you aren't registered with GOsC, you cannot use the title Dr. Simple!

I rest my case

If someone has an holds an approved osteopathic qualification but is not registered with the GOsC it is my opinion that they are in titled to stated they are a qualified osteopath but are not registered with the GOsC.

Personally, I think that legislating against using the term "osteopathic" as a prefix would be very difficult, especially as many of the adjustments and manoeuvres are not exclusive to osteopaths. Protecting the term and meaning of "osteopath" as a professional designation is more important.

Wishing you all the best with this - please reach out if you need further input

Strengthening protection of the osteopathic title through amendments to the Osteopaths Act 1993 is essential to protect patients and maintain the integrity of the profession. Including terms such as "osteopathic techniques" and "osteopathic manipulation" in the legislation would help reduce misuse and prevent confusion among the public. Collaboration with regulators, professional bodies, and patient-focused organisations will ensure that enforcement is effective and public confidence is maintained.

- The current Osteopaths' Act should cover the cases where there is a breach. - Agreement of what can and can't be advertised by those who have never trained as an Osteopathy should be sought by those teaching these groups as a preliminary step. It is expected there should be mutual understanding of the concerns. - Understanding de-registration issues, ie why is there a growing trend would be helpful, so that any root cause issues can be also considered in context.

It would've been useful for the consultation, for the words that you are proposing to be restricted within the act to have specific definitions as to what makes them osteopathic. Is it just that they're using the word but really the technique could be undertaken by everyone?

Has there been a test case to explore if the current act can be used to restrict providers / practicing practitioners who use 'osteopath' or 'osteopathic' but who are not GOsC registered?

Advantages: Strengthening the protection of the title 'osteopath' would be beneficial for all reasons already mentioned in previous sections. Especially if there is potential for a growing trend of interchangeable use of osteopath/y/ic-based terms which would pose a risk to patients, osteopaths and the profession. Disadvantages: - Any undesirable conditions imposed by DHSC? - For long-standing osteopaths who may choose to de-register for whatever reasons and register with alternative governing bodies or regulators. These could include financial reasons with cost of registration, not seeing as many patients as they used to on the lead up to retirement/for health reasons as potential examples. These practitioners would have much experience, knowledge and skills to offer still which would be of benefit to their existing and new patients. Possibly adding an amendment and to create permit applications and approvals following a review of reasons, competency, conduct and safety assurance, for such therapists to use the terms such as 'osteopathic techniques' with clear communication with prospective/current patients that they are no longer regulated by the GOsC as an osteopath.

As an osteopath I'm not protective of my title as my patients simply don't care what I call myself. They just want me to help them- so that's what I do. Overall, I have no feelings towards other osteopathic terms being used.

I don't have a problem with people who have deregistered saying that they trained as an osteopath as that is still factual.

Osteopaths should be allowed to register with the Health and Care Professional Council

There is a reason why so many highly experienced and qualified osteopaths are leaving the register and this is what needs to be looked into to protect the profession

Unsure

Having delved a little into the legislation around this, I wonder if the term 'osteopathic' is also covered under the Act without changing it. Would it be worth testing this before great effort goes into changing the Act (which might take many years)

...

Prior to my osteopathic education I was treated by a highly experienced private physio for a number of sessions. One of these sessions she had just come back from a course that weekend and wanted to try her new osteopathic technique on me. It was a tsp 'dog' manipulation. It was painful, caused a rib injury, and yet she persisted repeatedly in subsequent appointments regardless. I was young, impressionable, was not told about any of the risks, and had no idea of my rights. I stopped seeing her and the pain and difficulty persisted for two years until a dr suggested I see an osteopath. The now chronic problem was eased greatly by the osteopath but he was shocked to hear she had used the technique and left me nervous about manipulation. Her treatment left me with chronic weakness in my left uex along with subsequent aches and pains which are directly related to both her t'dog' technique and subsequent two years of pain, neurological complaints and kinesphobia. She should not have been taught the technique on a weekend crash course. She is still in practice.

Do Chiropractors have the same problems

I feel from what I read and hear, and from these questions, that "the gosc" don't really understand what it means to be a practitioner of osteopathic medicine.

You know, acts and statutes ONLY have the weight of law IF the man/woman actively complies with your policies. If they disagree then the GOSc will have no jurisdiction over them, no matter what you believe. So good luck trying to enforce your nonsense!

Consulting other medical regulators could help understand their approaches as well as raise their awareness of what measures the GOsC have taken to regulate our profession.

This is an opportunity to further protect the title Osteopath - which can only strengthen the profession and improve our the perception by the public and other Health Care bodies.

I would be happy to work closer with the teams working on this should you need an osteopathic liaison.

You must ensure that bridging courses are available for allied health professionals to train as osteopaths (especially physios ans chiropractors) and we are allowed on their courses too or the profession will die.

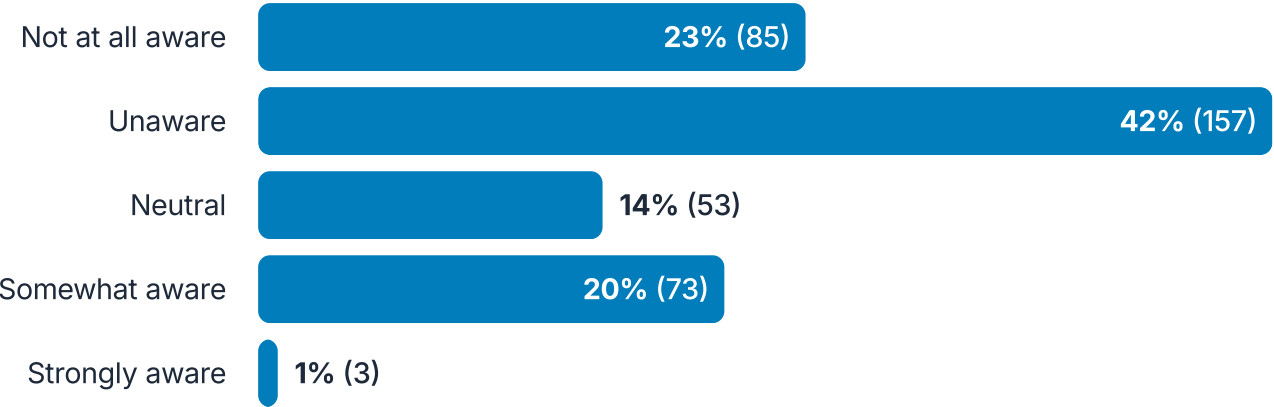
Osteopathy is a great profession that greatly helps the public and can play a massive role within the NHs we can change so much in a patient's health, it's a profession I'm so proud of and want to see continue at high level and be welcomed and respected by other health experts. Truthfully I feel GOsC has only recently woken and needs to act strongly and fast to retain the confidence of osteopaths and the public and I genuinely think Mathew can do this

Making these improvements will prevent misuse. Change is needed and there needs to be sanctions/outcomes for misuse, consequences for actions

A consumer organisation might be worth working with e.g. Trading Standards Services for consumer protection matters

18. Do you think that patients are aware that these options are available for them to check if a practitioner is an osteopath registered with the GOSc?

Responses: 371



19. What more could the GOSc do to help patients understand whether an osteopath is registered?

Responses: 240

- qe
- Promote public awareness of the register and engage with other regulators and professions
- Social media campaign. Poster campaign
- Advertise on social media the difference with a short video we can all share.
- Involvement of GPs, to emphasise need for a registered practitioner to their patients. Website - registered practioner's websites could be linked through a central database.
- National awareness campaign
- Making the public aware that those who are practicing using terms such as *osteopathic* without using the title of osteopath are not qualified osteopaths(?) Without the protection of the terms our education is not protected, so this is the biggest thing GOSc should focus on. And then increasing awareness of the importance of being on a register because I think this is deprioritised in our current societal culture.
- I dont think it is just on GOSc but a larger movement from all protecting titles that inform the public of registers and training.
- Tv interviews The paper. Make it public knowledge
- I'd have to be convinced they're doing something first
- Promotion through GP's and social bodies

Social media advertising (algorithm based on if people have searched for healthcare or osteopathy) On GOsC website with simplified explanation of what has been discussed earlier on this questionnaire

Send out a certificate every year like you used to!

Not sure

Being more proactive in engaging with publishers on social media and articles that come up in google searches on osteopathy, A BIG EXAMPLE BEING WIKIPEDIA that info on osteopathy is accurate. That could include info that UK osteopaths have to be registered etc. Writing accurate content to counteract inaccurate content.

GOSC registered markers should be mandatory placements at all clinics the Osteopath works at, similar to the need for data policies.

Advertise Advertise Advertise on social media, radio etc.

Make it mandatory that osteopaths put their registration number on their website, cards etc

Public Awareness Campaigns Run national or regional awareness campaigns—especially on social media and Google—focused on: What it means to be a registered osteopath The risks of seeing unregulated practitioners How to verify GOsC registration using the public register 2. Stronger Visual Verification Tools Introduce a “GOsC Verified” digital badge or trust mark that registered osteopaths can embed on their websites, Google Business Profiles, and social media pages. The badge could link directly to their profile on the public register, making verification fast and obvious for patients. 3. Improve the Public Register Experience The current register could be made more user-friendly with: Easier search by location or clinic name A “registered clinics near me” tool with mapping QR codes on practitioners' materials linking directly to their registration 4. Collaboration with Booking Platforms and Directories Work with platforms like Google Maps, Treatwell, Yelp, and Doctify to ensure only registered osteopaths can list themselves under the osteopathy category—similar to how other healthcare professions are verified. 5. Mandatory Signage for Registered Osteopaths Encourage or require clinics to display a “Registered with GOsC” sign or certificate in a visible place at the premises to reassure patients and distinguish themselves from unregulated providers.

Lots of online and press articles outlining its role. This needs to be an ongoing public relations push.

Better use of Gosc website and promotion of osteopathy and how it is a regulated profession

Most patients would not look on the GOsC website. Adverts or word-of-mouth referrals would bring patients in to clinics. There is little the GOsC can do.

Get awareness through the NHS, advertise the name more and stop broadcasting osteopaths as guilty before being proved innocent and if they do so either issuing a very public apologie or reimbursing the falsely accused osteopath

Promote osteopathy

GOsC to provide osteopathy clinics with information posters.

Awareness campaigns that Osteopaths are regulated, the tightness of regulation of training, and depth of training to the public and other healthcare providers - who often don't recognise the thoroughness and length of our training or that we are even professionally regulated at all, and so tell the public that we're aren't professionals, dangerous etc.

Raise awareness by engaging in social media campaigns. Work with the IO and osteopaths in a coordinated campaign to raise awareness?

More advertising and also emphasising that the use of so called osteopathic technique or manipulation is NOT Osteopathy or an osteopathic treatment Stronger action against therapists pushing the boundaries of this issue so the public know that action will be taken in these cases

Tricky. GOsC could insist that osteopaths display their registration?

More public education through publicity Educate doctors/GPs that osteopathy is a regulated profession and that osteopaths have had appropriate training.

The GOsC could possibly further promote the fact that they regulate the osteopathic profession. This in turn would give practitioners greater credibility as I believe YOUNGOV questionnaire found that many about 50% of those asked didn't know that osteopaths were regulated and that they feel the practitioners would have more credibility if the public knew they were from a regulated profession.

Advertise it

Get publicity in public place, TV news, Health Practices hospitals Drs reception areas.

Advertising about the process of becoming an osteopath, how the public can check the register etc.

Increase public awareness of the profession itself and highlight the importance of qualifications etc Improve usability for the GOsC register, make it more palatable for the masses Incorporate an essential verification badge for osteopaths that are qualified osteopathy/ registered with GOsC for all practitioners Work more closely with the NHS to help increase professional recognition between professions

TV advert. Social media.

Not sure, until there is trouble people don't think about it. Those not on the register but practice Osteopathy, the public aren't protected by GOSC, they have to go to Police.

I'm not sure. I've had to remind HPCs and patients that doctors have a duty to adhere to practice standards, and they can raise concerns to the GMC. So I think there are other elements that influence patients understanding. One for us is being so small, another is once you have a certain professional standing (and doctors may have one of the highest regards in society) - people can be very hesitant to take action at times.

Promote registration

we need to have a greater advertising campaign to show patients we are regulated and osteopaths should be encouraged to include regulation in any advertising

Encourage clinics and online booking systems to include a message prompting patients to verify the osteopath's registration, with a direct link to the GOSC register. Work with platforms like Google Business, Doctify, and other directories to verify osteopath profiles and clearly mark whether someone is GOSC-registered, helping reduce confusion when patients search online. Create a recognisable, tamper-proof digital and printable badge (similar to a "Verified" logo or QR code) that only GOSC-registered osteopaths can use on their websites, signage, and materials — easily verifiable by patients.

Search engine and AI searches are predominantly the routes through which patients research where to find osteopaths. Thought should be given regarding guidance for osteopaths to make use of SEO that would make it easier for patients searching for Registered Osteopaths.

The GOSC must ensure that people receiving osteopathic techniques osteopathic manipulation osteopathic articulations anybody doing anything Osteopathic has to be a registered Osteopath I think you could take a whole page and in the Sunday times of the financial times and put it out there for all to see That would be a really good thing for us

GOSC have already lost the ability to do this by being merely a regulator rather than a promoter of osteopathy. A sustained national information campaign to highlight the requirements of osteopaths would help. Osteopathy on Wikipedia is and has been for a protracted period denoted as a pseudoscience. Unless this perception is quashed (by someone changing the Wikipedia entry for a start) I suspect that the public think that it is the Wild West anyway and won't check on certificates.

Publicity

How about stop trying to prosecute Osteopath and spend more time on advertising? But then, as you've clearly highlighted, you're not there to promote the profession you're there to protect the public so this is redundant

I would welcome a requirement for Osteopaths always to have to display their certificate where they are working, alongside other information such as data protection and how to make a complaint. In many practices it is not easy for patients to find this information and they would need to do some online study to find it.

National advertising campaign

Promotional work!

Promotional material

The GOSC please read this and take action: please do consultation with the profession to reduce the cost of registering with GOSC. The issue is simple: a lot of people begrudge paying >£600 per annum just to be regulated/registered. PLEASE reduce the price of registration. If you do this, more osteopaths stay on the register, then we don't have such a big issue with osteopaths coming off the register and then saying "I do osteopathic treatment". This is crucially important. Please take action. We're honestly fed up with paying such high fees. Be fair to the profession.

What do you currently do? Do you feel that you are not doing enough? See Q.16 & Q.17. When patients in Scotland refer to chiropractic and physiotherapy councils etc they see their AHP status. They don't with osteopathy. It makes us look less relevant, less qualified. Hardly a wonder that they can't realise the world of difference between "osteopath" and "osteopathic techniques".

I would think general promotion of the profession would lead to more awareness

Difficult, as communication between GOsC and the public is generally passive on the public side - most probably do not think to check registration and GOsC doesn't seem to have a public profile like the GMC or HCPC, which is seen in far more places due to the numbers of doctors, physios etc. Perhaps short, periodic local radio campaigns on local stations encouraging people to always check their osteopath is registered. If this were done in concert with HCPC and GCC it could take the form of a general push encouraging people to check their health provider is registered. A short radio advert for a new, small website (one page would probably be sufficient) with a short memorable name, with links to the 'check registration' pages of each regulator. A fifteen-second radio advert on local commercial networks twice per week for three or four weeks two or three times a year may gain some purchase, and presumably would not be overly expensive, particularly if funded by government rather than the regulators. If registrants could be encouraged to put a link on their websites or a small poster in their waiting/clinic room promoting the webpage, there would be 'cross-pollination' due to patients of psychologists (for example) going to the site and seeing they can also check their osteopath's registration - so each profession gains far greater coverage than they might via individual regulators' initiatives.

In Ireland only OCI registered osteopaths are covered by insurance. I think Osteopaths could be encouraged to make it clear how important seeing a registered osteopath is on their own website and booking forms.

Information leaflets, facebook

Educate themselves

Constant high profile warnings

I do wish we could use the GOsC logo on websites and material as well as the I'm registered mark.

Fliers and posters with information (e.g for all registered osteopaths to download and display in their clinics) interviews, videos, mention it on conferences, social media...

Promote more media awareness for the public.

The GOsC could: Launch a public awareness campaign; Launch a "Find a Registered Osteopath" smart phone app; Introduce a QR code verification system (to be visible on the "I am registered" logos).

I feel like it's difficult, especially in an era of online searches. A non oateopath can pay to appear in search results for "osteopath" and this is not breaking any laws. I don't see any way of changing this unfortunately. I think the best thing to do is to lockdown as many versions of the word osteopath as possible so that there is a little chance for the public to be mislead as possible.

Provide a certified mark or stamp that osteopaths can use on their websites and marketing to make very clear that they are registered.

To help patients better understand whether an osteopath is registered, the GOsC could implement a range of public-facing initiatives. These include launching a national awareness campaign across various media platforms to highlight the importance of seeing a registered osteopath, and developing a recognisable verification badge that links directly to the official register. Collaborations with search engines and online platforms could help prioritise registered professionals in search results, while educational materials placed in GP practices and clinics

would reach patients in trusted settings. Additionally, encouraging patient feedback, simplifying the reporting process, and engaging with schools and universities would further raise awareness about title protection, public safety, and professional accountability.

Raise awareness through as many channels as possible eg social media and through public education

The title should be protected under law

Improve the Register's Accessibility • Mobile-Friendly Search: Simplify the online register to be more intuitive, especially on phones. Patients should be able to type a name and instantly confirm status. • QR Codes: Each registered osteopath could have a unique QR code (on their certificate or business card) that takes patients straight to their entry. Integration: Work with Google Maps, Healthgrades, Doctify etc. so GOsC registration appears directly in search results.

Social media and education

Create an awareness campaign for the general public

More publicity on this to make people aware

Advertise

Stronger publications

Unknown

Osteopathic treatment is only osteopathic treatment if an osteopath administers it!

Greater awareness of osteopathy in general is needed.

Offer awareness campaigns through the media in its various formats

Realistically- the word of the title of the practitioner they see is ultimately going to be the main decisive factor. Of the title can be osteopathic therapist or practitioner, we don't stand a chance even if osteopathy clinics required neon signs for registered osteopaths

Osteopathy needs broadly explaining to the public with the aspect explained at the same time.

Have one logo. I am registered and qualified.

Improve general understanding of what osteopathy is and how it can benefit general health via stronger partnership with the NHS. Also educate the public more on the fact that osteopaths are qualified primary healthcare providers. This will help to elevate the status of osteopathy within the medical field.

Advertise the fact to look up, where to look and what it means.

Advertising

Simply promote osteopathy and talk to patients

Explain with bold advertising campaigns that it is illegal for therapists to use the title . Work with advertising standards agency etc

Awareness campaigns to tell people not to trust phrases like osteopathic techniques in isolation without checking the register

I believe this is more down to individual therapists

Promote their service more rigorously, they are for the public and therefore the public needs to know who they are. Social media and within the clinical environments both NHS and private health.

Raise public awareness on tv

I think patients are aware and it's always mentioned that osteopaths should be registered when doing a Google search

Advertise & Educate

All osteopaths are registered. They can't call themselves osteopaths otherwise. I think a joint campaign with HCPC would be good.

Nationwide campaign, more individual osteopath promotion of registration

Unsure

Make our job more recognised and marketed to the public, so they actually know the difference between osteopaths, physio and chiro and manual therapist. So they are educated and aware of what they are looking for.

PR campaign

Share the importance of regulation far and wide so that people expect more from the people they seek treatment from

Increase social media regarding osteopathic training and regulation

Greater communications regarding the register, an example of how a patient may find an osteopath near them.

TV adverts

All osteopaths registered with the GOsC should have to display the letters MGOsC and their registration number on all marketing, advertising, on their website/practice/clinic facilities.

More publicity about checking if your practitioner is registered? But I think the most important thing is to give fines in a court of law to people who use the phrases without being an osteopath.

Actively look for examples of unregistered practitioners implying that they are Osteopaths by the use of terms such as Osteopathic manipulation

Via the NHS

More promotion to the public

campaigns for general public

Some different logos, not just the I'm registered logo, to use in marketing would be useful or to display in the clinic. Leaflets or social media post templates giving clear and concise information on how osteopaths are regulated. I have had several patients (who have seen osteopaths for years previously) who do not know that we are educated to degree level and seem surprised when told we have an M.Ost.

I'm don't know.

It would probably be valuable to know how active patients found their osteopaths. I would think that word of mouth is the major method. This makes building awareness of the register and the use of the name and terms more difficult to control.

Publicise

I don't think so as I was not even aware until I attended an event organised by GOsC

Share geographical list of osteopaths in my locality and this can help me see who is and when they registered.

I think it would be good for more publicity - have information available on GP websites, Pharmacists, Orgs or other services like Pharmacies/GPs that have other professionals working in their work places to have information on what to look for when contacting other health care professionals like osteopath Socail Media - what and where to look for qualified e.g. Osteopaths

Significant advertising in media

Provide professional plaques with engraved GOSC markings customisable with practitioners name available to buy from you for any registered practitioner.

The GOsC could enhance patient awareness by: Running targeted public information campaigns, including social media and community outreach, to highlight the importance of checking registration. Simplifying the online Register and making it mobile-friendly with clear search instructions. Providing easily shareable resources

(infographics, short videos) that explain how to verify registration and why it matters for safety. Encouraging patients to look for the 'I'm registered' mark prominently on practitioner websites and marketing materials.

More PR

More interaction with the public. Most have never heard of GOsC

Reinstate our identity cards - with our photos on them. The certificates and Find an Osteopath don't provide any id.

Patients often tend to find practitioners on word-of-mouth, which includes those who have de-registered and are practising under a separate title. Relevance of GOsC registration does help patients who are specifically seeking an Osteopath. Looking up on a register would be a first step, so making sure the register is accessible and straightforward to use.

I think the problem is where people who aren't registered.

Strengthening relationships with GPs and the medical profession so they don't still think we're quacks. Posters for GP practices to explain how to find a registered Osteopath. Most people come by WOM and don't even know that I'm registered and regulated.

Promotion of Osteopaths by the organisation that every Reg Osteopath has to belong to. Separating promotion from enforcement roles was a mistake as the IO is not joined by all Osteopaths.

Just that. The only place where Osteopaths can be registered in UK.

I think it is on us osteos to promote it and inform patients, so giving us a free poster for example with our details on it to show we are registered is a good start

I think a general increase in the understanding of what an osteopath actually is. So regularly in my practice I get referred to as a physio or chiro. Osteopaths seem to be bottom of the pile when it comes to recognition of the profession. This is down to GOsC.

Small video on GOSC website on register listing of a patient checking for registration of an osteopath

It's my experience that patients don't really care, or think they don't care, about registration or not. They just want to feel better.

Make osteopathy as a profession more visible overall. No one knows us or values us.

Greater publicity

Promote that there is a Register to help keep patients safe and how to use to find your local osteopath. Have a Register that is fit for purpose when searching for an Osteopath. Require as part of renewal of registration that and osteopath updates their details on the register so this is up to date. What does Registration mean so the

public understand what's involved - and examples of CPD undertaken including seeking patient feedback to improve the service provided.

Advertise the 'title' . Use all media outlets at your disposal including social media. Give us back the title MRO- this made it clear on stationary, brass plate, advertising that we were registered.

Promotion and integration with other HPC

Not a lot. It would probably be better for the osteopaths themselves to have the certification on their walls to show patients.

Yes , patients when they are referred are not necessarily aware of the level of training and registration process. They often can't distinguish between osteopath and chiropractor.

Create more public awareness.

Provide leaflets as opposed to posters with the I'm registered on one side and the what to expect on the other. I rent rooms and can't put posters on the walls - so the I'm registered posters don't work for my practice.

Publicity campaign. Also, it was reported to you some years ago that the Search function on the GOsC site has many flaws & limitations. eg when you first click 'search', the page shifts but it does not search. So it appears broken. You can't search by first name - which a patient passing on a referral to a friend might remember, rather than surname. There is no 'approximation' - if you don't spell it exactly right, it doesn't offer 'nearest matches', it simply doesn't find it.

Better recognition to the general public

Encourage osteopaths to display their registration certifications in the clinics - we have in our practices and I know as a patient going to any healthcare practice, be it the dentists or other osteopaths I find this reassuring to see. Display registration certificates in their clinics. Make patients aware/refer patients to the GOsC website. When collaborating with other governing bodies, regulators, organisations and DHSC when reviewing section 32(1), informing them of our protected title, registration requirement and encouraging them to inform those they know.

Raise awareness publicly, through education, marketing etc

Marketing I guess. I doubt many people could say who regulates Osteopaths.

Social media campaigns

Advertising in national newspaper / social media campaigns which go out to patient groups for instance. More blog articles and ones which osteos can cross post

Spread the word of what an osteopath can do

Better PR in the media

Do an advertising campaign to show that all osteopaths must be registered or they are not an osteopathy

Increase public awareness of osteopathy.

Make the search the register page look more up to date and user friendly

Advertise campaign and have posters in GP surgeries.

Make more effort to ensure the public know what they are getting! Without the profession there is no GOsC - they would do well to remember that

Their Job! What am i paying me fee for???

Social media, TV, paper media adverts. Whole, yearly campaigns to help educate the general public. Require a practitioner to advertise their registration in their place of work.

Promote the profession more so that the public understands what osteopaths do and how much training we have had

Greater advertising / marketing and sharing of the knowledge

Start reissuing certificates that can be displayed in treatment rooms or reception area.

We should have photographic ID

Stop non-osteopaths using the term 'osteopathic techniques' to avoid confusion.

Better promotion of the industry as a whole by highlighting the standards to which we are held and the strict criteria of our training and cpd

More public awareness

Some form of advertising, maybe online with Facebook or Instagram, explaining what sort of training Osteopaths have to go through.

A PR campaign with the public to raise awareness of the GOSC's role in patient protection.

Advertise

Promote osteopathy to a greater degree.

Perhaps bring back the term registered osteopath

Possibly greater social media presence and improving awareness of us among the nhs so people referring to us as a profession can tell people to look us up on the website

Advertising what we do and why they need qualified registered professionals. Not enough advertising is done. Not many people know what we do and offer.

Not sure

Don't know

Awareness campaign focussing on the training osteopaths undergo and who is allowed to be on the GOsC register. Encouraging osteopaths and clinics where osteopaths work to make the registration mark/certificate more visible

Require a displayed mark in practice.

I'm not sure - perhaps ask patient groups and also educate other health professionals who someone propagate the idea that we aren't qualified/regulated.

By telling doctors that we are part of the 14 AHP and to stop slandering our profession - I find these are the biggest blockers. When the public find me they love what we do.

Most of my patients are recommended to me and I'm not aware of how many check online for my registration details so I would suggest more advertising is needed. Social media would be a good place to start - Facebook and Instagram.

Not sure - I haven't been back in the country long enough. There's a good entry on wikipedia about Osteopathy **within the United Kingdom" section** - although a minor typo: "Practising osteopaths will usually have a BS or MSc in osteopathy". (I think the less BS, the better!)

Increase SEO so public searching for osteopath gets that information clearly

Provide leaflets for GP practices?

Re instate sending out certificates that are dated upon renewal

I don't think most patients are aware of the existence of GOSC. They find my clinic via word of mouth or an internet search. Most of the general public (not patients) don't actually appear to know what an osteopath is ..

Instead of using the money to promote LGBT those money could be used for a good purpose such as raising awareness about what osteopathy does

I think GOsC have been doing their best in helping patients understand this.

Encourage other regulators to inform their members

Advocate on behalf of Osteopaths. Help with the public front. If you don't there won't be a need for a register.

GOsc are here to protect the public but that should be to inform the public that only people registered with GOsc are regulated and safe. Similar to how the ASA advertises to the public about their duty.

Learn from other organisations, chartered physios, chiro's, dr's, surgeons, nurses, midwives etc.

Advertise

Publicity

Not sure....

Be a much more visible regulator to the public. It's not patients that need to be aware, it's the general public who are looking for help. If people knew GOsc existed they would then be able to find the information about individual osteopaths

They could actually do some public education to promote what osteopaths do and how to ensure that you are seeing a qualified registered practitioner

Include information on any press releases or articles. Find out more about who is teaching these techniques.

Spreading the word of Osteopathy so people actually know what an osteopath is and how they differ from other professions

Seek first to understand what it means to practice osteopathic medicine yourselves. I mean really look at the principles and how that changes what we are and do in a fundamental way.

Smeer campaign

Advertising material to Osteopaths about their registration and remind Osteopaths this exists. Ad/pr campaign to patients 'are they registered?' Or materials to Osteopaths to distribute to patients locations eg community buildings

Actually promote Osteopathy. I feel GOSC does virtually nothing for the money they take.

Social media, print media, highlighting the rising issue of unqualified practitioners as well highlighting Registered practitioners so people understand that everyone carries the same qualification and encouraging them to ask someone what they did to qualify in these skills.

Why should I care? Do I call a GP and wonder if he's registered? No. So why should I care if my osteopath is?

Step outside the GOsc website/platform to communicate to the public. Better use of social media.

Patients do know they can check an Osteopath is registered but they don't understand the difference between an Osteopath and someone using 'Osteopathic techniques'.

Make it law to have to display registered mark or registration number for all Osteopath

I feel this falls more to the Osteopaths and their advertising/ promotion. Perhaps something like the iO posters. In Clinic posters to display for patients, or more packages for websites. More promotion of world Osteopath day or look at a celebration of the osteo act 'birthday'

more PR

Honestly (and respectfully), the osteopathic website is terrible. It always has been. The UX is terrible and it is mostly unreliable.

More social media and information given to NHS staff.

Promote osteopathy more in all health care settings

When a practice has registered osteopaths, a QR code/poster etc should be put up in ALL clinics to show how the patient can locate registration details. App clinicians should have their degree and current registration/insurance available too

That's up to the IO

I'm not sure to be entirely honest. I think patients seek someone who can help them and through Google ads and search words they'll eventually find what they're looking for. That's why I think anything with osteopath in the title should be protected.

(surely if they are an osteopath, they are registered!) Do you mean help patients understand that a person saying they are an osteopath MUST be registered?

Not sure sorry. Some form of advertising campaign.

Promotional material that explains what osteopaths are and how to find one. Information in medical practices or informative adverts. Relying on people finding GOsC online amongst the myriad of other sources of information doesnt seem to be working

Require Osteopaths to use register number in correspondence with patients to ensure they know we are registered

Don't know especially seeing you don't promote the profession anymore.

provide signage that could be displayed in windows or practices, put on reception desks and tables

Communication with GMC as there is still ignorance about what we do.

I think the general public is still a bit vague about what an osteopath actually does! We need more visibility generally with specific definitions rather than the wholly ones that can often be seen on Osteopaths websites.

Asking for proof or providing what proof looks like

Clearer trademark and promotion of businesses saying GoSC certified

Improve the search function on the website would be a start. It's slow and not easy to find who you're looking for. Some more promotion to make the information more widely disseminated?

Regularly engage with and amend the definition of osteopathy and osteopaths on platforms such as Wikipedia, where the general public might still look for definitions and support. Links to the gosc could then be added for more information

Encourage and support maybe via iO to educate patients. Advertising/awareness campaign

More public advertisement and educating the public.

National media campaign

General advertising campaign

Require each Osteopath to display their registration certificate in their practice(s). A social media campaign.

Advertise the word is protected

Social Media, TV and Radio advertising campaigns. Develop a media campaign that can be promoted in Osteopathic Clinics

More advertising and promotion of their existence in colleges etc

Make it compulsory for us to have our numbers visible on invoices, websites

Campaign in public awareness of the strength of osteopathic knowledge and training. GOsC is about protecting the public which is crucial the leaflets in my clinic mainly tell the patient how to complain which is important but lacks strength of osteopathy

Certification attached to name displayed on premises

To further support patients, COEI suggests that GOsC might focus on an awareness campaign in partnership with the iO to reinforce the importance of consulting a registered osteopath. In particular, engaging with digital platforms and online health information providers may help remind patients to check registration when seeking osteopathic services.

publicity campaign. Feels like more of a local practices thing though.

Promote the GOsC more everyone recognises the NHS symbol because it's everywhere social media ad campaigns radio ad campaigns, half of my patients have no idea you exists and the only time It crops up is when they discuss poor treatment they have had from other therapists!! GPs need to support us more again ads in practices etc with simply make sure they are registered would be a good place to start

Patients do not care as long as they get better.

Without specific knowledge on how this is published, we stand neutral. We do consider a public register a good tool to promote regulation and to be transparent. For your information, there is an open register in Norway, and in several other regulated countries.

Awareness campaign which includes More social media, website content NHS App Sharing information Digital texts

Don't think everyone knows

Posters and leaflets encouraging patients to check the register with a QR code to the register Encourage registered osteopaths to display their registration certificate at the clinic and on ay marketing/website information

20. What more could osteopaths do to help patients understand whether an osteopath is registered?

Responses: 246

qweqwe

Show registration marks. Include registration number within all correspondence. Engage industry stakeholders

Speak to patients about it, especially if the ask what is an osteopath or what is the difference between... State it in literature and on their websites making it clear what GOsC does and why.

We have discussions with them and I always display my registration on everything. It's not Osteopaths it's the non Osteopaths that need training on the use of the terms. Speaking to registration bodies and insurance companies means they can have a conversation with therapists

More prominent 'kite marks' in advertising. Prominent explanation on websites etc, so that if a patient visits the website of an unregistered 'osteopath' they know where to check registration.

Use their registration codes and add links to relevant GOSC website pages, in all communications with professionals and the public

Osteopaths will only want to be on the register if it proves to be a benefit; if it is protecting of our profession and beneficial to them. Otherwise it will become redundant. Patients care about getting the best treatment, convincing them of the importance of being registered is not something that should be left to the osteopath in practice but by the professional bodies and institutions.

great question, off the top of my head: 1) Keep new patients informed of the difference. 2) Include either posters or leaflets in their clinics that explain the difference. 3) Possible have a different logo on website that states 'your protected by GOsC'.

Advertise it in their clinics and website

Encourage osteopaths to report offenders to GOSC. Perhaps persuade us that you could actually do something about it first. No point in reporting currently as you're unable to take action

Titles and a registration page.

Social media posts, on website, having certificate up in clinic or a little 'im registered'tick on the window(also used on website)

Not sure. Maybe display the GOsC logo more often? Ultimately patients don't care, which is why it's so important that non osteopaths don't use misleading words like osteopathic.

Display certificates

Send paperwork to all practitioners to display in the practice

Making sure their websites and socials are up to date with this info.

I think Osteopaths do a good job at protecting their own title and patients through understanding of the importance of registration.

We already explain to patients about the register and what it means for their protection. It will actually mean more to them if it comes from the governing body itself.

Promote their registration status, display their certificate, educate patients

Clearly Display Registration Information Osteopaths should prominently display their GOsC registration certificate in their clinics and on their websites. Including the GOsC registration number in email signatures, invoices, and treatment plans helps reinforce transparency. 2. Use a "Registered Osteopath" Title Consistently Using the full, protected title "Registered Osteopath" (not just "osteopath" or "osteo") across all patient-facing materials—such as websites, business cards, signage, and social media—clearly communicates regulated status. 3. Link to the GOsC Register Online Practitioners should add a direct link to their GOsC register listing on their website, online booking system, and Google Business Profile, allowing patients to easily verify their credentials. 4. Educate Patients During Consultations Osteopaths can explain their regulatory status and training during new patient appointments, especially when patients mention previous treatments by other practitioners. This opens the door for gentle patient education around the importance of regulation and public safety. 5. Report Misuse When Seen Practising osteopaths are well placed to spot misleading uses of the term "osteopath" or "osteo." Actively reporting these to the GOsC helps protect the profession and the public.

Display of GOsC material in clinics and on websites.

Advise patients on how regulation works for osteopathy

Obviously a lot more than the GOsC could do. Making use of their certificate, logo etc. would clarify their registered status, but again, most patients aren't interested in this, assuming the therapist gets them better. Unless they want to claim costs back from an insurance company/health cash scheme.

Most already are making them aware but still get called physio or chiro

Tell them about the register

Make sure they display their "i'm/we're registered logo, put their GOsC reg on all their correspondence?

Ensure to have on their websites/advertising that they are GOsC registered.

Report people in their local area who are misusing the protected title to ASA and GOsC. Engage in an awareness program in their practice and practice promotional materials

More signage in their practices

Add it to all their invoices, emails etc.

Display appropriate signage in clinic and on adverts

Through practice promotion literature

Ask GP practitioners to put up poster made and designed by GOsC.

Talk about it on social media or other advertising.

Educate patients during consultations about the importance of regulation Spread awareness on social media about title misuse and how to check if someone is registered

Display your registration certificate

Word of mouth

Keep having a dialogue

i always talk about it when people ask about the differences between therapies or different registered professionals. I think most people are kind of aware, as they know osteopathy or have a high health literacy. Or have a persistent pain, that they are trying anything that can help, and whether you are registered or not, is not a high priority. Perhaps, partly because they've often seen a range of registered professionals that haven't helped. It will be interesting to hear what the public say in response to this question. I think it's hard for us as a big part of studies, and then our own practice is about our philosophy, values and approach.

Website link to GOsC

every advert include regulation, talk about it on our websites and not de register

Osteopaths can help patients verify their registered status by clearly displaying their GOSc registration details—such as name and registration number—across all professional materials, including websites, email signatures, business cards, and appointment reminders. Where permitted, they could also use the official GOSc logo or verification badge on digital and printed platforms, and display their registration certificate and number in clinic reception areas or treatment rooms to provide visible assurance of their credentials.

Provide information on their advertising material, on their websites/social media feeds that emphasise regulation and the value of seeing registered practitioners to ensure training of the practitioner, patient protection and quality assurance.

Highlight that only Osteopaths were registered can perform Osteopathic consultations, etc.

Difficult if the regulator appears unable to regulated this aspect.

They usually know, if they are patients.

Discussion

As above. Also nice to include it in any pre or post email communication with patients, or booking confirmations. I think many do this, but some don't.

Advertising

Promotional work Explain to existing client base where to look

Highlight the extent of the training we have had

This is what I do I explain what osteopaths do, and refer them to the Register. I explain that if not on the Register, then not Registered. I explain that Registration depends on the training, the CPD requirements and the insurance obligations to patients. The appropriate documentation is on display in my clinic.

It should be a requirement for Osteopaths to display their GOSc certificate and qualifications in their clinic and to have their registration number on all relevant communications to do with their work, websites, receipts, business cards, letters emails.

Have a certificate of registration

Osteopaths are already required to display their registration certificate in their clinics. This seems reasonable.

see above

Leaflets to GPs, open Facebook pages, newspaper article

Highlight on their Website

Make pts aware

Using the GOsC logo.

Maybe highlight it on their website, business cards, inform patients

Osteopaths should discuss the importance of registration with their patients.

Osteopaths could: Proactively mention this to patients when first meeting them ("Just so you know, I'm registered with the GOsC. If you ever want to check, here's how..."); Display registration credentials prominently, not just tucked away in a folder, frame the certificate in the treatment room and maybe consider a small poster explaining what registration means and why it matters; Include registration details in letter heads and email signatures;

Be supported and made to feel like they can safely call out people as not being osteopaths when their branding is misleading.

Provide an individual link on their professional websites showing they are GOsC registered.

Firstly, all registered osteopaths should clearly display their GOsC registration certificate in their clinics, along with any official signage or badges that identify them as regulated professionals. On their websites, social media profiles, and marketing materials, they should include their registration number and a direct link to their GOsC profile. During consultations, especially with new patients, osteopaths can take a moment to explain the importance of regulation, their professional obligations, and what being GOsC-registered means in terms of safety, standards, and accountability.

State the fact that they're registered on their websites, in the clinic and on patient correspondence

They already do their best

Raise Public Awareness Public Campaigns: Run short national campaigns (TV, radio, social media) on the importance of choosing a registered osteopath — similar to how the GMC or HCPC raise awareness. Patient Leaflets: Provide osteopaths with leaflets to give to new patients explaining what GOsC registration means (training, regulation, safety). Community Outreach: Partner with GPs, pharmacies, gyms, and wellness centres to distribute "Check they're registered" posters.

Display and promote registration

Show their registration clearly in their practice. Perhaps an official sticker could be shown on their entrance.

Show registration on website or in clinic

Advertise their qualifications

Greater awareness. Add post signature letters etc.

Place a greater emphasis on registration within the body of individual practice / practitioner websites

To check if they are osteopaths by going on the GOsc website "search the register"

Inform patients.

Make it compulsory to add your registration number on all documents with the osteopaths name on (clinic headed papers)

Explain reg the register and GOsc to patients

Insist on a sign or certificate at the practice.

Be open on their website, display qualifications & promotion

Partner more closely with local GPs and surgeries to assist to educate their local communities - with the assistance and partnership of the GOsC

Regular SM posts. Ensure registration number is mentioned on the website or hyperlink name to registration.

Promote to Registration mark.

Be honest and explain to them what a registered osteopath is.

Describe the long training and the protected title on their website

Always display their registration mark online and in person.

Have certificates on show of qualifications and registration

Continue to promote and inform in clinic and in social media

Have to show their registration number and logo on their website and in practice

I think osteopaths are doing this or if they choose not to be registered they mention that too and explain why.

Use the word registered in their literature & marketing.

Open discussions. Posters in clinic. Mailing list emails.

Social media, all websites.. Have on emails, printed literature

Marketing

Information in practice

Share their I'm registered logo, and share via their social accounts.

Signpost to the regulation on their own websites and marketing materials

Osteopaths should be encouraged to represent the profession, using marks of registration on communications, or registration numbers.

Maybe like the physiotherapist registered with the CSP we should adopt T-shirts or tunics with an embroidered GOsC/Osteopath coat of arms or similar that is only available to purchase through a supplier who checks the registration code against purchase.

Have a conversation with each and every patient when appropriate Without being overbearing Have signs in your clinic.

Ensure that it is clear on websites and publications what is meant by the term Osteopath and what to ask when making an initial enquiry.

Making sure our registration is on all our websites and marketing material

Letting patients know that this is available

make them aware of GOSC, of the register and the fact that osteopaths need to study for 4 years. Even though already the profession has started taking that away unfortunately and lowering our standards

Promote the fact that they are registered with GOsC by displaying the I'm Registered logo. I think a poster in the clinic waiting area on how osteopaths are registered and regulated would be helpful.

Advertise that they are a registered osteopath with the GOsC.

Report to GOsC any suspicious comments.

Use their post-nominals, include the GOsC logo with their registration number prominently.

Advertise on Instagram...LinkedIn FB... such platforms

Make it clear in first appointments with patients and give leaflet

Provide their registration details on documents

As above - + advertise in community centres/faith groups and even via NHS and the Councils - Local Authority

???

Hang posters which appropriately describe the role of the GOSC and the educational pathways and CPD commitments that it entails to be registered.

Osteopaths could help by: Displaying their registration certificate visibly in their practice and on websites. Clearly stating their registration status on marketing materials and appointment confirmation communications. Educating patients during consultations about the importance of seeing a registered osteopath. Using consistent branding or marks (e.g., the 'I'm registered' logo) to signal registration status.

Explain to patients about registration

More information on websites about what training we have gone through and that we are registered.

Have information on websites and discuss with patients

Provide links and info on this on websites

Show the registration mark on literature websites etc Display certificates

As part of introducing explicit shared decision making, I now spend the first 5 mins of the consultation with a new patient explaining what an osteopath is, what it means to be regulated and who the regulator is - and I point to my certificate. Many people respond with thanks, and then ask if we are different from chiropractors.

Use appropriate links to the GOSC register in their website/advertising. Use the 'I'm registered' mark

Osteopaths can indicate their own registration in different ways and refer patients to the GOSC register to seek validation of another Osteopathy. Question is confusing

Explaining it at consultations and in their own marketing to drive home the amount of training and study we have done.

Display I'm registered mark, use term 'registered osteopath' and registration number on website, email footer etc

Display stickers on promotional materials and website. Talks etc. regional hubs(such as the research ones currently existing).giving joint presentations to groups schools and business networks, outside of London, Manchester and the surrounding areas.

Promote the differences in training, standards and continuing education. Also, there is a regulator to maintain and enforce this.

Above

Other than displaying certificates not much.

I have a flyer in the practice, on my website. Patient's rarely ask for this confirmation, they assume some sort of competency.

I don't know.

Greater publicity

Show their Im registered mark on all publicity, posters in clinics, websites, social media, letterhead, email signatures Update their details on the Register

Display the ' I/We are registered posters. Advertise on social media posts etc

Explain

Tell our patients when they come for their 1st app that your registered. Display your certificate in your clinic stating your registered.

As above.

They must ensure that when a patient asks that the consent to be treated is by a fully trained and regulated Osteopath and a link to the register should be included.

Create more public awareness.

Put on leaflets/websites that they are registered

Ensure practice websites have a link to the 'search the register' page of the GOsC website.

Advertising that practitioners are GOsC reg, and can be found on the register

Promote more to patients via websites etc GP/ specialist referral

Display registration certificates in their clinics. Make patients aware/refer patients to the GOsC website.

Educate them to look for a license perhaps? Does it have to be displayed on the wall, like council license, for example? I am not yet aware of the regulations but assume this should be practical?

Same answer, better marketing, have it prominently on websites.

Unsure, sorry

Emphasis on website, advert and communication with patient S of being registered

More literature on and offline.

Not one patient in years of practice has asked to see my registration or certificates

Display registration mark or certificates

Not sure

Use the term Registered Osteopath

Display their gosc registration mark clearly

Include info on practice website

All osteopaths I know advertise prominently that they are registered.

Link to the register

Put posters up provided by GOsC.

As above. Make patients aware by marketing & website info etc

Advertise the fact they're registered.

Talk to patients about the importance of registration

Make it clear on all correspondence and marketing materials of their Gosc number. Display registration and qualifications in working areas

Displaying our registration info online and on clini

Certificates showed in clinic on walls.

By the time a patient finds a registered osteopath, I think it's too late to add any further information. They need to know before booking an appointment.

Display registration certificate

Use the term 'registered osteopath' as a standard.

Put on website

Put it on their advertising etc

When the general dissatisfaction of osteopaths with the gosc diminishes if the gosc become a more approachable and less dogmatic organisation ,then osteopaths may be more willing to be proud of the governing body.

Clearly explain on our website that we can be found on the register

Not sure

Don't know

Ensure their consent forms include their GOsC registration number and includes a sentence which makes it clear that only those registered with GOsC can call themselves an osteopath.

Have visible signs of registration on display.

Awareness through our own websites, social media, conversations with patients.

Have GOsC registration details on website and all letterhead/stationary

I put the information on my website, plus the "I'm registered" mark. However I sometimes feel it is a losing battle in my area. My GP's have no idea what an osteopath does and often tell patients that "osteopaths are quacks". I know they don't do that to the other 13 AHP's. My daughter is a paramedic and the other is an OT and they certainly don't get treated the same way as me. I get told I'm not evidence based (when I am). To be honest it is disrespectful and slanderous. When you get treated like this by other health professionals it is real kick in the gut and so having therapists being lax on the term "osteopathic" makes my job much harder to be taken seriously. So I don't necessarily think it is all about getting the public on board with the registration. I think the registration could carry more weight with other professionals and so it is spreading that message to them about we have to do to get qualified, that our degree is 4-5 years and yes we do get medical training in that and we are safe practitioners and they can trust us.

On that note I'll also be informing on my own Facebook page about this and also have something in the clinic too. Therefore this could be suggested for other osteopaths to do too.

Again, not sure.

I have discussed with patients in past and have it clearly on website (but don't think people read it!) Increase the message on social media

Spread the word with existing patients. Make clear on individual websites that osteopath is a protected title and patients need to check this carefully with anyone calling themselves an osteopath

Educate via website

Clear wording in website When promoting profession

Better CPD platforms

Inform them to always check the register

Regular communication

Advertise their gosc status

I assure you for every patient that asks if we can do a type of 'you tube' manipulation or a sports massage, or what we charge more for less time than an aromatherapy practitioners we educate! Websites practice leaflets all are defining our roles

Osteopaths do enough. It time GOsc did their far share.

The question is moot, if they are asking a legally registered osteopath, they will already be aware of osteopathy and their osteopath will tell them about the gosc and the way it works. These are not the people you need to educate.

Education

Use websites or leaflets to inform patients. Osteopaths need to inform those osteopaths leaving the register why it is so important to have a register, and create standards.

Just keep pushing the registration narrative in all forms of communication from print, verbal, promotion, social media .

Once again, osteopaths can tell their patients. However it is the people who have not yet contacted a practitioner that need the help to know this. As individual osteopaths I don't believe we have the reach. The regulator should have! One aspect which could help would be a easy reporting mechanism for osteopaths to inform GOsC of perceived breaches, along with a log of the alleged breach and the outcome of the GOsC intervention. Osteopaths could then hold GOsC to account for their performance in protecting the profession.

Discussions with patients or show registration certificate

Explain on their websites, information leaflets etc.

The exact same as what GOSC could do

I would imagine we are all already educating our patients as to what it is we represent as part of the communication and consent and patient partnership process. Whether there is more outreach we could do in communities is questionable.

Could inform patients. But I personally wouldn't, patients want them to be the focus. Not professional and political disputes

Advertise on their webpage etc

The use of social media and correcting patients when they say they have seen an Osteopath and you are aware the practitioner is not registered

Having a short blurb on Osteopathic registration on their website/print media/in their clinics highlighting this. Consent forms could also record that the patient understands that manipulations are being carried out by someone registered and links to the GOSc website to show their own registration.

Same again. Why should they need to? I find a practitioner through recommendations: I don't care about a piece of paper that you say makes them valid. I want compassion, empathy, time and skill that you can't teach or legislate for.

Display the 'I'm registered' logo. Have notices or information leaflets to display in the clinics.

Make it clearer on their promotional material. Simply adding the logo is not enough.

Have their registration number on their signs/websites

I direct patients to the GOSc to check

Ensure the registration information is in clinic and visible on websites/ advertising material etc.

I tell patients all the time.

Osteopaths no longer on the register should let their patients know this.

Generally, the profession see that the GOSc is AGAINST them - this is not true. I would suggest that osteopaths need to do more to understand the role of the GOSc but I dare say that the GOSc need to enable this.

Tell them!

We do that already on our websites and in our clinics

Put up the 'I'm registered' poster in clinic

Same comment as above re the word 'whether'. We could and should use our registered status more prominently in our publicity.

Discuss with patients. Make it clear on their websites.

We already often provide information to people looking at our websites or that attend our clinics. I think putting the ones on osteopaths is misguided. As we are generally already reaching those people who are already interested

Be forthcoming and also check the register if a patient tells you of a practitioner passing as an Osteopath who may not be registered

Don't know. I state it on my Website. If it comes up in conversations with patients then can explain it. So do what I can.

use the mark-not sure if this is compulsory but it should be-make sure they have this prominently on website and all marketing

We seem to be only ones advocating for ourselves. iO is a good spice for support. I don't feel GOSC do anything for Osteopaths's

Talk to the general public, existing patients and advertise the 'im registered' logo

Clearer showing of GoSC certified

Start talking to patients about it more. Maybe do more promotion work themselves

Educate their patients in person and via their websites

Posters, raising awareness

Talk to patients about the risks of being treated by unregulated practitioners. Report known breaches of the act

Have it in their website, consent forms, explain when they book an initial appointment the osteopath being booked is registered.

Get informed themselves about role of regulation. Include GOsC leaflet, links on website about regulation

Tell all members of the public that it is a protected title. Whether that be word of mouth, social media, on their websites

Include it on websites and social media, include on New Patient forms, display certificate in treatment rooms

Display their registration certificates and promote the GOsC through their clinics

Put the words 'registered osteopath' in advertisements

Provide signage that they are registered so they know to look for it at other clinics.

Surely you could include a I'm registered posters , ID cards for home visits within the registration fee

COEI suggests that part of a GOsC/iO campaign might include encouraging osteopaths to highlight their GOsC registration in digital communications - websites, email signatures, and social media -to ensure patients seeking information online are aware they are consulting a registered osteopath. This message could also be extended to graduating students.

Social media and prominent posters in clinic. To be honest though i've not yet had a patient who was interested in whether i was registered.

I actively promote all of this information on my website and booking in system it's also in my practice policy. The battle you have is people are lazy and don't read anything anymore.

Give them GOsC's website address

To consequently report when the title or anything "osteopathic" is misused.

Put leaflets and info to guide patients on this and where to go Make info accessible for all patients Share on appointment letter and feedback forms to create awareness

Perhaps, show patients their registration number

Tell patients before they start treatment that they are a registered practitioner - be proud of it! a link on emails sent to patients display their registration certificate at the clinic and on ay marketing/website information

21. What more could others do to help patients understand whether an osteopath is registered? (When answering this question please specify 'others' that you have identified)

Responses: 107

adada

Medical professionals- provide referral only to regulated providers. Unregulated professionals- explain to all clients that they are not osteopaths.

Other healthcare professionals such as Dr's physiotherapists sports massage therapists, acupuncturists could be themselves educated and informed so that they can speak to patients if asked. It has been a long time since the actual was passed and there is still an awful amount of ignorance.

others should take any association of using Osteopathic manipulation. Others tat provide course and are registered with a council should be held responsible for any injury occurred by their teaching.

Educate our current patients, who can then spread the word, and can encourage them to share our social media posts

More health professionals need to be more aware that Osteopaths are registered health professionals, this is the job of Institute of Osteopathy, and there needs to be a survey to health professionals to help understand the general knowledge of health professionals, this includes GPs, as often GPs refer to Osteopaths as "Quacks"

We still don't get the respect from GP's that our title deserves even though myself and many colleagues have experience working in the NHS. . They refuse to recommend treatment outside of the NHS. More education on

what the title Osteopath stands for may change this attitude. But I am not confident. They accept that the

very little about musculoskeletal problems and therefore have no interest in learning about what Osteopathy can offer their patients.

1. Healthcare Professionals (e.g. GPs, physiotherapists, pharmacists) Should only refer patients to GOSC-registered osteopaths, and clearly explain what GOSC registration means. Encourage patients to check the GOSC register before booking treatment with any manual therapist claiming osteopathic expertise. 2. Online Platforms (Google, Treatwell, Yelp, Instagram, etc.) Should introduce verification processes for practitioners using the title "osteopath" or related terms—similar to how Google requires vetting for other medical professionals. Clearly display whether a practitioner is GOSC-verified to help users make informed decisions. 3. Private Health Insurers Should only reimburse treatment provided by GOSC-registered osteopaths and explain this requirement to policyholders. Include GOSC registration status as a filter when recommending or listing approved practitioners. 4. Educational Providers Colleges and CPD course providers should clearly separate osteopathic training from generic manual therapy courses, ensuring there is no confusion for students or the public. Avoid offering "osteopathy-style" training to unregistered individuals without making it clear they cannot call themselves osteopaths. 5. Journalists, Bloggers & Influencers in Health and Wellness Should verify whether someone they are promoting as an "osteopath" is actually GOSC-registered, and include that information when sharing advice or practitioner recommendations.

If you could get doctors to work with osteopaths more - referring patients to private clinics, then GPs could recommend a local registered osteopath. If only the GOSC's role was to promote osteopathy - unfortunately, you've made that perfectly clear that that is not your role.

Already listed

Tell of their good experience with their osteopath, and their confidence in them being a registered professional.

I'm not sure

Educators must abide within the rules and teach their osteopathic students to inform their patients and public at large

The iO could help promote this and what it means, highlight the training and responsibilities not just "osteopathy is good if you have a sore back."

This needs to be promoted more widely especially with other healthcare disciplines especially the other AHPs (NHSE in particular).

GPs/ consultants could be better in their recognition of the help we provide and the regulation we are governed by. I understand that some GPs/ consultants are excellent at referring patients to us as I have experienced. However I am aware that some still claim we are 'useless' and are unlikely to help with pain. Insurance providers - only accept claims from GOSC registered osteopaths. This should make it more difficult for false claims to be made by multi disciplinary clinics by using a gosc registered number held by one of their practitioners

Not sure

RCGP

doctors should be aware and say osteopaths are regulated,

OEI: Emphasis on value of having regulation and registration for students and applicants. What this means in terms of their status. Stakeholder professional groups ensuring that courses offered that are "osteopathic" are only for registered osteopaths. Patient/social advocate organisations being well informed about the regulated status of osteopaths.

I just think that they should be a campaign to tell people that the GOSC wants the public to be safe And when they're getting Osteopathic treatment, they must be sure that the person is an osteopath. Therefore everything else osteopathic needs to be protected

As above.

"others"?? Other osteopaths? GOcS needs to interact more with medical professionals so that they understand what we do and our professional status. So that these "others" are confident to refer their patients to us. That is currently, two decades on after I qualified, still not happening.

I think responsibility for patients understanding whether an osteopath is registered already correctly lies partly with the patient, as per personal responsibility, (or their parent/carer, depending on the patient's competence), and partly with the osteopath in displaying their registration as currently required. I would be wary of involving others as it might imply an obligation, which could become legally complicated in the event of issues developing later.

Not sure

Other organisations could advise their members that it is against the law to promote their service with these words (osteopathic etc)

GP Practices - to include osteopaths in their NHS referral pathways; Private health insurers - to mention to policy holders that GOsC registration by the practitioner for reimbursement and display this clearly in their policy documents; Booking platforms and review sites (Doctify, Top Doctors, Treatwell) - to display a "GOsC verified" badge next to practitioner profiles or a direct link to their registration page on the GOsC website; Health journalists and influencers - to feature stories on the importance of title protection and how to verify practitioners; Universities and osteopathic training institutions - to educate students early on the importance of registration and how to communicate it to patients; Consumer watchdog groups (Which?, Citizens Advice) - to publish guides on choosing safe, regulated healthcare providers.

Ask patients to advocate for their local registered oateopaths

Not sure

Healthcare professionals such as GPs can guide patients to check registration and display relevant information. Patient advocacy organisations can provide clear resources and collaborate on awareness campaigns. Digital platforms and search engines should verify registered osteopaths and remove misleading. Together, these efforts can significantly improve public understanding and protect patients.

No idea

Cross-Regulator Messaging: Work with GMC, HCPC, GCC (chiropractic council), and CNHC to create unified messaging around "Always check your practitioner is regulated." • Partnership with Insurers: Ensure health

insurers highlight GOsC registration in their osteopathy provider lists, reinforcing awareness at point of use. I'm

Others include- Existing patients who are recommending you or your receptionists. Osteopaths should ensure they discuss with patients etc. the importance of finding out if someone is qualified or not, & perhaps take it on as something we all make a point of mentioning.

Other healthcare providers and general professionals can help and partner to educate the public

Advertising standards agency to get involved

Teachers of osteopathic techniques should be educating all students as to who is and is not an osteopath

Unless more people in the general public actually understand who we are and what we do, some of that becomes irrelevant. For the public that do know what an osteopath is, we need greater cohesion within the profession and GOSC doesn't come across as necessarily being the support for the practitioners, more for the public safety.

I think the others is the GOsC - you should listen too why osteopaths are choosing to leave. I think many would like to be registered and title protected if it was more sympathetic to the profession and supportive of osteopaths

Anyone reference an osteopath should distinct references to being registered. Eg practice principles, practice owners, employers & contract providers (particularly non health related)

Business Coaches i.e. painless practice, Gilly Woodhouse. IOS Local groups

Better education for other health professionals

Others/NHS/CSP could allow osteopaths working within the NHS to display their title and educate patients that the profession is just as valuable as that of a physiotherapist therefore increasing patient knowledge, trust and understanding of our profession

I think it's important to get in touch with the medical doctors surgeons Physiotherapist people in the medical field and make them aware. Anybody can learn that manipulation technique. All fine and good. But out of respect, leave out the term Osteopathic if you are not an osteopath

When making word of mouth referrals to an Osteopath inform the person to check that the practitioner is on the register and what this means

Raise awareness of registration standards with other healthcare professions such as GPs through communication with public health England or the appropriate body. We get referrals from the local GPs but they tend to suggest seeing "an osteopath" and I don't think patients are informed to check they are GOsC registered. I think word of mouth is hugely important for our reputation, patients will recommend therapies they have found useful and especially if they see us as professional healthcare providers. I think ensuring that patients are not being treated by unqualified and not GOsC registered would eliminate this issue.

It's not 'others' responsibility.

Others (physios, nurses, hospital social workers, doctors etc) in healthcare can share guidance on their websites.

People who have had treatment from different complimentary/alternative therapies - i think the Pharmacists are the best people to support + GPs could have information on their notice boards and websites + A & E Departments - most of these orgs will probably deal with aftermath of 'bad treatments'

???

GOSC could continue to approach hospitals and general practitioners to offer referral pathways for medical practitioners to contact and exchange with patients and/or other medical practitioners.

Others, such as healthcare providers, insurers, and patient advocacy organisations, could: Include guidance in patient information leaflets about verifying practitioner registration. Train reception staff in related healthcare services to direct patients to the GOSC Register if asked. Promote awareness through health and wellness platforms, community groups, or patient networks, particularly for those seeking musculoskeletal care. Work with regulators like the ASA to ensure advertising claims are accurate and highlight registration.

Institute of Osteopathy could highlight this in the promotion of Osteopathy

Some of the reductionist and dismissive language about osteopathy on the NHS website could be modernised and to make it clear we are regulated.

???

Local connections, GP surgeries, health centres, sport and leisure centres etc.

?

IO could do more to promote the Register amongst its members to ensure its up to date so that the public can find up to date useful info. The Colleges through their clinics could promote the Register Is there a way for the public to find the teaching clinics so they can access reduced treatments?

Drs and other health professionals should be made aware of the strict regulatory process for Osteopathy. There should be more integration of the knowledge and understanding of the role of an osteopath in mainstream medical, nursing and pharmacy training.

Medical Professionals could inform patients to make sure that they see a Registered Osteopath.

Doctors - could inform that we are primary health care professionals

io could support BUT they have their own register so may have competing interests.

When collaborating with other governing bodies, regulators, organisations and DHSC when reviewing section 32(1), informing them of our protected title, registration requirement and encouraging them to inform those they know.

?

Certainly not GPs- even they don't know the training an osteopath undertakes.

Not sure

Get MPs to protect anything involving the word Osteopaths.

IO could try to reach out to the public more widely to educate them

Tell them to ask for their reg number. Ask if they are registered.

Gp referral criteria could be improved with more direct communication from our promoting body .

Not sure

Don't know

GP and healthcare professionals, both private and nhs, could recommend that any referral to osteopath is found via GOsC website to ensure accredited practitioner.

GMC

...

I don't know

As a profession, and governing body, we need to try to educate other health professionals (GPs, nurses, healthcare workers) of our training, CPD requirements and why this entitled us to be a registered profession

All other health professionals

Others, being other health practitioners, including GP's need to be made aware that we are not chiropractors at grass roots level. The NHS is a creaking archaic institution that employs those that they teach. They learn habits from their superiors, who think we are unskilled, dangerous charlatans. We could lessen their work load and help people come off pain killers. We will never be better respected or utilised until the large institutions that the public trust stop treating us like scum on their shoe.

How much information is given to GPs, et cetera?

Again, a reporting mechanism for perceived breaches of use of protected terms could help

The exact same as what GOSC could do. Spread the word of Osteopathy!

That's a really odd question. It would be useful if my GP didn't undermine me with patients.

Not sure

I appreciate this feels like a long shot but having legislation in place that means people have to show the qualification they have to carry out the manipulation skills including the number of hours they spent doing it. I imagine there are plenty of people in the general public who would have a lack of confidence if they understood someone learnt their csp manipulation skills in an hour on a weekend course that covered lots of different manipulations. Therefore not actually spending a huge amount of time on the one area.

You're really scraping the barrel now 😊

Multidisciplinary clinical environments could be more explicit in communicating thier Osteopaths credentials.

I don't see that this is down to 'others' - I believe it is upto the GOsC to protect our title, this surely is the whole point of having a register and a governing body.

General Practitioners could tell patients to make sure they see a registered osteopath

I think that other(s) (regulators) could support the regulated healthcare professions better.

Be educated on the need for registration.

Not sure.

Don't know.

The iO, #osteopathyWorks and APM forums are a great source for communication and support. They engage with other health professions to own a discussion.

Maybe a poster in GP practices informing patients about the GOsC and checking their osteopath is registered?

-

Referees gosh, could have easy access to leaflets links from GOsC about osteopathy and regulation.

Health Insurance companies having a list of GOsC certified providers

Osteopathy the profession and GOsC could be promoted through the NHS

To further enhance patient awareness, GOSC could work with patient advocacy groups to encourage messages about verifying registration in their educational resources and public communications.

Not sure there are any 'others'. If osteos are working the NHS then they could raise this but I'd expect it to be the same as going to see any other NHS professional - they're all registered and I wouldn't think to check.

I think this is about knowing your limits and sadly there are a lot of people out there claiming to be a lot of things but actually don't know anything you will never get it all right but protect the title and take it illegal for people to use the term osteopath or osteopathy unless they are registered under the GOSC that will stem the problem

Lead people to the GOSC website

I would suggest to continue to cooperate with the iO, being the strong representative of the licensed profession in the UK.

The other regulators that also have a responsibility to manual based therapies such as GCC, HCPC and GMC

Health plan providers e.g. Benendon, SimplyHealth have clear wording about what and who osteopaths are and call to action with a link to check the GOSC register

22. Please provide any additional comments below:

Responses: 24

qs

I think that, if we are to protect the profession and its identity and viability, this is a critical initiative that tightens the parameters that allow practitioners to use terms like osteopathic. Greater transparency for reporting practitioners who are misusing therapies terms osteopathic and osteopathy should be considered that help speed up the process and monitor remedial action by those challenged.

I think I've said my peace and you get the idea. No doubt you agree. This was a big omission in the original document. Everybody sees that Don't let another minute go by where people can be fooled into thinking that they're getting something, Osteopathic When all they're getting is someone who studied Massage and looked at a book that had Osteopathic techniques in it

See previous answers re AHP status.

The problem is for example in the veterinary profession, they assume if someone is calling themselves an osteopath they are registered as they are aware we are regulated so do not question someone using prefixes before the title osteopath.

It might be a good idea for the GOSC to do the following: Look to elevate the osteopathic profession to achieve chartered status. I am a chartered physiotherapist as well as a registered osteopath, and I've found being

chartered has helped add public trust and credibility to the physiotherapy profession in the UK immeasurably; Consider paving the way towards allowing UK-registered osteopaths to use the title of Doctor. I've practiced as an osteopath in both South Africa and Australia and osteopaths where osteopaths in both these countries use the Doctor title. I found the use of this title definitely set osteopaths apart from other "therapists" in these countries, distinguishing them as trusted high-calibre healthcare professionals. The argument against this here in the UK has been that, using the Doctor title might mislead patients into thinking you are a medical doctor. But I don't think this argument is valid anymore these days. Patients are a lot more enlightened these days and are very adept at distinguishing between a medical physician doctor and an allied healthcare doctor, and are more accepting of the notion that the title of "doctor" is a very appropriate title to be used by professionally-oriented healthcare professionals like osteopathy, and not just a title to be used by physicians. Besides, chiropractors have always assumed the title of doctor.

Gosc has a responsibility to raise public awareness and prevent osteopathy being lost into medical manipulation as it has with the former bso. Our principles and philosophy are the basis of our profession, which I am more concerned about being lost. The medical profession lack this when they simply treat symptoms by suppression. A title means nothing if the fundamental principles of the practice have been lost. What we might be seeing are people providing CPD doing courses with the osteopath title...so this is down to our necessity to do cpd, and secondly people filling in the gaps of osteopathic training that has lost a lot of it's early principles. This I am unconcerned about. It's only those that are teaching people with little skill to do techniques without full understanding of the risks associated that is concerning.

The free use of using the term osteopathic techniques by non osteopaths is undermining the profession and is a real risk to patient safety. This is not helped by Osteopaths primarily demonstrating HVTs on social media as click bait vs other posts.

I think the public are aware that we're registered but not aware of the statements regarding Osteo... for other practitioners, so this is where the effort needs to go.

I rest my case once more

My question is why are osteopaths leaving the GOSc register. My only assumption is that by GSoC regulation the scope of osteopathic medicine has become limited by what the regulator deems an osteopath can treat, which is not aligned to the principles and philosophy taught by its founders. This narrows the scope of osteopathy and the public's awareness of the benefits of osteopathy as a whole.

A good strapline/slogan for use by osteopaths could help make the link between the profession and the legitimacy of the practice. "Insist on a professional touch." "Feel what an osteopath can do for you." Okay, these are cheesy, but you'll get the idea. At present, osteopaths are invisible. Their patients are like members of a little know society. Increased visibility. I think much of this is a question of publicity and visibility rather than legislation.

I think this consultation date should be extended past the iO conference 21/22 November

Increasing patient awareness of how to verify an osteopath's registration is essential for safety and trust. While some patients may be somewhat aware, many may not know how to check or may not understand why it is important. Collaborative education efforts by the GOSc, osteopaths, and other healthcare organisations will help empower patients to make informed decisions and reduce the risk of seeing unregulated practitioners.

Osteopaths often speculate as to whether it would be better for our profession as a whole to be regulated by the HCPC, because it would make life a lot easier for those who wish to apply for NHS jobs. I think it would be helpful

if more could be done by GOsC to work alongside HCPC to ensure that there are parallel core scopes and standards for all AHPs. However, I am aware that osteopaths are not yet AHPs in Scotland or Wales (or NI?), so perhaps that is another fruitful avenue to explore?

Is it Osteopath or osteopath....what is the correct grammar to describe our profession - not my strong point but if its a title, is it not Osteopath with a capital O Does the Register allow the public to find reduced treatments available through the teaching clinics

I have often been approached by various companies seeking to create listings and directories (some paid, some free). I have resisted and encouraged others to always refer back to the GOsC register - it is the one that is most likely to be accurate. It would be nice if the search function worked better.

This issue has been dragging on for far too long and only adds to the confusion that patients go through trying to find a practitioner.

The public should be made aware of the qualifications and experience that a practitioner holds

...

The dilution of osteopathy is a worry. The shortening of courses is short sighted. To attract more students to osteopathy improve the course standard. Include more clinics. Include dissection.

In Canada when working in the providence of Alberta I was not legally allowed to carry out neck manipulations of any kind. This was due to this particular skill being protected and allowed to be used by chiropractors and american/Canadian trained Osteopathic doctors. It didn't matter that I was a European/UK trained Osteopath with a degree. Can we not make moves to protect the actual skill of csp manipulation to be only carried out by those who hold the relevant degree level qualifications?

Truthfully if I felt this was concerning 10-12 years ago as a student and my concerns were dismissed by the council then , clearly it's a concern now from this survey being conducted and a more dynamic approach needs to be taken in moving this forward and protecting the profession in order to protect the public and it's future

Join with other regulators and Protect allied healthcare status and diagnostic and treatment modalities rather than techniques

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

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

Responses: 367

Yes

84% (310)

No 6% (21)

Don't know 10% (36)

24. Please provide any additional comments below:

Responses: 54

sqsqs

It should have been done a long time ago.

I understand how difficult this is going to be for the public to understand the difference as most still ask me what an 'Osteopath' is or they call me a 'Physio' so being how so many still dont understand that, it will be a challenging journey to have patients understand that anyone using manipulations are not Osteopaths or Chiro's. I really think protecting any title close to the term Osteo is a fantastic start.

Excellent subject to consult on.

Osteopathic techniques are wide and varied and can be used by anyone with sufficient training, regardless of their professional title or regulation status. Until you can precisely define what osteopathy and osteopathic techniques are, you should drop this issue completely.

This is what GOSC have always claimed but have still go to see evidence to support this

This is absolutely vital to maintain our good reputation as an honorable profession

It is good to see GOSC doing something that benefits both practitioners and patients

Standards of practice and public confidence are closely intertwined with this initiative. Helping the profession see that Regulation is more actively protecting their status and reputation is also a route thorough which professional standards can be maintained; not having practitioners aligning themselves with the practice of osteopathy or implying that they are osteopaths through association will remove confusion for patients and reassurance to the profession that GOSC has the professions best interests at heart.

Nothing more to say. Just do it ✓

Depends what you actually DO.

I just think it's a complete waste of time and money And the reality is it's going to make absolutely no difference whatsoever, even if you do manage to change regulation

I don't think there is much benefit to the profession or to patients by pursuing this consultation, as I find the terms in question too ambiguous, and rather more focus should be spent on figuring out first what is meant by 'osteopathic' as a prefix.

Seeking to protect the term "osteopathic" is essential, and in my opinion, should have been done years ago before this whole misleading situation got out of hand.

May I suggest revamp the GOsC register pages, especially what you display in the search results. I don't like the fact you mention when I first registered. I qualified in 2012 and registered for the first time in September 2012. But because I took a short 3 month break from the register in in 2015 and had to re-register again, you've gone and listed my first registration date as 2015! This is misleading to prospective patients looking at this because they will associate this date with my year of qualification. Thankfully you do list my year of qualification but this confuses things further, prompting the viewer to ask: "Why the long gap between qualifying in 2012 and first registration in 2015?". I suggest removing this date of first registration and just keep the year of qualification, because in my case at least, the date of first registration against my name is wrong. I didn't register for the first time in 2015. I registered for the first time in 2012! Also, I think you display too much info about the registrants on your register pages. I don't like the fact you display my email address for example. These details are not required on a register like this. I suggest you look at the Health and Care Professions Council register to see how they display registration info and what info they display. No contact details whatsoever (other than region where they practice) and no confusing dates of first registration, just the start and end dates of the current registration cycle.

It's all well and good to talk about promote, protect and maintain but there is no evidence of a single practitioner being prosecuted and fined for mal-practice. This would be a big deterrent.

It is up to Gosc to go as far as it can to protect tittle

One of the reasons that I am retraining as an osteopath is as a sports therapist we lacked protection of our title and therefore our degrees are often undervalued not just by members of the public but also by other healthcare providers. This is not somewhere I would like to see Osteopathy heading

How are you going to stop us losing more colleges, raise public awareness and maintain the fundamental philosophy in our educational institutions? This would be my primary concern. The use of osteopathic techniques by other professions does need to be regulated. Those who have done this extra training should not be able to use the title in their practice in any form. Those with degrees in osteopathy who have deregistered I am not so concerned about in the main, given that those being struck off if they have been a risk to public doesn't prevent them practicing under a different guise and still being a risk. This then becomes less about public protection more about protecting an identity. That is not true public protection.

I think it's too internal and protecting the actual organisation - the problem is not with osteopaths who's are in the majority doing an amazing job

Partially yes, but there is no education of the public of what is osteopathy and what we can help/treat with. This would insure that the patients are looking online for the right things

Consultations are great, you need to actually act and make changes. So many people still see is as 'alternative' or 'quacks' - I really think using mainstream media to reach a large number of the population should be considered.

I know for a fact that all Osteopaths will welcome this, except for the few that might be teaching courses. They would simply have to change the name of their course from Osteopathic technique to manipulation techniques as far as I'm concerned. But leave the word Osteopathic anything out of it

I agree with b and c. I do not wholly agree with a. As the scope of osteopathy is limited with regards to what an osteopath can advertise they can treat by the regulatory, this is not promoting all aspects of health and well being osteopathy can bring to the public.

But almost impossible to legislate.

Safeguarding patients from poor practice mistrust

The proposals in this consultation clearly support the GOSC's overarching objectives. Strengthening protection of the osteopathic title helps ensure that only qualified and regulated practitioners can present themselves as osteopaths, which protects public health and safety. It also maintains public confidence in the profession by reducing confusion and preventing unregistered individuals from offering treatments under misleading titles. Finally, it reinforces proper professional standards and conduct by ensuring that osteopathic knowledge and techniques are used responsibly and only by those subject to regulation and accountability. Overall, these measures are a vital step in safeguarding patients and maintaining trust in the profession.

Gosc should also be promoting the profession otherwise members will continue to deregister in droves. There is very little benefit to being Registered .

Because you aren't promoting Osteopathy or it's benefits to the public.

I don't think it covers much about what is wrong with the Register in the first place and how it is not really fit for purpose in terms of its search function.

Publicise when people have been struck off the register so that the public are aware of what you do, that being registered matters

This approach is very important for the protection of patients and the Osteopathic profession.

Protecting patients from people who do not have the medical safety training that we have is one of the core objectives. Leaving "Osteopathic" unprotected is misleading and one day will lead to the press reporting that someone they think is an osteopath causing harm when the reality will be that someone using osteopathic techniques has caused harm. It's really important for safety reasons to get this cleared up.

It is the goscs job and initiative to protect the public Protecting the public from people pretending to have more experience than they actually have

Very important that the public have confidence when seeking treatment to know we are fully trained qualified and insured having undergone a 4 year course.

From my contacts within the NHS and private medical environments, medical professionals are very unaware of the training and tools an osteopath has, the GOSC appears to do very little in the promotion of Osteopathy, either to the public or other medical fields. When I have questioned this in the past, the answer has been, that this is not the position of the GOSC to promote osteopathy but to just regulated it. Therefore, my question would be ' what is the position of the GOSC, is to just regulate or is it to promote osteopathy? And if it is promoting osteopathy what is it doing to do this?

You do a good job overall.

This proposal has been a long time coming and I pray it is successful!

GOSC should follow up complaint of people using these turns and have the power to force them to remove any adverts or claims to be osteopaths/osteopathic/osteopathic trained

I feel B is most a risk by non fully trained practitioners adopting the title

I hoped my answer is yes but my faith in GoSC is rocked when I disagree with how some complaints being upheld whilst others are dismissed. Osteopaths careers, reputation and lives have been altered due to frivolous and false complaints poorly dealt with over a long period of time, whilst others are dismissed quickly because an osteopath has lied in his statement to GoSC and charmed his way through the system. I have no way of knowing my answer until we see how it is implemented.

I would add the objective of promoting and maintaining professional standards for the profession of osteopathy. This would explicitly include publication of lists of those non osteopaths found to be using protected terms.

I don't see how there is any promoting being done. This is not addressing half the reasons why people are leaving the register and I don't think it is going far enough to educate or protect the public any more then now. It is in no way showing the difference between registered pratitioners and people using osteopathic techniques or whatever they call themselves

I don't agree with the phrase "overarching objective of public protection". The wording on the gosc website of "we work with osteopaths, patients... to support safe, high quality patient care" is very much better. Which is it? Are you protecting the public from us or working with us? Your language is telling.

However consider that when protecting the safety, health and well-being of the general public that should also be making them aware of those who are posing as Osteopaths or using Osteopathic techniques without appropriate thorough training in a more explicit way than asking the public to ensure the person they are seeing is registered. I am aware of degree trained Osteopaths who are no longer registered but who have very successful clinic based on their history, long standing, appropriate skill set and public feedback. Most people who go to this clinic don't necessarily realise that the lead is not registered (he refers to himself as an osteomyologist) because he gets results. And I think there is a difference in highlighting 'practitioners' with a weekend qualification and Osteopaths who have chosen to come off the register but have a degree level of qualification. Therefore it isn't all about checking whether your practitioner is 'registered' because the public clearly don't care as long as the practitioner are getting good public feedback and are being recommended. They just often want someone to fix them regardless of how they do it and whether they are registered.

Stop trying to kid yourselves..you're just trying to keep yourselves in a job.... you're not doing anything at all for the profession.

In this survey you are not proposing and approach. You are asking us how best to manage this situation.

This consultation is necessary to do all of the above - the amount of online courses alone is completely demeaning to the profession and action should be taken against these.

It only supports it if something comes of it

Whilst yes, I do think a public awareness campaign may be needed, to stop misinformation being spread by non osteopaths either wilfully or misguidedly misleading others

I think your role should also be to protect Osteopaths. Surely that helps us protect our patients and encourage registration and our own confidence in our profession.

Making sure anyone using our name is regulated, means the public is protected and osteopaths are held accountable.

As osteopathy becomes more well known, members of the public will start googling and looking for their local osteopath. They need to be protected from individuals that have not had a full osteopathic training. This protects the patients from getting inauthentic treatment and the professions reputation

Yes it broadly supports those objectives but I'm unsure whether the public are engaged enough to care about it. In the scheme of things it's pretty niche in the uk (much as i wish it wasn't).

25. Above, we explain how we have considered what the possible effects of the approach set out in this consultation to changes in legislation might be for opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?

Responses: 250

Yes

94% (236)

No

6% (14)

26. If no, please explain your views below:

Responses: 8

You need to explain further - i.e. give all the different Welsh words you believe represent Osteopathy etc. Then others can check these. Your statements are too vague to be assessed. Only 4 Welsh speaking registered osteopaths in total - does this really need dealing with?

The options have always been there to learn osteopathy in the language in the country teaching that be the choice of the university teachnig, English makes it easier as it's considered gateway language taught in most countries. As for patients once again that comes down to the choice of the osteopath or if they can speak it to begin with.

I don't think what is written above describes any opportunities for Welsh speakers

I would prefer to answer unsure for this question

I don't feel these two matters are related

Pointless.

I don't quite understand what you're saying

It's a very tenuous line of suppositions

27. What changes, if any, could we make to our approach to improve the opportunities available to osteopaths to use the Welsh language?

Responses: 49

qwq

None

unsure

None

Welsh information

Promotional materials available in Welsh?

Not sure

None

Annoying that so much emphasis is put on welsh speaking when you are unable to provide registration renewal reminders by post to those of us who are not glued to communication technology. Twp iawn!

I don't know I don't speak Welsh

Not sure

None

Not sure

Coe, Lorna
05/11/2025 14:57:42

Courses or workshops supporting the usage of Welsh in the work place with emphasis on the language needed specifically for use in osteopath work. Professional and medical Welsh is very different to day to day

conversational Welsh and therefore some Welsh-speaking Osteopaths may not have the confidence to use it in a professional capacity without this support.

Unknown but one rule for all should be evident

The changes you've outlined should be made asap. How it's not already is concerning

Don't know

I don't know. But I think it should be similar to the rest of the United Kingdom

I have no opinion in this area. Why Welsh? Why not Celtic/Gaelic? Arabic?

Am not Welsh so difficult for to answer this question

While the proposed legislative changes primarily focus on protecting the osteopathic title, opportunities for Welsh language use could be enhanced by: Encouraging osteopaths in Wales to display their registration status and qualifications bilingually (English and Welsh) on websites, marketing materials, and in-practice signage. Providing patient information resources, including guidance on verifying registration, in both Welsh and English. Supporting bilingual education materials and communications for osteopathy students in Wales. Promoting awareness campaigns in Wales in both languages to reinforce public understanding of registration and safe practice.

None

Don't know

Add to the act the wording that terms relating to osteopathy in Welsh are protected.

None.

There are no changes I am presently aware of.

Flyers in Welsh

CPD opportunities for Welsh language and/or osteopathy/health specific language courses and consider these as valid CPD.

None there are so few it would be a disproportionate spend of money

One can already conduct an osteopathic consultation and treatments through the medium of Welsh, should both parties decide upon this approach.

If they want to speak Welsh in an area of Welsh speaking I have no problem. Likewise if a French person came in and you spoke fluent French that would make life easier!

I don't see any additional changes needed but diolch yn fawr for thinking of us

Ensure the website is translated into Welsh.

Does the Welsh language need to coin a word for osteopath? Popty pop? (Aka microwave in Welsh)!

Seriously everyone in wales can also speak English. This is another waste of time and funds imo. If people want to speak Welsh to their osteopath then I'm sure they can

...

I don't know and I am not in a position to answer.

I am not in a good position to comment as I am not Welsh.

No comment i don't practice in the UK anymore

We think there may be merit in encoding the Welsh words for "Osteopath" and "Osteopathic" within the legislation. While the current legislation undoubtedly covers the Welsh language, we note that some third parties (such as Companies House and the Advertising Standards Authority) who also interact with the legislation are not subject to the Welsh Language Measures (2011) and so may not always recognise the relevant Welsh equivalents.

Current guidelines are sufficient.

Shouldn't we just treat all osteopaths in the United Kingdom equally and not subdivide into England, Scotland and Wales?!

Having more Welsh speaking osteopaths involved in education and pathways of how graduate Welsh speakers can get started in their career. Financial incentives to have Welsh speaking practitioners and students practice osteopathy

Highlight any collaboration with Swansea University its staff students and patients in obtaining an overall understanding

COEI suggests that if it is within the remit of the GOsC it would be beneficial to develop a Welsh-language resource covering osteopathic and medical terminology to encourage practitioners to use Welsh in professional settings.

As someone who grew up in Wales and learned Welsh at school I would imagine that the word osteopath(y) is translated much like the word television - exactly the same but with a welsh pronunciation. So i don't see that much is needed.

Unfortunately I do not speak Welsh or any other language so have no experience or knowledge to provide a response.

Continue with coverage and use of Welsh language stats speak for themselves

Not many people speak Welsh

28. Please provide any additional comments below:

Responses: 15

awdad

N/A Not a Welsh speaker. NB I am a North East Scots dialect speaker and use my native language when appropriate in my clinic.

It is called United Kingdom. It is not called England, Scotland, and Northern Ireland. And it is called Great Britain. Let's keep it that way United and great

The protection of the osteopathic title in Welsh should remain consistent with the protection provided elsewhere in the UK. At the same time, supporting bilingual communication can enhance patient understanding and engagement, as well as promote the value of the Welsh language in healthcare settings. Strengthening title protection while enabling clear Welsh-language communication will help ensure both patient safety and professional credibility.

Waisting money, resources just to please a very vocal small, woke community.

Information for GP's in Welsh

Although I am not a fluent Welsh speaker, I can greet patients and use a few anatomy words with some first language (English second language) patients who appreciate this. There may be more osteopaths with a similar Welsh language level which wouldn't be reflected on the register data set. I and possibly others, would relish the opportunity to learn and practice more Welsh. The university could also make available/encourage students who will be practicing in Wales to book onto an optional Welsh module over the summer.

I'm not sure you should too much time on something that 'might' affect 0.1% of the osteopath community. However if you can achieve the goals with realistic(commensurate to the numbers involved) expenditure then it would be reasonable goal.

The GOSC assessment as above would have no material effect on the language choices made by practitioner and patient.

...

Why is Wales singled out? Why is Scotland not receiving the same adherence and recognition ? They don't even benefit from the AHP due to devolution ? Are you going to help them?

I am rather disillusioned with the profession, the fact that people do not understand the importance of a register but also that the register do not encourage those people who have left the register disillusioned or not joined it.

The profession is getting weaker as a result and it is a great disappointment.

English is the standard Language for the UK. If you then add in Welsh you have to do Gaelic, Urdu, Swahili etc etc etc

Any foreign language speakers should be considered and appropriate provision be made, for all.

I am not Welsh, so my opinion is not necessarily valid

Coe, Lorna
05/11/2025 14:57:42

Consultation questions

Consultation on strengthening protection of the title 'osteopath': Amending Section 32(1) of the Osteopaths Act 1993

Before answering the consultation questions set out below, as a reminder, protection of title is addressed in the Osteopaths Act 1993 (in section 32(1)). It states:

A person who (whether expressly or by implication) describes himself* as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath, is guilty of an offence unless he* is a registered osteopath.

*The use of 'himself' and 'he' is a direct quote from the **Osteopaths Act 1993**

Please answer the consultation questions:

1. Please provide your name or the name of your organisation, if replying on behalf of an organisation (optional)

Institute of Osteopathy

2. Please let us know in what role you are answering these questions:

GOsC Council/Committee member

Member of the public

Osteopath

Osteopathic educator

Patient

Student

Other

✓

If you answered 'Other' above, please specify

UK professional body for osteopathy

To what extent do you agree it is an important core part of the GOsC's role to protect the osteopathic title?

Coe, Lorna
05/11/2025 14:57:42

Annex B to 10

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
				√

Please explain your answer:

The iO sees osteopaths’ protection of title as an imperative for how the profession is regulated. This includes in the context of how healthcare professions are generally subject to statutory regulation in the UK and maintaining osteopathy’s parity with these. Within these arrangements, protection of title forms a cornerstone for assuring the public and patients that only practitioners who use a profession’s protected title(s) have achieved and continue to meet the regulatory requirements attached to practising that profession. Conversely, the arrangements uphold the public interest and patient safety by proscribing use of the protected title(s) by former members of a profession who choose to de-register from the relevant regulator, by former members of a profession from whom registration has been removed by the regulator through its fitness to practise processes, and by individual who have never been eligible to be on that profession’s register.

In addition to serving the public interest and upholding patient safety, protection of title is an essential cornerstone for upholding a regulated profession’s credibility with other key stakeholders. The latter include other members of the profession in question; other healthcare professionals with whom members of the profession practise, including to design and deliver multi-agency and multi-professional services to patients; policy-makers and decision-makers in healthcare policy; employers (where appropriate); and other parties that commission, fund and contract for the delivery of patient care services (e.g. insurance companies).

It is essential that our answers to other questions raised in this consultation are read and interpreted in the context of our answer to this question.

4. Are you aware of a growing trend of people using osteopathic terms to promote their services when they are not registered with the GOsC?

Yes	√
No	
Don't know	

If you answered yes, are you concerned about this?

Very unconcerned	Unconcerned	Neutral	Concerned	Very concerned
				√

Please explain your answer:

We receive feedback from our members that indicates their increasing concern that some people are either deliberately or inadvertently allowing themselves to be perceived to be practising as osteopaths and/or delivering osteopathic services. This includes former members of the profession continuing to purport to practise as an osteopath after they have either chosen to de-register from GOsC or had their registration removed by GOsC and people who have never qualified or secured and held registration with GOsC to practise as an osteopath in the UK.

We also understand from our members that there may also be an increasing number of (registered) osteopaths who market and deliver training to enable non-osteopaths to learn and perform osteopathic techniques and then to deliver osteopathic services. This type of education provision could be contributing to the following:

- An increasing the number of people who are not qualified and registered as osteopaths indicating that they offer osteopathic services.
- The creation of ambiguity and confusion for the public and patients about who is qualified to practise as an osteopath and deliver osteopathic services.
- The erosion of the currency of protection of title for GOsC registrants and therefore confidence in how GOsC exercises its existing regulatory powers to uphold public protection and patient safety.

In addition, we understand from our members that some providers of training in osteopathic techniques are promoting their courses as extra-curricular development opportunities to pre-registration osteopathic students enrolled on programmes that hold RQ status from GOsC. This trend again risks creating ambiguity about by whom, how and when osteopathy can be practised to uphold public protection and patient safety.

In this context, we see GOsC's call for evidence as essential for gaining a full, robust and informed understanding of the following:

- The nature, range and scale of current misuse of the protected title 'osteopath' (and related titles protected under existing legislation and GOsC's protection of title powers).
- Whether such misuse is increasing and specific trends in protection of title breaches.
- How GOsC can strengthen its activity to avert and address such breaches under its existing protection of title powers.
- How GOsC can better describe registrants' practice by achieving an increased emphasis on key attributes of registrants' practice being their deployment of holistic osteopathic assessment, diagnostic and decision-

making skills in partnership with those to whom they deliver person-centred care.

- Other ways in which GOsC can address current (potentially increasing) breaches of its existing protection of title powers; for example, through

o Educational activity with registrants and other parties to address the root problems of protection of title breaches.

o Collaborative activity with other stakeholders within UK osteopathy (including the iO, education providers and professional networks), including to raise the value placed on the profession’s protected titles and the central importance of protected titles and wider regulatory arrangements for upholding public protection, patient safety, and the credibility and reputation of the profession.

o Co-ordinated activity with other professional statutory regulatory and professional bodies in healthcare in the UK to take a joint approach to promoting respective protected titles and how these are mutually upheld, again, to serve the public interest, patient safety and the credibility and reputation of each profession (also see our response to question 10).

5. Are you aware of osteopaths teaching ‘osteopathic approaches’ to people who are not on the GOsC Register?

Yes

√

No

6. Are you concerned about osteopaths teaching ‘osteopathic approaches’ to people who are not on the GOsC Register?

Very unconcerned	Unconcerned	Neutral	Concerned	Very concerned
				√

Please explain your thoughts on this and tell us if you have any patient safety concerns:

As indicated in our response to question 4, we receive feedback from our members that indicates that some osteopaths provide training courses in osteopathic techniques, approaches and interventions to people who are not registered with GOsC and therefore not able to practise as an osteopath. Our concerns relate to the risks outlined below.

- Ambiguity and confusion are created for the public and patients who seek, access and receive care about the services offered by people who have undertaken such training courses.

- Patients who receive services from people who have undertaken such training may not receive care that is safe, effective or responsive to their individual care needs.
 - Individuals who receive services from people who have undertaken such training do not gain access to the urgent care that they may need if those providing such services do not have the required awareness, knowledge and understanding to refer them to other healthcare practitioners to manage clinical risk and a potential medical emergency.
 - Confusion is created about the nature of osteopathic practice through non-osteopaths’ use of specific techniques, approaches and interventions, in contrast to osteopaths’ focus on delivering patient care that involves the holistic assessment of individuals’ needs, preferences and goals and that is underpinned by osteopaths’ professional knowledge, skills and behaviours, and their exercise of person-centred professionalism and professional judgement.
 - The osteopathy profession’s reputation and credibility are undermined by members of the public, patients and other stakeholders receiving misleading information that services are delivered by osteopaths when they are not.

7. To what extent do you agree that GOsC should seek an amendment to the Osteopaths Act 1993 to add greater protection for the title osteopath?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
			√	

Please explain your answer:

As reflected in our response to earlier questions, we understand that GOsC’s existing protection of title powers are well defined by the wording of Section 32(1) of the Osteopaths Act 1993. The following aspects of the wording seem particularly significant:

- The phrase “whether expressly or by implication” seems to mean that GOsC’s powers are breached if people either allow themselves to be perceived to be an osteopath or overtly describe themselves as such.
- In turn, the wording seems to mean that individuals simply using the title ‘osteopath’, “whether expressly or by implication”, commit a criminal offence if they do not hold current registered status with GOsC.
- The wording therefore seems to mean that individuals do not also need to have intended to pass themselves off as a member of the profession to commit a criminal offence.

We therefore understand that GOsC’s protection of title powers are already clearly and robustly defined in its underpinning legislation. This means that we are unsure how it would be possible for the regulator’s protection of powers to be strengthened, or what could be secured through a change to the wording.

As outlined in our response to question 6, we believe that it is appropriate for GOsC to address the following:

- How it can exercise its existing protection of title powers more forcefully and effectively.
- How it can work with other stakeholders to strengthen how it promotes and asserts its existing protection of title powers, including to
 - o Increase the powers' value and impact for the public, patients and profession.
 - o Provide a stronger deterrent to the powers being breached.

At the same time, we understand that GOsC believes that it has exhausted the limits of how it can use its current protection of title powers to pursue breaches. We therefore, support the GOsCs plans to strengthen its protection of title mandate.

We recognise that such regulatory powers are held by some other regulators, meaning that only registrants of a particular profession (or professions) can practise specifically defined activities or functions where this is in the public interest and upholds patient safety. As examples, we are aware of the powers held by the Health and Care Professions Council for hearing aid dispensers (see [Protected function - hearing aid dispensers | The HCPC](#)) and the respective powers held by the General Optical Council for optometrist and dispensing optician registrants (see [Rules and regulations](#)). We also note that osteopaths are included within legislation in Australia that only permits registrants of specific, named professions to perform spinal manipulations; [Australian Health Practitioner Regulation Agency - What's an offence under the National Law?](#)

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8. If the GOsC gets agreement from the Department of Health and Social Care to change the law, which additional terms do you think we should request to be added?

Osteopathic techniques	Yes	√	No	
Osteopathic manipulation	Yes	√	No	
Osteopathic articulations	Yes		No	
Osteopathic treatment	Yes		No	
Osteopathic modalities	Yes		No	
Anything added in front of the word osteopath or osteopathy (prefixes)	Yes		No	

If you selected other, please explain your answer:

As indicated in our response to question 7, we understand that seeking to restrict the performance of specific clinical techniques and interventions (captured by the above adjectival terms) to GOsC registrants forms a different regulatory approach from the protection of title powers that GOsC currently holds. We consider that pursuing these additional powers requires detailed exploration.

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9. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:
- a. protecting, promoting and maintaining the health, safety and well-being of the public
 - b. promoting and maintaining public confidence in the profession of osteopathy
 - c. promoting and maintaining proper professional standards and conduct for osteopaths

Yes	√
No	
Don't know	

Please provide additional comments below:

We have answered 'Yes' because we recognise that GOsC's broad proposals are intended to serve its overarching objective of public protection. However, as set out in our response to other questions, we believe that further exploration is required as to whether the proposals have a realistic prospect of being achieved.

10. Which organisations, bodies or other regulators should the GOsC collaborate with to further strengthen protection of the title osteopath?

Please list and explain why below:

Within the UK osteopathy profession, GOsC should seek to collaborate with the stakeholders listed below.

- The iO, including to progress shared professional leadership on the importance of protection of title for the profession's credibility, reputation and identity and as part of delivering the iO's 2023-28 strategic plan to support the profession to grow and thrive.
- The providers of pre-registration programmes that hold Recognised Qualification (RQ) status, including to explore how the significance of protection of title can be more firmly embedded within pre-registration education and students' professional learning and development.

Coe, Lorna
05/11/2025 14:57:42

- The providers of post-registration education for osteopaths, including to promote strengthened engagement with protection of title, including for other regulated professions.
- Osteopathic students progressing through pre-registration programmes holding RQ status, including to develop their awareness, understanding and engagement with the meaning and significance of protection of title for the profession they are preparing to enter.
- The providers of training (including those who are registered osteopaths) for people who are not osteopaths, but whose provision is promoted and designed to develop participants' ability to use specific osteopathic techniques, approaches and interventions. This includes to ensure clarity and transparency to uphold public protection and patient safety, and including in the potential context of GOsC seeking additional powers to protect or restrict specific activities to registered osteopaths.
- GOsC registrants, including via professional networks and communication channels that may provide useful conduits for raising awareness, understanding and engagement with the importance of upholding protection of title for the profession's credibility, standing and reputation.
- Former GOsC registrants to raise the meaning, significance and risks attached to misusing the profession's protected titles and breaching the regulator's protection of title powers, including for the public, patients and UK osteopathy.

GOsC should also seek to collaborate with stakeholders within the osteopathy profession in other countries. This includes to develop awareness, understanding and engagement with the regulatory arrangements that apply to the profession in the UK and to seek to optimise learning from organisations (e.g. other regulators) outside the UK that may have application to arrangements in the UK.

GOsC should seek to collaborate with a range of stakeholders outside the osteopathy profession in the UK. Examples are listed below.

- The public and patients to raise awareness and understanding of the importance of checking if individuals offering osteopathic services are registered with GOsC to practise as an osteopath to uphold access to safe, effective and person-centred care (see our response to question 11).
- The Professional Standards Authority, including in how it implements its accredited register arrangements, including for membership bodies that implement umbrella arrangements for a number of other organisations and networks.
- Other UK professional healthcare regulators that have oversight of professions that practise alongside osteopathy to meet similar public and patient care needs (e.g. the Health and Care Professions Council and the General Chiropractic Council), including to explore how overlapping scopes of practice are described and the potential impact on those professions of seeking to secure a restriction of specific activities to GOsC registrants.

- All other UK professional regulators in healthcare, with a view to raising awareness and understanding of osteopathy being a profession subject to statutory regulation.

11. Currently patients can look an osteopath up on the GOsC’s online Register, they can ask to see an osteopath’s registration certificate or they can look for their ‘I’m registered’ mark on the website.

Do you think that patients are aware that these options are available for them to check if a practitioner is an osteopath registered with the GOsC?

Not at all aware	Unaware	Neutral	Somewhat aware	Strongly aware
	√			

12. What more could be done to help patients understand whether an osteopath is registered?

By the GOsC

We suspect (but do not have evidence to confirm this) that prospective and current patients are relatively unaware that they can check the registration status of osteopaths on GOsC’s register. We recommend that GOsC seeks to raise awareness of the service it offers and to explain and promote the importance and value of patients (current and prospective) using the service to ensure that they access safe and effective care delivered by a registered osteopath to meet their individual needs.

By osteopaths

We expect members of the profession to be keen to raise public and patient awareness of UK osteopathy being a regulated profession and the importance and value of checking if a practitioner apparently offering osteopathic services is currently registered with GOsC as an osteopath. Engaging registrants with such an initiative should do the following:

- Serve the key purpose of increasing public protection.
- Increase the value that osteopaths place in their profession being regulated and their professional titles being protected.
- Raise the profile of GOsC with the profession, as well as the benefits of its regulatory powers and how it exercises these, including if it seeks to secure additional powers to restrict specific activities to registrants.
- Increase the number of incidents of potential breaches being reported to GOsC for exploration and appropriate action under its existing powers.

By others

We are keen to work with GOsC to increase awareness of its service to patients that enables individual practitioners' registered status as an osteopath to be checked and the importance and value of using this service from public protection and patient safety perspectives. As indicated under question 10, we believe that it is also important that GOsC collaborates with a range of education and training providers and their students to raise awareness, understanding and engagement with its existing protection of title powers, how it exercises these, and the significance of the actions that it can take under its powers. This should help to do the following:

- Raise the profile and impact of GOsC existing regulatory powers.
- Serve as a deterrent to misuse of osteopaths' protected titles.
- Reduce the number of breaches of GOsC's existing protection of title powers.
- Enhance how GOsC upholds its public protection and patient safety role.

Again, if GOsC seeks additional powers to restrict specific activities to its registrants, then it will be important that it engages with education providers (within and outside the profession) on the full implications of this for their provision.

Any other thoughts?

As part of progressing activity to increase patient and wider stakeholder awareness of the importance of checking if practitioners are registered with GOsC and are therefore legally able to present themselves as an osteopath or allow themselves to be seen as such, we believe it would be useful to explore how stakeholder communications are progressed in a fully coordinated manner. This should help to do the following:

- Maximise the clarity and reach of key messages.
- Increase stakeholders' active engagement with GOsC's existing protection of title powers and its potential pursuit of additional powers to restrict specific activities to its registrants.
- Pre-emptively avert the number of potential breaches of GOsC's protection of title powers.
- Reduce the number of actual breaches of GOsC's protection of title powers.
- Measure and evaluate the value and impact of changes that GOsC makes to how it exercises its existing powers.

We see GOsC's taking a more proactive approach to promoting and exercising its existing protection of title powers as the most logical, high-priority step

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Coe, Lorna
05/11/2025 14:42
9th October 2025

Consultation questions

Consultation on strengthening protection of the title ‘osteopath’: Amending Section 32(1) of the Osteopaths Act 1993

Before answering the consultation questions set out below, as a reminder, protection of title is addressed in the Osteopaths Act 1993 (in section 32(1)). It states:

A person who (whether expressly or by implication) describes himself* as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath, is guilty of an offence unless he* is a registered osteopath.

*The use of ‘himself’ and ‘he’ is a direct quote from the **Osteopaths Act 1993**

Please answer the consultation questions:

1. Please provide your name or the name of your organisation, if replying on behalf of an organisation (optional)

National Council for Osteopathic Research

2. Please let us know in what role you are answering these questions:

GOsC Council/Committee member	
Member of the public	
Osteopath	x
Osteopathic educator	
Patient	
Student	
Other	x

If you answered 'Other' above, please specify

Dr Jerry Draper-Rodi, Director of NCOR and practising osteopath

3. To what extent do you agree it is an important core part of the GOsC's role to protect the osteopathic title?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
				x

Please explain your answer:

Protection of title is fundamental to public safety and professional integrity. As demonstrated by our NCOR Research Network data, osteopaths undergo rigorous training and maintain specific standards of practice. Title protection

Coe, Lorna
05/11/2025 14:58:42

ensures patients can identify practitioners who meet these standards and are subject to regulatory oversight.

4. Are you aware of a growing trend of people using osteopathic terms to promote their services when they are not registered with the GOsC?

Yes	<div><div>x</div></div>
No	<div><div></div></div>
Don't know	<div><div></div></div>

If you answered yes, are you concerned about this?

Very unconcerned	Unconcerned	Neutral	Concerned	Very concerned
			x	

Please explain your answer:

The NCOR Research Network data provides clear evidence of what registered osteopaths actually do in practice. Our recent study of 570 GOsC-registered osteopaths demonstrates that osteopathic practice involves:

- Comprehensive patient assessment with detailed medical histories
- Evidence-based clinical reasoning and diagnosis
- Integration of manual therapy with exercise, self-management advice, education, health promotion, and signposting/referral to other HCPs where appropriate
- Ongoing professional development and adherence to professional standards
- Professional indemnity insurance and regulatory accountability

When unregistered individuals use terms like "osteopathic techniques" or "osteopathic manipulation," they create a false association with this regulated profession and its training standards, potentially misleading the public about their qualifications and accountability.

Draper-Rodi, Jerry, Carol Fawkes, and Daniel Bailey. "Development of a national osteopathic Practice-Based Research Network (PBRN): the NCOR Research Network." Scientific Reports 15, no. 1 (2025): 26396.

5. Are you aware of osteopaths teaching 'osteopathic approaches' to people who are not on the GOsC Register?

Yes	<div>x</div>
No	

6. Are you concerned about osteopaths teaching ‘osteopathic approaches’ to people who are not on the GOsC Register?

Very unconcerned	Unconcerned	Neutral	Concerned	Very concerned
				x

Please explain your thoughts on this and tell us if you have any patient safety concerns:

The techniques themselves are not unique to osteopathy, it is their application that makes them osteopathic and requires the extensive training. Osteopaths learn a wide range of techniques that are appropriate or inappropriate within certain circumstances. This type of contextual consideration can often be overlooked if "osteopathic techniques/approaches" are taught to unregulated HCPs.

7. To what extent do you agree that GOsC should seek an amendment to the Osteopaths Act 1993 to add greater protection for the title osteopath?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
			x	

Please explain your answer:

The current wording creates a significant loophole that undermines title protection. While individuals cannot call themselves "osteopaths," they can market "osteopathic techniques" or "osteopathic manipulation," creating the same public confusion. This applies to people who were previously registered osteopaths and had received training in osteopathic techniques, but are now unregistered either by choice or by sanction.

Our Practice-Based Research Network data, alongside the IASP taskforce viewpoint on integrated manual therapies (Draper-Rodi et al., 2024), demonstrates two critical points:

1. Manual therapy techniques are not profession-specific

The IASP paper clearly states that manual therapy describes "a range of hands-on interventions used by a diverse group of clinical professionals

Coe, Lorna
05/11/2025 14:57:42

including osteopaths, osteopathic physicians, chiropractors, massage therapists, physiotherapists, and physical therapists."

Techniques such as:

- Soft tissue massage
- Joint mobilization/articulation
- Manipulation
- Muscle energy techniques
- Exercise prescription

...are used across multiple professions. **This consultation is NOT about restricting who can use these techniques** – it is about preventing misleading use of the term "osteopathic" by those not subject to osteopathic regulation.

2. "Osteopathic" denotes a regulated professional approach, not just techniques

Our NCOR Research Network data shows that osteopathic practice involves far more than applying techniques. It encompasses:

- Diagnostic competency: Osteopaths must be able to screen for serious pathology, identify contraindications, and know when to refer
- Clinical reasoning: Integration of patient history, examination findings, and evidence-based practice
- Patient-centred care: Shared decision-making, informed consent, and therapeutic alliance
- Professional accountability: GOsC oversight, fitness to practise procedures, and complaints processes
- Continuing professional development: Mandatory CPD requirements to maintain current knowledge

When someone advertises "osteopathic manipulation" or "osteopathic techniques" without being a registered osteopath, they imply they possess this broader professional competency and regulatory oversight. This is fundamentally misleading to the public.

The manipulation example

Our data shows 50% of NCOR Research Network osteopaths use High Velocity Thrust (manipulation) daily. However, the IASP paper confirms this technique is also used by chiropractors, physiotherapists, and other professionals.

Coe, Lorna
05/11/2025 14:57:42

The issue is not whether non-osteopaths can perform manipulation - many can and do so competently within their own professional frameworks. The issue is whether they should be able to call it "osteopathic manipulation" when they are not osteopaths and not subject to osteopathic regulation.

A physiotherapist performing spinal manipulation is working within their professional scope. If they call it "osteopathic manipulation" in their marketing, they misleadingly suggest osteopathic training, qualifications, and regulatory protection.

Evidence of regulatory impact on practice quality

The NCOR concerns and complaints data (2013-2023) provides compelling evidence that statutory regulation drives continuous improvement in patient safety and professional standards:

Targeted interventions work: Following GOsC education initiatives on consent (2012-2018), consent-related complaints fell by 90% – from 20 cases in 2013 to just 2 in 2023. Similarly, communication-related complaints decreased from 49 in 2016 to 16 in 2023.

Professional accountability matters: With only 117 complaints among 5,331 registered practitioners in 2023 (2.1%), the profession maintains high standards. Crucially, complaints are systematically tracked, analysed, and mapped against the Osteopathic Practice Standards (OPS), informing both individual osteopath development and profession-wide CPD initiatives.

Standards evolve based on evidence: The data shows that concerns and complaints predominantly relate to Theme C (Safety and Quality - 49.6% of cases) and Theme D (Professionalism - 29.8% of cases) of the OPS. This enables targeted professional development in areas such as:

- Clinical competence and safety (complaints reduced from 115 in 2014 to 43 in 2023)
- Communication and patient partnership
- Professional boundaries and conduct

This regulatory feedback loop cannot exist for practitioners using osteopathic terminology without GOsC registration. There is no mechanism to:

- Track concerns or complaints systematically
- Require remedial training in areas of weakness
- Remove practitioners who pose ongoing risks to patients
- Learn from trends to improve profession-wide practice
- Ensure mandatory CPD addressing identified areas of concern

Coe, Lorna
05/11/2025 14:57:42

When patients cannot distinguish between regulated and unregulated practitioners using "osteopathic" terminology, they lose access to these crucial safety mechanisms and continuous improvement processes.

- Draper-Rodi, J., Newell, D., Barbe, M.F. and Bialosky, J., 2024. Integrated manual therapies: IASP taskforce viewpoint. *Pain Reports*, 9(6), p.e1192.
- Draper-Rodi, Jerry, Carol Fawkes, and Daniel Bailey. "Development of a national osteopathic Practice-Based Research Network (PBRN): the NCOR Research Network." *Scientific Reports* 15, no. 1 (2025): 26396.

8. If the GOsC gets agreement from the Department of Health and Social Care to change the law, which additional terms do you think we should request to be added?

Osteopathic techniques		Yes	x	No	
Osteopathic manipulation		Yes	x	No	
Osteopathic articulations		Yes	x	No	
Osteopathic treatment		Yes	x	No	
Osteopathic modalities		Yes	x	No	
Anything added in front of the word osteopath or osteopathy (prefixes)		Yes	x	No	

If you selected other, please explain your answer:

These terms all create the same risk: falsely implying that a practitioner has osteopathic training and is subject to GOsC regulation.

9. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:
- a. protecting, promoting and maintaining the health, safety and well-being of the public

b. promoting and maintaining public confidence in the profession of osteopathy

c. promoting and maintaining proper professional standards and conduct for osteopaths

Yes	x
No	

Coe, Lorna
05/11/2025 14:57:42

Don't know	
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Please provide additional comments below:

The current loophole in Section 32(1) directly threatens all three elements of GOsC's overarching objective:

a) Protecting health, safety and well-being of the public

Patients expect that anyone advertising "osteopathic" services has:

- Minimum of 4-5 years full-time training (or part-time equivalent)
- Clinical competency assessment
- Professional indemnity insurance
- Adherence to the Osteopathic Practice Standards

Weekend courses in "osteopathic techniques" cannot provide this level of training, yet patients may not understand the difference.

A potential challenge is also posed by people who have undergone osteopathic training, refer to this in their advertising, and are no longer on the GOsC register.

The NCOR complaints data reveal the accountability mechanisms in place for registered osteopaths. When concerns arise about clinical competence, safety, communication, or professional conduct, there are clear pathways for investigation, resolution, and – where necessary – fitness to practise procedures or removal from the register. None of these protections exist for individuals using "osteopathic" terminology without GOsC registration.

b) Maintaining public confidence in osteopathy

When unregulated practitioners associate themselves with "osteopathic" approaches, any adverse outcomes or unprofessional conduct reflects on the regulated profession, undermining confidence in genuine osteopaths.

The complaints data demonstrates what effective regulation achieves: a profession that identifies areas of concern, implements improvements, and shows measurable progress over time. Patients deserve clear differentiation between practitioners within this framework and those who merely appropriate osteopathic terminology without accepting osteopathic accountability.

c) Maintaining proper professional standards

The term "osteopathic" should denote adherence to professional standards that can only be assured through proper training and regulatory oversight.

Coe, Lorna
05/11/2025 14:57:42

The decade-long complaints data show that even among highly trained, regulated osteopaths, areas requiring ongoing professional attention include clinical competence, communication, and professional boundaries. The sustained improvements in these areas demonstrate that mandatory CPD and regulatory oversight work.

When unregistered practitioners use terms like "osteopathic manipulation," patients cannot distinguish between:

- A GOsC-registered osteopath with 4-5 years training, mandatory CPD informed by complaints data, professional indemnity insurance, and regulatory accountability
- Someone who completed a weekend course with no ongoing oversight, no complaints procedure, and no professional development requirements

This creates a dangerous information asymmetry that undermines both patient safety and professional standards.

10. Which organisations, bodies or other regulators should the GOsC collaborate with to further strengthen protection of the title osteopath?

Please list and explain why below:

GOsC should collaborate with:

1. Other healthcare regulators (including HCPC, GMC, GCC) – shared interest in title protection and learning from complaints data to drive improvement
2. Professional bodies (Chartered Society of Physiotherapy, Royal College of Chiropractors, Royal College of General Practitioners, Institute of Osteopathy) – ensuring interprofessional understanding that this is about title protection, not technique restriction
3. Trading Standards – enforcement of consumer protection
4. Advertising Standards Authority – addressing misleading advertising
5. Higher education institutions and CPD providers – ensuring CPD courses are appropriately titled
6. Patient advocacy groups – ensuring patient voice in protecting public understanding
7. Insurers

11. Currently patients can look up an osteopath on the GOsC's online Register, they can ask to see an osteopath's registration certificate or they can look for their 'I'm registered' mark on the their website.

Coe, Lorne
05/11/2025 14:53:42

Annex C to 10

Do you think that patients are aware that these options are available for them to check if a practitioner is an osteopath registered with the GOsC?

Not at all aware	Unaware	Neutral	Somewhat aware	Strongly aware
x				

12. What more could be done to help patients understand whether an osteopath is registered?

By the GOsC

- Public awareness campaigns about checking the register
- Clearer messaging on what "regulated" means and the protections it provides
- Simple infographics for patient-facing materials explaining the complaints process and CPD requirements
- Transparency about how complaints data drives continuous improvement

By osteopaths

- Displaying registration certificates prominently
- Including GOsC registration number on all materials
- Educating patients about why regulation matters – including the complaints procedure and mandatory CPD
- Explaining how the profession learns from concerns and continuously improves

By others

- GP practices could promote checking registration
- Health insurance companies could require GOsC registration
- Patient advocacy groups could raise awareness of the difference between regulated and unregulated practitioners

Any other thoughts?

The NCOR Research Network data and the decade-long complaints analysis provide robust evidence of what osteopathic practice entails – it is far more than the application of techniques. The term "osteopathic" denotes a specific

Coe, Lorna
05/11/2025 14:30:42

professional identity with associated training, competencies, and regulatory protection that drives measurable improvements in patient safety and care quality.

The complaints data demonstrates tangible benefits of regulatory oversight:

- 90% reduction in consent complaints following targeted education
- Sustained improvements in communication and clinical competence
- Systematic tracking enabling evidence-based professional development
- Clear accountability mechanisms protecting patient safety

This consultation is not about creating a monopoly over clinical techniques. Many professions legitimately use similar manual therapy approaches. Rather, it is about preventing the misleading use of professional terminology that implies qualifications, training, regulatory oversight, and continuous quality improvement processes that do not exist.

Strengthening Section 32(1) would:

- Protect patients from being misled about practitioner qualifications and accountability
- Maintain the integrity of the osteopathic profession and its continuous improvement mechanisms
- Preserve the value of the regulatory framework that demonstrably drives better patient safety
- Allow other professions to continue using the same techniques under their own professional identities
- Ensure patients can identify practitioners subject to the regulatory feedback loops that the complaints data show actually work

I strongly support the proposed amendments to the Osteopaths Act 1993.

Coe, Lorna
05/11/2025 14:57:42

ASA submission to General Osteopathic Council consultation on: Strengthening Protection of the title 'osteopath'

1. Background and introduction

1.1. This submission is provided by the Advertising Standards Authority (ASA), and the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) – the 'ASA system.'

1.2. The ASA system is providing this written submission in response to General Osteopathic Council consultation on: Strengthening protection of the title 'osteopath'. We are not responding to a specific question in the consultation.

1.3. The ASA is the UK's independent advertising regulator. We have been administering the Non-broadcast Advertising Code (written and maintained by CAP) for 60 years and the Broadcast Advertising Code (written and maintained by BCAP) for 20, with our remit further extended in 2011 to include companies' advertising claims on their own websites and in social media spaces under their control.

1.4. We are the UK's independent frontline regulator of ads by legitimate businesses and other organisations in all media, including online. Our work includes undertaking proactive projects and acting on complaints to tackle misleading, harmful or offensive advertisements. We are committed to evidence-based regulation, and we continually review new evidence to ensure the rules and our application of them remain fit-for-purpose.

1.5 As the UK's frontline advertising regulator, the ASA brings together different statutory, co-regulatory and self-regulatory enforcement mechanisms so they appear seamless to people and businesses. Our system involves the active participation of a range of legal backstops in the consumer protection landscape. We work closely with a network of partners including the Gambling Commission, Competition and Markets Authority, Information Commissioner's Office, Ofcom, Trading Standards, the Medicines and Healthcare products Regulatory Agency and the Financial Conduct Authority.

1.6 We call our model of partnering with businesses and other regulators 'collective ad regulation.' The ASA's independence and the buy-in and support we receive through collective ad regulation delivers faster, more flexible, more joined-up and proportionate regulation.

1.7 The UK Advertising Codes include rules reflecting specific legal provisions and rules developed through separate regulatory process, which in combination ensure ads don't mislead, harm, or seriously offend their audience. The inclusion of the rules in the UK Advertising Codes has enormous benefits for responsible businesses and for consumers, who benefit from the protection the rules afford.

2. The ASA's role and remit in regulating osteopathic claims

2.1 Claims in advertising that directly or indirectly invite consumers to consider seeking osteopathy must comply with the Codes.

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05/11/2025 14:55:32

2.2 The ASA regulates osteopathic claims and the context in which they appear in ads.

- Claims made by osteopaths' across media, that serve the purpose of encouraging consumers to make a transactional decision (i.e. claims that directly or indirectly invite individuals to consider seeking osteopathic treatment for themselves or someone else) must comply with the Code.
- As healthcare practitioners regulated by statute, osteopaths may offer advice on, diagnosis of and treatment for conditions for which medical supervision should be sought. Those claims should be limited, however, to those conditions for which the ASA or CAP has seen suitably robust evidence, held by the advertiser, for the efficacy of osteopathy to treat, (references to conditions which the ASA or CAP accept osteopathy can help should be understood on this basis, the ASA acknowledges that new evidence may emerge).
- Osteopaths may make claims to treat general as well as specific patient populations, including pregnant women, children and babies, provided they are qualified to do so. Osteopaths may not claim to treat conditions or symptoms presented as specific to these groups (e.g. colic, growing pains, morning sickness) unless the ASA or CAP has seen evidence for the efficacy of osteopathy for the particular condition claimed, or for which the advertiser holds suitable substantiation.

2.3. Our aim is to ensure that osteopaths advertising their practice, and consumers seeking osteopathic care after viewing an osteopath's website or social media, can do so reassured that the information provided there is responsible.

2.4. The ASA recognises that osteopaths provide a service to a wide range of patients and we have no desire to stand in the way of the marketing of osteopathy services, providing that advertising is responsible and, in particular, that claims about the efficacy of treatment options can be backed up by robust evidence in all cases.

3. Our rules

3.1. The UK Advertising Codes contain overarching principles that prohibit ads across media, including online and social media, from containing anything that is likely to be misleading, harmful or otherwise irresponsible. And the rules, and the ASA's work, place a particular emphasis on protecting young and vulnerable people.

3.2. The Advertising Codes also contain dedicated content and targeting rules on medicines, medical devices, health-related products, treatments and beauty products. The rules in this section are designed to ensure that ads for these products receive a necessary high level of scrutiny, including requiring that claims about the efficacy or safety of a treatment, or the qualifications of a healthcare practitioner are backed by suitably robust evidence, and that they're targeted away from under-18 audiences. Crucially, the rules apply to ads and not the products, which are regulated by health regulators such as the MHRA.

3.3. Our rules include prohibitions on misleading advertising which state that:

- Marketing communications must not materially mislead or be likely to do so.

- Marketing communications must not mislead the consumer by omitting material information. They must not mislead by hiding material information or presenting it in an unclear, unintelligible, ambiguous or untimely manner.
- Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove claims that consumers are likely to regard as objective and that are capable of objective substantiation. The ASA may regard claims as misleading in the absence of adequate substantiation.
- Marketing communications must not display a trust mark, quality mark or equivalent without the necessary authorisation. Marketing communications must not claim that the marketer (or any other entity referred to), the marketing communication or the advertised product has been approved, endorsed or authorised by any public or other body if it has not or without complying with the terms of the approval, endorsement or authorisation.

3.4. Therefore, under the Advertising Codes, if someone who is not an osteopath advertised treatments/interventions as 'osteopathic' we would consider that to be misleading as we consider the term 'osteopathic' implies the treatment/intervention is carried out by a registered osteopath.

3.5. In 2016 we published a [review and guidance](#) around osteopathy and guidance for marketing claims for pregnant women, children and babies. This guidance provided examples for osteopaths where claims were likely and unlikely to mislead. Our guidance states that claims are unlikely to mislead if they give details of the qualifications of osteopaths and explain the status of osteopaths as statutorily regulated health professionals.

3.6. In 2022, we published an updated [AdviceOnline article](#) about the advertising of Osteopathic services.

4. Rulings

4.1 The ASA published one upheld ruling against [Kane & Ross Clinics Ltd](#) in 2022 for misleadingly implying that osteopathy for babies could treat constipation and infections.

4.2. In 2025, we resolved two cases informally meaning that the advertisers agreed to amend the ads that had been complained about without the need for further formal action. These ads were from sports practitioners, who described their treatments/ techniques as "osteopathic", despite not being registered osteopaths. Both ads were from sole traders who had attended a training course in the techniques, by a registered osteopath, and the course was described in the material as "osteopathic". Under Code 3.1, we considered the ads to be misleading as the term "osteopathic" would imply the treatment or service would be carried out by a registered osteopath. Both advertisers agreed to remove the term from their ads.

5. Protection for the title of osteopath

5.1. We support the General Osteopathic Council's recommendation of stricter protection around the title of 'osteopath'. This will protect consumers and ensure that

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Annex D to 10

those practicing as registered osteopaths are also protected.

Contact

Ella Connor, Media and Public Affairs Officer

ellac@asa.org.uk

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05/11/2025 14:57:42

Council
19 November 2025
Mutual recognition of registration - New Zealand

Classification	Public
Action	For decision
Purpose of the paper	To give the Chief Executive and Registrar the authority to finalise a mutual system of registration system with the Osteopathic Council of New Zealand (OCNZ).
Strategic Priority implications	This activity meets all three strategic objectives of trust, inclusivity and innovation.
Standards of Good Regulation implications	This work relates directly to Standards 10, 11 and 13.
Communications implications	Once a Memorandum of Understanding is signed with New Zealand we would announcement the arrangement.
Financial, resourcing and risk implications	This activity will reduce the financial burden on New Zealand registrants who want to apply for registration in the UK. We have mitigated risk factors through the development of a Memorandum of Understanding.
Patient perspectives	Patients can feel assured that we are maintaining entry standards to the Register.
Diversity implications	The mutual system of registration would apply to New Zealand registrants who hold a practising certificate.
Welsh language implications	None arising from this paper.
Annex(es)	Draft Memorandum of Understanding
Author	Matthew Redford
Background reading	PSA Standards of Good Regulation Policy and Education Committee paper, June 2025



Recommendation(s)	Council authorise 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.
Key messages <ul style="list-style-type: none">• The GOsC has a three-stage international application pathway for any internationally qualified applicant wanting to register with us.• The pathway costs an applicant £2,290.• Based on records from 2006, no applicant from New Zealand has failed the three stage international application pathway.• New Zealand has a similar regulatory model to the UK and similar registration requirements to register.• Work has been progressing to develop a Memorandum of Understanding that would facilitate the movement between individuals registered between the respective jurisdictions.• The Chief Executive seeks authority to finalise arrangements with the OCNZ and sign a Memorandum of Understanding.	

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Introduction

1. 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.
2. With New Zealand having a similarly robust regulatory system to that of the UK (administered by the Osteopathic Council of New Zealand (OCNZ)), we have been exploring how we can develop a mutual recognition of registration system to streamline the ability to move between jurisdictions.

Discussion

3. As a statutory regulator we have a duty to uphold professional standards and maintain entry to the Register of only those individuals that meet our standards. We equally have a responsibility not to over-regulate and to be proportionate.
4. Since 2006 to date, there have been 13 individuals who qualified in New Zealand and who have been through the international registration pathway. All applicants who went through the pathway have been successful.
5. An analysis of our fitness to practise complaints have determined that zero applicants have come before the GOsC complaints process who have either qualified in New Zealand, or qualified from another country (excluding the UK), and have since applied for registration having been registered in New Zealand.
6. Therefore, given the regulatory systems are robust and similar in nature and there have been no concerns related to individuals qualified or previously registered from that jurisdiction, there is a question as to whether the three-stage international pathway should apply.
7. The number of individuals who have moved between our respective jurisdictions is small; however, taking such an approach would be a demonstration to the profession that we value mobility and that we value, and trust, the concept of regulation in that we would rely on the systems which exist in New Zealand.
8. Further, agreeing such a system would be in part symbolic in that it is a demonstration that GOsC is open and willing to reducing regulatory barriers where possible, without reducing standards related to patient safety.
9. Professional Standards team colleagues have undertaken a comparison of practice and accreditation standards of the OCNZ against our own Osteopathic Practice Standards and Education Training Standards.
10. There was good alignment with differences only arising around the approach to Māori and Pacific Islander culture within practice and its coverage within pre-registration education and training. Other small gaps included being aware of healthcare costs and practising as part of a network of osteopaths, albeit that our CPD requirements address this point.

11. Therefore, I am of the view that GOSc can remove the three-stage assessment process and rely upon a mutual system of registration underpinned by a memorandum of understanding (MOU) between the UK and New Zealand. In effect, we consider being qualified, practising and registered with the OCNZ as being equivalent to UK standards.
12. We have anticipated four main scenarios that would apply to applicants from New Zealand, which would determine the pathway to registration with the GOSc.

Individual is qualified and has met New Zealand regulatory standards			
Currently registered with OCNZ and holds an APC *	Currently registered with OCNZ and does not hold an APC *	Previously held registration but no current registration with OCNZ	Never registered with OCNZ
Apply directly for registration with the GOSc	Complete x3 stage GOSc international registration pathway	Complete x3 stage GOSc international registration pathway	Complete x3 stage GOSc international registration pathway
-	<i>If successful</i>	<i>If successful</i>	<i>If successful</i>
-	Apply for registration with the GOSc	Apply for registration with the GOSc	Apply for registration with the GOSc

* In New Zealand someone may be registered with OCNZ and not hold an Annual Practising Certificate (APC), meaning they are not required to maintain Continuing Professional Development. After three years or more without an APC an osteopath in New Zealand looking to return to work would need to undertake a return to practise assessment.

13. The MOU - annexed - details the arrangements/reasons that would trigger the MOU being reviewed/reassessed. In any event, there should be a review of the MOU at least every two to three years.

Executive view

14. The GOSc and OCNZ operate similarly robust regulatory frameworks and, to streamline how qualified individuals move between jurisdictions, it is appropriate that we establish a mechanism which relies upon those systems.
15. The Chief Executive and Registrar is of the view that this MOU model would be attractive to other countries, such as Australia, and potentially to some countries

in Europe. Removing the three-stage assessment for NZ registrants does not set a precedent that means we have to remove all three stages for other countries, but instead it provides a template for future discussions.

Recommendation

Council authorise 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.

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05/11/2025 14:57:42

MEMORANDUM OF UNDERSTANDING

Between the General Osteopathic Council and the Osteopathic Council of New Zealand

Effective Date: [Insert Date]

1. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a framework for a mutual system of registration between the General Osteopathic Council and the Osteopathic Council of New Zealand.

This MOU will streamline international registration processes between the UK and New Zealand, removing barriers that either prevent or unnecessarily delay workforce mobility, and improving public access to safe and competent healthcare professionals in both jurisdictions.

2. Background

Both the General Osteopathic Council and the Osteopathic Council of New Zealand are responsible for the regulation and registration of osteopaths within their respective jurisdictions.

In recognition of our shared goals of patient protection and that we have similar regulatory standards, the parties seek to collaborate on a system of mutual recognition of registration to allow individuals to move freely and easily between jurisdictions.

3. Parties to the Agreement

This MOU is entered into by and between:

- **General Osteopathic Council**, the healthcare regulatory body for the osteopathic profession in the UK.
- **Osteopathic Council for New Zealand**, the healthcare regulatory body for the osteopathic profession in New Zealand.

4. Mutual Recognition of Registration framework

The scope of this MOU covers the following areas and establishes, at the time the MOU is signed, the positions of the General Osteopathic Council and Osteopathic Council of New Zealand:

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05/11/2025 14:57:42

4(a) - Regulatory Bodies, including right to practice

UK

Osteopaths in the UK are regulated by the General Osteopathic Council (GOsC). The GOsC oversees the registration of osteopaths, for setting and maintaining standards for osteopathic education and training, ensuring that they meet professional standards, and managing complaints and disciplinary procedures.

Osteopaths must be registered with the GOsC in order to practice legally. The GOsC maintains a public Register, and individuals are only allowed to use the title 'osteopath' once they are registered.

New Zealand

Osteopaths in New Zealand are regulated by the Osteopathic Council of New Zealand (OCNZ). The OCNZ oversees the registration of osteopaths, for setting standards for, and accredits, educational programmes that provide prescribed qualifications, ensures that they meet professional standards and manages complaints and disciplinary procedures - <https://www.health.govt.nz/regulation-legislation/health-practitioners/responsible-authorities>

Osteopaths must be registered with the OCNZ and hold a current Annual Practising Certificate (APC) in order to practice legally. The OCNZ maintains a public Register, and individuals are only allowed to use the title 'osteopath' once they are registered.

What may trigger a review of the MOU?

A substantive change in the regulatory roles of either of the two bodies would constitute this MOU being reviewed.

An example may be the removal of setting and maintaining standards for osteopathic education and training from the regulator and given to a different organisation.

4(b) - Qualification Requirements

UK

Osteopaths must complete an accredited education program, which is typically a 4-5 year Bachelor of Osteopathy (BOst) or Master of Osteopathy (MOst) with a focus on meeting graduate outcomes rather than course lengths. Without a recognised qualification, an applicant would be unable to apply for registration with the GOSC. Overseas-qualified osteopaths are assessed against a three-stage registration process.

New Zealand

Osteopaths must complete an accredited education program, which is typically a 4-year Bachelor of Musculoskeletal Health and Post-graduate Diploma in Osteopathy (BMSkH and PGDip Osteopathy) or 5-year Master of Osteopathy (MOst) with a focus on meeting accreditation standards and graduate outcomes rather than programme lengths. Overseas applicants may apply through one of three registration pathways: Trans-Tasman Mutual Recognition Act Pathway (for those registered in Australia), an accelerated Competent Authority Pathway, or a Non-Recognised Qualification Pathway (which incorporates a clinical experience and qualification assessment process) -

<https://www.osteopathiccouncil.org.nz/Public/Public/How-To-Register/OverseasApplicants.aspx>

What may trigger a review of the MOU?

A substantive change in the qualification requirements of either of the two bodies would constitute this MOU being reviewed.

An example may be the introduction of an apprenticeship standard in osteopathy.

4(c) - Scope of Practice

UK

There is no scope of practice set by the GOSc. UK osteopaths are primary healthcare practitioners who provide holistic, person-centred care across the lifespan, utilising evidence-based approaches for both the management of specific conditions and for promoting overall wellbeing, working within the limits of their training and competence and meet any legal requirements. Osteopaths must adhere to the Osteopathic Practice Standards (OPS) that require osteopaths have the knowledge and skills to support their practice. Many osteopaths incorporate adjunctive approaches within their practice such as acupuncture/needling, shockwave therapy, though GOSc does not regulate postgraduate training courses.

New Zealand

The OCNZ has set a primary 'Osteopath' Scope of Practice that includes manual therapy informed by osteopathic principles and incorporating broad diagnostic competencies. The scope recognises osteopaths as primary healthcare practitioners who provide holistic, person-centred care across the lifespan, utilising evidence-based approaches for both the management of specific conditions and for promoting overall wellbeing. The OCNZ has also set an Extended Scope of Practice in Western Medical Acupuncture, to allow appropriately trained osteopaths to add these techniques to their scope, and has set a number of Vocational scopes which acknowledge advanced training in areas of practice covered by the primary Scope of Practice (for example, Pain Management or Gerontology) - <https://www.osteopathiccouncil.org.nz/Public/Public/Registered-Osteopaths/Scope-Of-Practice.aspx>

What may trigger a review of the MOU?

A substantive change in the scope of practice or practice standards within either jurisdiction would constitute this MOU being reviewed.

An example may be UK introducing a scope of practice or significantly revising practice standards including graduate outcomes.

4(d) - Regulation of International Qualifications

UK

Osteopaths who qualify outside the UK have to go through a three-stage assessment process before they become eligible to apply for registration with the GOsC. The three-stage process is:

- Assessment of overseas qualification
- Completion of a further evidence of practice form
- Assessment of clinical performance

On successful completion of the three-stage process an applicant may apply for registration with the GOsC.

New Zealand

Under the Trans-Tasman Mutual Recognition Act (1997), osteopaths registered in Australia may apply for a direct registration process for practice in New Zealand. Overseas-qualified osteopaths (excluding Australia) may be considered under two pathways. The Competent Authority Pathway provides accelerated entry for practitioners who are registered with, and hold a qualification recognised by, a recognised Competent Authority (currently limited to GOsC). This pathway does not typically require any further pre-registration assessment of qualification or competence. Overseas applicants not eligible for this pathway would undergo a qualification assessment process by the OCNZ, for comparability to New Zealand qualifications, and a review of clinical experience and further education. This review may include a clinical assessment.

Registrants under both pathways are required to complete the Competent Authority Pathway Programme within one year of registration, requiring the development of a practice portfolio under the guidance of an assigned preceptor - <https://www.osteopathiccouncil.org.nz/Public/Public/How-To-Register/Overseas-Applicants/Competent-Authority-Pathway-Programme.aspx>

What may trigger a review of the MOU?

Changes to the international registration pathway in either jurisdiction.

4(e) - Continuing Professional Development (CPD)

UK

The GOsC requires osteopaths to engage in continuing professional development (CPD) to maintain their registration. This is a three year CPD cycle with a requirement that osteopaths demonstrate how activities meet the breadth of their practice and relate to the four themes of the Osteopathic Practice Standards. They must undertake an objective activity and activities in relation to communication and consent. The scheme culminates in a Peer Discussion Review.

New Zealand

The OCNZ requires osteopaths to undertake CPD (under the Continuing Competence Programme (CCP)), consisting of a two-year cycle. The CCP requires osteopaths to assess their learning needs, with reference to the Osteopathic Practice Competencies and Code of Conduct, plan and carry out relevant learning activities, and reflect on what they have learned and how this has been implemented in practice. Peer review and collaborative learning is encouraged but not required - <https://www.osteopathiccouncil.org.nz/Public/Public/Registered-Osteopaths/Professional-Development.aspx>

What may trigger a review of the MOU?

A substantive change in the CPD schemes of either of the two bodies would constitute this MOU being reviewed.

An example may be a CPD scheme in either jurisdiction increasing/decreasing the number of hours osteopaths must complete in order to comply with the scheme.

4(f) - Complaints and Disciplinary Procedures

UK

The GOsC has a formal complaints procedure that allows patients, colleagues, or employers to make complaints against osteopaths. The GOsC investigates complaints with the Investigating Committee referring the most serious complaints to either the Professional Conduct Committee (PCC) or Health Committee. The PCC may issue sanctions including admonishments, conditions of practice, suspensions and removal from the Register.

New Zealand

Similar to the UK, the OCNZ handles complaints about osteopaths. The OCNZ has a structured process for investigating complaints, and cases may be considered under competence, conduct or health pathways. Conduct matters may be referred to a PCC, who may lay a charge with the Health Practitioners Disciplinary Tribunal (HPDT). Disciplinary action by the HPDT can include cautions, supervision, suspension, or removal from the register. The OCNZ aims to maintain public safety and uphold high professional standards -

<https://www.osteopathiccouncil.org.nz/Public/Public/Patients/Making-a-complaint-how.aspx>

What may trigger a review of the MOU?

A substantive change in the complaints and disciplinary procedures of either of the two bodies would constitute this MOU being reviewed.

An example may be a change in legislation which allows for complaints to be closed by a regulator case manager rather than an independent fitness to practise panel.

5. Who would be eligible to apply for registration under the Mutual Recognition of Registration MOU?

A table outlining how someone qualified in New Zealand would be eligible to apply for registration in the UK, is annexed to this MOU.

This MOU formalises the information used by the Osteopathic Council of New Zealand to classify the General Osteopathic Council as a Competent Authority.

6. Requirement to inform of changes

If either authority makes changes to their regulatory system, or plans to make changes to their regulatory system, that impact any terms under *Section 4, Mutual Recognition of Registration Framework* they have a responsibility to inform the other authority, who may then initiate a review of the MOU.

7. Implementation and review

This MOU will come into effect from **XX/XX/XXXX** and shall be subject to review at least once every two years.

8. Resources and Funding

Each party will bear its own costs in relation to the implementation and operation of the mutual registration system unless otherwise agreed in writing.

9. Confidentiality and Data Protection

The parties agree to treat all shared information in accordance with applicable privacy and data protection laws in their respective jurisdictions.

10. Dispute Resolution

Any disagreements arising from this MOU will be resolved through good faith discussions between designated representatives. If unresolved, the matter may be escalated to the Chair of the Council within each authority.

11. Amendments and Termination

This MOU may be amended at any time by mutual written agreement. Either party may terminate the MOU by providing 60 days' written notice to the other party.

12. Legal Status

This MOU is not intended to create legally binding obligations. It reflects the mutual intent of the parties to cooperate in good faith. It does not create any legal, financial, or contractual liabilities or rights enforceable in law.

Annex to 11

For the avoidance of doubt, nothing in this MOU creates an obligation on either party to approve any individual application for registration. Each party retains the discretion to approve or decline an application for any reason, in accordance with its own regulatory framework

13. Signatures

Signed on behalf of:

General Osteopathic Council

Name: Matthew Redford
Position: Chief Executive and Registrar
Date: TBC

Signature: TBC

Osteopathic Council of New Zealand

Name: Tim Friedlander
Position: Registrar
Date: TBC

Signature: TBC

Coe, Lorna
05/11/2025 14:57:42

Annex A to the Memorandum of Understanding

New Zealand qualified osteopath – routes to registration in the UK

Individual is qualified and has met New Zealand regulatory standards			
Currently registered with OCNZ and holds an APC *	Currently registered with OCNZ and does not hold an APC *	Previously held registration but no current registration with OCNZ	Never registered with OCNZ
Apply directly for registration with the GOSc	Complete x3 stage GOSc international registration pathway	Complete x3 stage GOSc international registration pathway	Complete x3 stage GOSc international registration pathway
-	<i>If successful</i>	<i>If successful</i>	<i>If successful</i>
-	Apply for registration with the GOSc	Apply for registration with the GOSc	Apply for registration with the GOSc

* APC - Annual Practising Certificate

Coe, Lorna
05/11/2025 14:57:42

Annex to 11

United Kingdom qualified osteopath – route to registration in New Zealand

Individual has met GOSc regulatory standards			
Currently registered with GOSc and holds a qualification recognised by GOSc	Currently registered with GOSc but does not hold a qualification recognised by GOSc	Previously held registration but no current registration with GOSc	Never registered with GOSc
Apply directly for registration with OCNZ	Completes OCNZ non-recognised international qualification registration pathway	Completes OCNZ non-recognised international qualification registration pathway	Completes OCNZ non-recognised international qualification registration pathway
<i>If successful</i>	<i>If successful</i>	<i>If successful</i>	<i>If successful</i>
Completes post-registration <i>Competent Authority Pathway Programme</i> *	May have post-registration requirements and/or conditions based on individual assessment. May include completion of <i>Competent Authority Pathway Programme</i> *	May have post-registration requirements and/or conditions based on individual assessment. May include completion of <i>Competent Authority Pathway Programme</i> *	May have post-registration requirements and/or conditions based on individual assessment. May include completion of <i>Competent Authority Pathway Programme</i> *

*The *Competent Authority Pathway Program* (CAP Programme) is a portfolio-based competence programme completed in the workplace with oversight and support provided by a Council-appointed preceptor.



**Council
19 November 2025
Research Framework**

Classification	Public
Action	For decision
Purpose of the paper	This Framework allows the Council to: <ul style="list-style-type: none"> a) understand the way we have 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
Strategic Priority implications	All three strategic priorities, as this is an organisational wide framework.
<u>Standards of Good Regulation</u> implications	The paper relates to Standards 1, 3 and 5.
Communications implications	We will publish the research framework when agreed.
Financial, resourcing and risk implications	<p>Commissioned research is currently funded from designated reserves agreed by Council. The research projects currently underway with the National Council for Osteopathic Research relate to the risk of sustainability and this was commissioned in accordance with the principles outlined in this paper by Council.</p> <p>Research is also undertaken in-house research. The future research we anticipate happening will involve a mixture of these two approaches.</p>
Patient perspectives	Patient engagement perspectives are contained within the Research Framework as deliverables
Diversity implications	Equality and diversity issues are contained within the Research Framework as deliverables.
Welsh language implications	None



Annex(es)	A. Research Framework
Author	Dr Stacey Clift, Matthew Redford, Fiona Browne
Background reading	Strategy 2024-30 Governance Handbook

Recommendation	To agree the Research Framework
Key Messages <ul style="list-style-type: none">• There are key benefits to incorporating Research Frameworks in regulation (see Table 1).• A broad definition of the term 'research' is being used within the framework (see Figure 1).• The GOsC draft Research Framework has a clear interrelationship between the GOsC Strategy and the current Business Plan (see Figure 2).• The Research Framework consists of four key areas: governance, current and future research, evaluation and dissemination (see Figure 3).• This paper aims to help the Committee and in due course Council to understand the way we have commissioned research in the past and intend to do so in the future, deliver our statutory obligations and inform and aid conversations about funding research, particularly above a certain financial threshold as required by the procurement requirements outlined in the Governance Handbook.• The draft Research Framework we are seeking feedback on is in Annex A.	

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05/11/2025 14:57:42

Introduction

Why a Research Framework is important in regulation?

- 1. A research framework is essential for regulators to ensure their decision-making is evidence-based, consistent, and adaptable to evolving challenges, thereby fostering clarity, trust, and effective regulation within a specific domain. By providing structure and highlighting relevant factors, a research framework allows regulators to collect and analyse data systematically, leading to more reliable findings and better-informed policy recommendations that protect the public and facilitate beneficial innovation.
- 2. There are seven key benefits of the GOsC adopting a Research Framework. Three of these benefits specifically relate to the GOsC overarching values and strategy, the other remaining four are around having a systematic, focussed approach to research that is responsive to a changing regulatory landscape. (see Table 1):

Table 1: Benefits of incorporating a Research Framework in regulation

Benefit	Reason
Evidence-Based Decision Making	Provides a structured way to collect and interpret data, ensuring regulatory decisions are grounded in evidence rather than assumptions
Promotes Transparency and Trust	A clear and consistent research framework enhances transparency in the regulatory process, building public and stakeholder confidence in regulatory bodies.
Facilitates Innovation	By building on existing evidence and providing a structured approach, regulators can better assess the potential impacts of new technologies, services, and business models, promoting safe and rapid adoption
Clarity and Focus	Helps clarify the scope of regulatory issues and align research methods with the overall objectives, providing clear direction for research and policy
Systematic Planning and Execution	Guides the systematic planning and execution of research, ensuring that all relevant factors and stakeholders are considered
Reliability and Validity of Findings	By structuring the research process, frameworks enhance the quality and reliability of the findings, leading to more robust and trustworthy recommendations

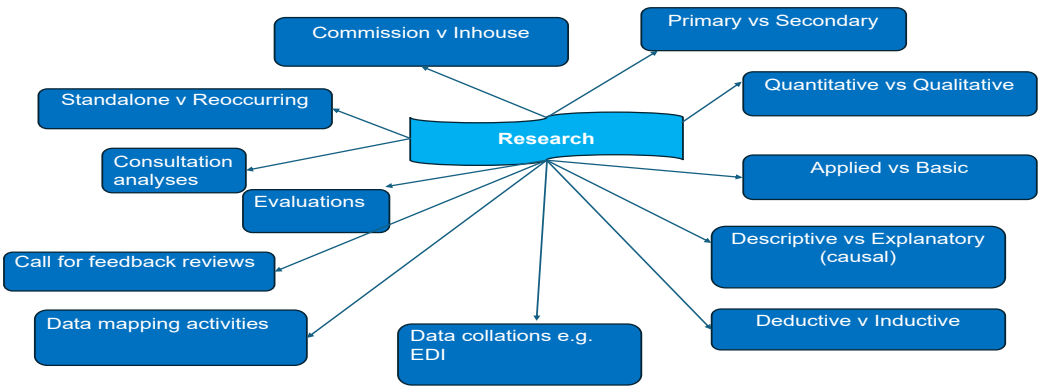
Coe, Lorna
05/11/2025 14:57:42

Benefit	Reason
Adaptability and Responsiveness	Designed to be flexible, allowing regulators to adapt to new challenges and incorporate evolving knowledge, ensuring the regulatory landscape remains relevant

Discussion

- 3. The GOsC draft Research Framework which we are seeking feedback on is set out in Annex A for comment.
- 4. When we talk about the term 'Research' in the context of this framework we have also explained all the research, data capture and insight work that we do as a regulator (see Figure 1).

Figure 1: What do we mean by 'research' in the context of the Research Framework?

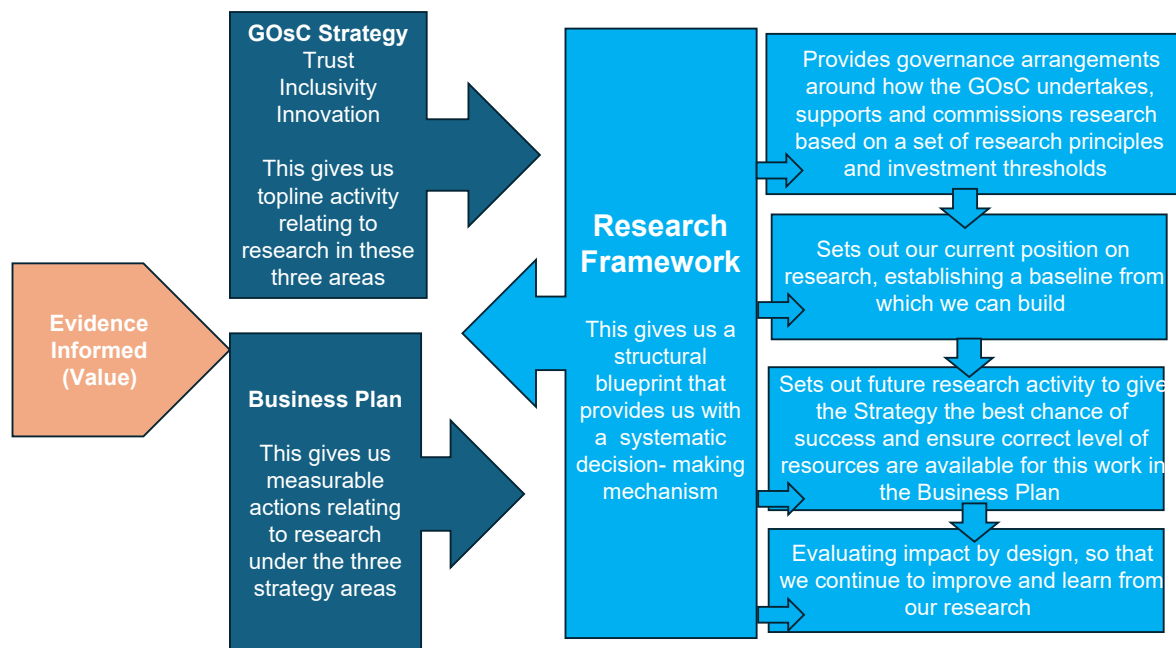


How does the Research Framework fit together?

- 5. This Research Framework intrinsically fits together to support the GOsC Strategy and the Business Plan with our research-based activity (see Figure 2).

Coe, Lorna
05/11/2025 14:57:42

Figure 2: Research Framework relationship with GOsC values, strategy and business plan

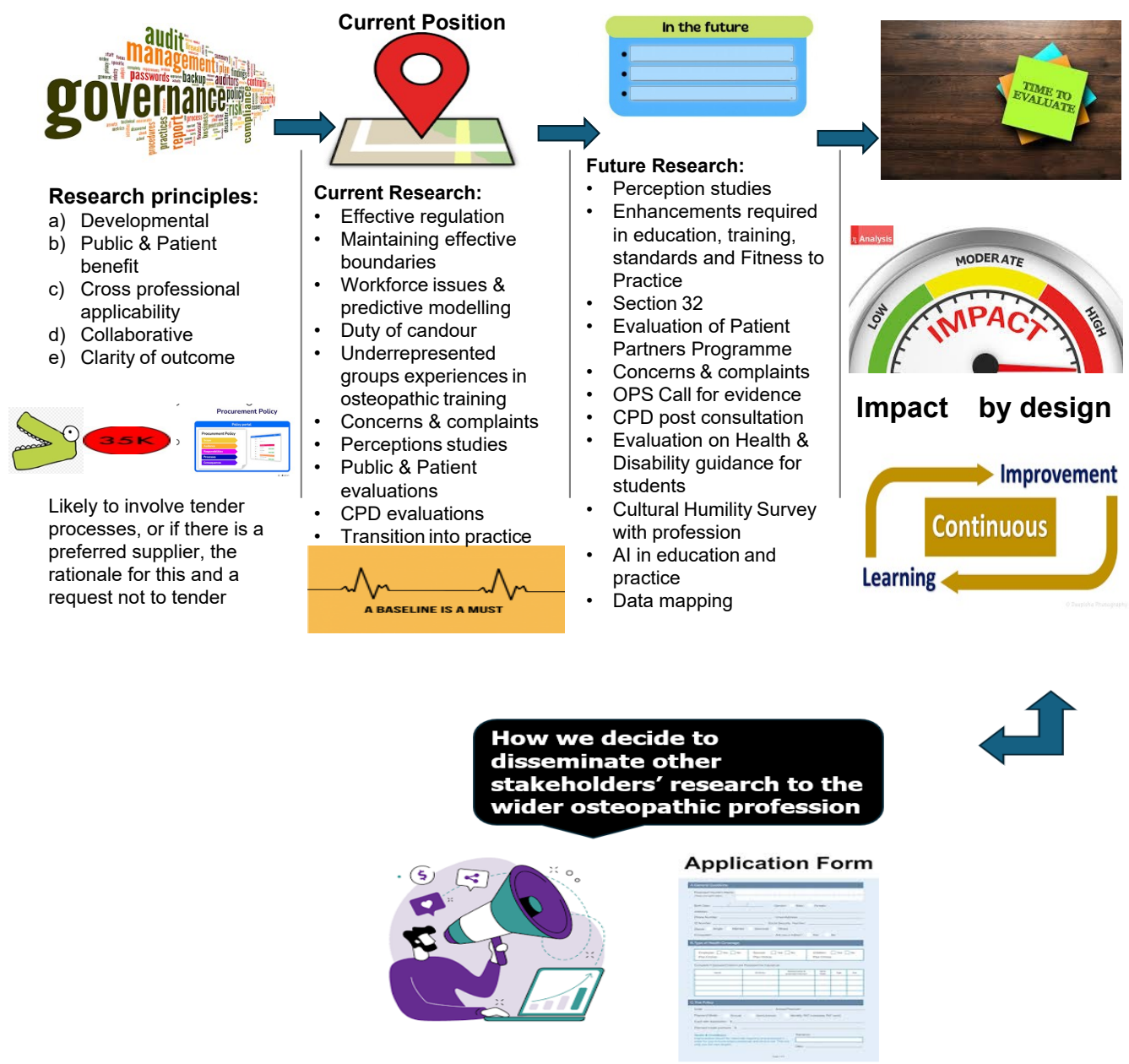


What does the Research Framework include?

6. The Research Framework contains the following key components, which are summarised in an infographic in Figure 3:

- Our governance around how research opportunities are identified and commissioned
- Our current position in relation to research
- Future research activities we anticipate happening
- How we evaluate research and bring learning back into the identification and commissioning of future research.
- How we make decisions on whether to disseminate other stakeholders' research out to the osteopathic profession

Figure 3: Infographic providing overview of Research Framework



Coe, Lorna
05/11/2025 14:57:42

PEC Response to Research Framework

7. The Research Strategy was presented at the Policy and Education Committee on 22 October. Feedback from the committee was positive. It was considered a good paper which set out both contextual and planned future research.
8. In discussion the following points were made:
9. While the impact evaluation model is well-described, it was felt that the framework would benefit from:
 - Specific, measurable success indicators or KPIs for each strategic priority area
 - Timeline milestones for anticipated research outcomes
 - Clear benchmarks for what constitute successful dissemination
 - More detail on how a research output will be evaluated as part of the tender process
10. It is intended that we will look to address these specific areas alongside our GOsC strategic priority areas activities and measures workstream
11. Some more wider process related points that were made included:
 - Many outputs seem to be report only (grey literature), which are great to inform GOsC work and decision-making but likely to not support other professions and future work. Therefore, it was thought important to consider peer-review publications from outsourced projects.
 - Consider refreshing consent for profession to participate in research activities on a regular basis and assess how well we are complying with that to fulfil GDPR requirements at each refresh stage.
 - A question was raised as to whether the funding criteria section sufficiently limits it to research in relation to the regulation of the profession, and whether it would be possible for the committee to stray from this when considering certain research projects over a certain financial threshold in line with the procurement handbook.

Executive view

12. Council should be assured with both the production of this framework and the way it fits together with the GOsC Strategy and Business Plan.

Recommendation:

To agree the Research Framework



**General
Osteopathic
Council**

Draft Research Framework 2025-30

Coe, Lorna
05/11/2025 14:57:42

Introduction

1. On 1 April 2024, the General Osteopathic Council (GOsC) published a new Strategy, through to 2030. The Strategy has three key priority areas being:
 - Strengthening trust
 - Championing inclusivity
 - Embracing innovation
2. The Strategy sets out key areas of work under each priority area and actions we need to take in order to progress the strategy. Research is a key thread which runs through the Strategy.
3. Therefore, to underpin our approach to strategic delivery, a Research Framework has been developed to describe the types of research activities GOsC may wish to undertake or support in order to progress and implement the Strategy.
4. This framework sets out:
 - Our governance around how research opportunities are identified and commissioned
 - Our current position in relation to research
 - Future research activities we anticipate happening
 - How we evaluate research and bring learning back into the identification and commissioning of future research.
 - How we make decisions on whether to disseminate other stakeholders' research out to the osteopathic profession

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.

Coe Lorna
05/11/2025 14:57:42

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.



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.

What do we mean by research?

Research is a systematic, purposeful, and creative inquiry that involves collecting and analysing data through carefully designed procedures to discover new facts, verify or refine existing knowledge, and achieve reliable solutions or interpretations through a planned, empirical, and critical examination.

Types of research can be broadly categorised by methodology (quantitative, qualitative, or mixed method approaches) or sources (primary or secondary). When we refer to research in this Framework, both commissioned and in-house research activities are included.

As an evidence-informed organisation, research underpins the work we do, to ensure that the best outcomes are reached. We also undertake work including data

insight and data capture activities that inform our policy work through evidence such as:

- a. Consultation data analyses
- b. Ongoing evaluations
- c. Call for feedback reviews
- d. Equality, Diversity, Inclusion and Belonging (EDIB) data collations
- e. Data mapping activities

Our governance around how research opportunities are identified and commissioned

Our governance: to ensure research helps with the delivery of our Strategy, there are governance arrangements which sit around how GOsC undertakes, supports and commissions research.

Research principles

5. The GOsC has a set of funding criteria for research proposals which need to be met before any commitment to externally commissioned research is considered. These are:

- a. **Developmental:** the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.
- b. **Public and patient benefit:** the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.
- c. **Cross-professional applicability:** the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
- d. **Collaboration:** initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
- e. **Clarity of outcome:** projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.

6. Proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which the lead osteopathic organisations will oversee

Coe, J. B. J. R. A.
05/11/2025 14:57:42

project management. An application for funding should identify the process by which any agency or other organisation will be selected.

Governance oversight

- 7. Research opportunities may be planned or may be opportunistic in nature. However, any research activity we commit to will help progress the work of the GOsC.
- 8. For research activities which require investment of funds over £35k, we will follow the procurement policy outlined in the Governance Handbook.
- 9. These proposals for research will be taken through the GOsC Governance structure with consideration normally, but not exclusively, by the Policy and Education Committee ahead of a recommendation to Council, who are the final decision makers. Such proposals are likely to involve tender processes, or if there is a preferred supplier, the rationale for this and a request not to tender.

NB: depending on the nature of the research it may be that the Audit Committee or the People Committee consider the research proposal instead of the Policy and Education Committee.

- 10. For research activities which do not reach the threshold for requiring the decision to be approved by the governance structure, we will follow the procurement policy which will allow sign-off at the Executive level.
- 11. Such proposals will still be reported to Council via our usual reporting mechanisms, including the Chief Executive and Registrar report and/or Business Plan monitoring report.

Our current position in relation to research

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

- 12. The annex to this Framework summarises our current position in relation to research activities and how they have informed our work. By articulating our current position, we will understand the base from which future research might be undertaken.

Coe, Lorna
05/11/2025 14:57:42

Future research activities we anticipate happening

Future activity: by describing the future research activity we wish to undertake we give the delivery of our Strategy the best possible chance of success whilst ensuring we have the right level of resources allocated for this work.

13.The annex to the Framework articulates the future research activity we wish to undertake against the three key strategic priorities.

How we evaluate research

Evaluation: so that we always improve on how we undertake, support or commission research, we will evaluate the success of the research and draw out learnings.

14.The annex to the Framework describes the process by which we evaluate the research that we have undertaken, supported or commissioned and how we learn from that research, so we are better in the future.

Coe, Lorna
05/11/2025 14:57:42

Annex to framework:

Our current position in relation to research

Type of research activity

This annex provides a description of research activity and, if relevant, why undertaken by that organisation/person/body:

Key independent pieces of research that have been commissioned by the GOsC

- **Warwick Business School (2015 and 2020)** – We commissioned McGivern and colleagues to better understand the most effective ways for a regulator to influence practice in accordance with standards, maintain and enhance the quality of care and patient safety, and provide assurance of continuing fitness to practise. McGivern and colleagues undertook this work for us after a selection process.

Reports:

A collaborative study – Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice (2015):

<https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

Osteopathic Regulation Survey (2020) <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/2020-osteopathic-regulation-survey/>

- **Julie Stone Consultancy (2016, 2022)** - We are continually interested to explore how we might support and enhance good practice in creating and maintaining effective boundaries between healthcare practitioner and patients, as an inherent part of professionalism in healthcare. Thematic analyses of boundaries education and training within the UK's osteopathic educational providers was commissioned in 2016 and an update in 2022. Julie Stone undertook this work for us as she had done similar work with the PSA and had experience and a connection in that respect.

Report: <https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/>

- **University of Huddersfield (2017)** – We commissioned Dr Michael Concannon and Samuel Lidgley to undertake a literature review on communication of touch in manual therapy, that looked at how touch is communicated in the context of manual therapy and supported the work we are doing to reduce concerns about issues related to maintaining effective boundaries and communication and consent. This research was commissioned alongside the General Chiropractic

Coe, Lorna
05/11/2025 14:07:42

Annex A to 12

Council and the University of Huddersfield undertook this work for us, after selection process.

Report: <https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/>

- **Middlesex University (2023)** - We commissioned researchers at Middlesex University to take an independent look at our key registration trends to enrich our understanding of the current patterns within the osteopathic sector in terms of student numbers entering on to osteopathy courses and the numbers of osteopaths joining and leaving the GOsC register. This also included predictive modelling of the osteopathic profession based on secondary source data that the GOsC holds to find out what the osteopathic profession might look like in 3-5 years' time. Middlesex University undertook this work as we required specialist expertise in predictive modelling which is primarily not used within the sector

Reports:

Tracking the profession report: <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/tracking-the-osteopathic-profession-2009-2023-key-registration/>

Predictive modelling report: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/report-2-predictive-modelling-report-by-middlesex-university/?preview=true>

- **Community Research (2023)** - Osteopaths are required to be open and honest if things go wrong. This is known as the duty of candour and is set out in Standard D3 of the Osteopathic practice standards. GOsC aims to support osteopaths to carry out this duty. To help us do this, we commissioned research with the General Chiropractic Council (GCC) to better understand public perceptions of the duty and how it should be implemented in osteopathy. Community Research were chosen to undertake this work, due to their experience of bringing out 'voices' in their research work. We did not commit funds to this project, but instead, we committed expertise in the form of case studies.

Report: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/duty-of-candour-report-2024/>

- **UCO (now known as HSU (2024))** - We contributed to the funding of the UrGEnT (Underrepresented Groups' Experiences in osteopathic Training) project alongside the Institute for Osteopathy (iO) and the Osteopathic Foundation. This project aimed to assess the cultural humility of osteopathic students and explore the training experiences of those from underrepresented groups. The overarching goal was to understand how to improve the training and support for osteopathic students from diverse backgrounds.

Report: <https://www.hsu.ac.uk/urgent-project/#summaries-and-conclusion>

Coe, Lorna
05/11/2025 14:57

- **Open University Full-Time PhD Studentship (2024)** – Fiona Browne, Director of Education & Standards is on the supervisory team, as the industry specialist for a PhD student at the Open University alongside Professor Louise Wallace and Professor Gemma Ryan-Blackwell of the Open University. The PhD student is currently at literature review stage and currently the literature review question being explored is "What is known about how Osteopaths, Chiropractors and Physiotherapists manage professional boundaries within the therapeutic relationship?". The expected delivery date for this doctoral research is 2028 -29 as it is being undertaken on a part time basis. A literature review which includes interesting theories of boundaries and potentially a language to use when thinking about boundaries from the project has been accepted for presentation at the Professional Standards Authority Research Conference in October 2025 and the Institute of Osteopathy Convention in November 2025.
- **NCOR workforce related research projects (2025)** – We have commissioned NCOR to undertake three projects which build on the findings from the Middlesex University research report. NCOR is undertaking this work due to specialist profession-based knowledge and insight. These include:
 - Student enablers and barriers to studying or completing an osteopathy course (Summer 2025)
 - Qualitative explorations of GOsC register leaver reasons (Winter 2025)
 - Evaluation of GOsC Register resignations (Winter 2025)

Recurring independent pieces of research that the GOsC commissions on a regular basis:

- **NCOR Concerns and complaints (2013 – to date)** - The GOsC, the Institute of Osteopathy and the providers of osteopathic indemnity insurance have been undertaking a collaborative data collection initiative since 2013, with the aim of better understanding the nature and frequency of concerns raised about osteopaths and osteopathic services. The participating organisations have developed a common system for classifying concerns and apply this classification routinely in their case management. The organisations' aggregate figures are pooled annually and independently analysed by the National Council for Osteopathic Research. Data collected under this initiative are being used to inform osteopathic education and training, and to shape targeted information and guidance for osteopaths, patients and educators. NCOR periodically undertakes this research for us, as they are independent to all the other data contributors but also have specialist knowledge about the profession.

Report: <https://www.osteopathy.org.uk/news-and-resources/research-surveys/the-national-council-for-osteopathic-research/>

- **Patient/ public perceptions (2014, 2018 and 2023)** – We commissioned YouGov to explore public confidence in healthcare professionals and the experience of patients when visiting an osteopath. The research aims to provide

Coe, Lorna
05/11/2025 14:11:11

Annex A to 12

an understanding and track changes in public and patient perceptions of osteopathic care and regulation over time. YouGov undertook this work after selection process.

Report: <https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/public-and-patient-perceptions/>

- **Registrant's and student's perception study (2024)** - We commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as the regulator for osteopathy. We wanted to know the extent to which the profession understands our role, and how they think we are performing as the regulator, to identify where we need to focus our resources, and where we need to make changes. We are likely to recommission at some point in time to assess whether perceptions have changed over time. DJS undertook this work for us after selection process. Future work will involve some pulse testing of key questions and then complete rerun of perceptions survey in due course

Report: <https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/the-professions-perceptions-of-gosc/>

In-house research that GOsC undertakes, because of staff research expertise:

- **CPD Evaluation surveys (2016 – to date)** – We undertake this work periodically to assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and to see whether osteopaths are engaging with the scheme and using the Osteopathic Practice Standards (OPS), getting support from colleagues as part of the CPD scheme and creating networks of support and building a professional community. It is also so as to examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.

Report: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/cpd-evaluation-survey-report-2024/>

- **Public and patient engagement in osteopathic education (2018- 2023)**
– Due to the strong evidence demonstrating the many benefits of involving patients, in 2018 the GOsC committed to working with osteopathic education providers to support the further development of patient involvement in education and training and between 2019 and 2023, the GOsC undertook a thematic review to explore the roles patients play in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.

Coe, Lorna
05/11/2025 14:57:42

Annex A to 12

Report: <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/a-thematic-review-of-patient-engagement-in-osteopathic/>

- **Evaluation of GOsC Patient Involvement Forum (2023)** - In 2020, we developed our Patient Involvement Forum to improve the way that we engaged with patients and to make the patient voice central to our work. The forum is made up of patients from all across the UK who are helping to inform and enhance our work. In 2023, we surveyed forum members to understand their experience and the impact it has had for them. We then reflected on how we use the forum internally and evaluated its contribution to our work.

Report: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/evaluation-of-gosc-patient-involvement-forum/>

- **Transition into Practice (2024)** – This research was undertaken because there is limited information about how best to support newly qualified health professionals training and working in the independent health sector. The purpose of this research was to better articulate the features that need to be in place for a successful transition into practice and to stimulate discussion in the osteopathic sector about how best to implement those features in the sectors where osteopaths work to enhance the experience of newly qualified osteopaths and to ensure patient safety. These research findings have led to commissioning engagement activity through independent facilitator workshop(s)

Report: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-june-2024-public-item-3a-annex-a-transition-into-practice/>

Future research we anticipate happening

Strengthening trust

- Commissioning and publishing research to help us better understand the impact of regulation on trust via ongoing DJS perceptions work. (Direct from the published Strategy)
- Undertaking and assessing the results of regular osteopath, stakeholder and public/ patient surveys so we can measure the impact of our activities over time and take appropriate action via ongoing DJS perceptions work. (Direct from the published Strategy)

• Section 32 consultation analysis (June 2025)

- Ongoing evaluation of Patient Partners Programme (Post Oct 2025)

Coe, Lorna
05/11/2025 14:56:42

- Publish NCOR Concerns and Complaints report (Feb 2026)
- OPS Call for Feedback Survey (ongoing analysis of standards and ethical queries will also help inform this) (June- Mar 2026)

Championing inclusivity

- Increasing the quality of equality monitoring data held across the organisation and taking appropriate actions as a result. ([Direct from the published Strategy](#))
- 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. ([Direct from published 2025-26 Business Plan](#))
- Publish EDIB information, throughout the year, including but not limited to:
 - Registration renewal
 - Governance and appointments
 - Fitness to practise - registrants and complainants
 - Policy development and consultations.
- 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).
- Ongoing support and resources for implementation of EDIB and layered CPD approach based on CPD consultation findings (Post June 2025).
- Collect data on awareness and use of health and disability guidance for students and publish evaluation of implementation of this guidance (March 2026).
- Begin initial discussions with NCOR about conducting a cultural humility survey with the profession

Embracing innovation

- Commissioning research to enhance the development of our work in education and training, standards and fitness to practise. ([Direct from the published Strategy](#))
- Review the impact of changes in the delivery of healthcare 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. ([Direct from published 2025-26 Business Plan](#))

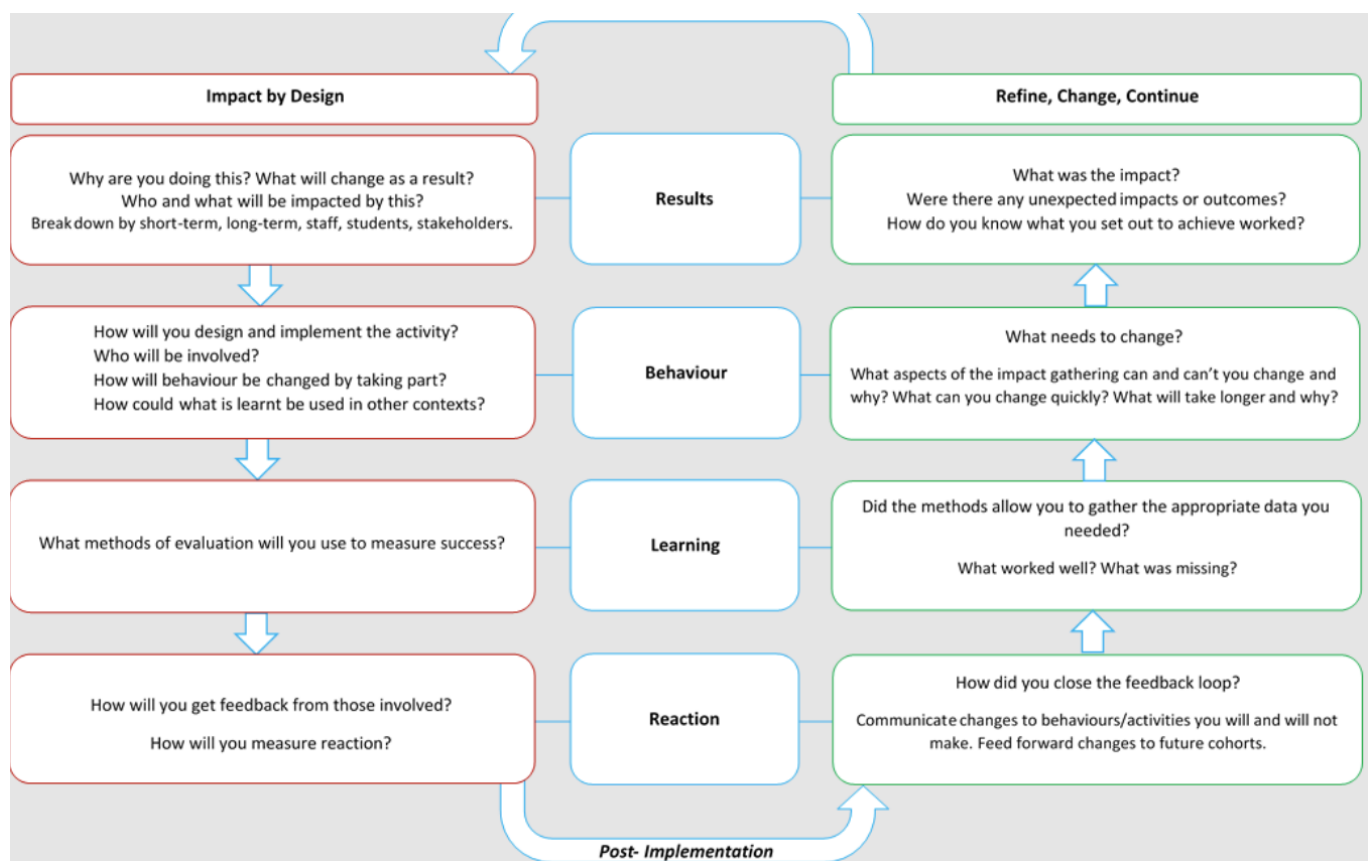
Coe, Lorna
05/11/2025 14:07:42

Annex A to 12

- Implement more streamlined approach to data mapping, collection, insight and analysis and actions. (Direct from published 2025-26 Business Plan)
- Analysis of feedback on use of AI and agreement to statement about expectations and use of AI in education and practice (if possible, in collaboration with health professional regulators). (June 2025)
- Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice. (July 2025)
- Collate comprehensive data map across organisation and update privacy policy and collection notices. (May 2025)

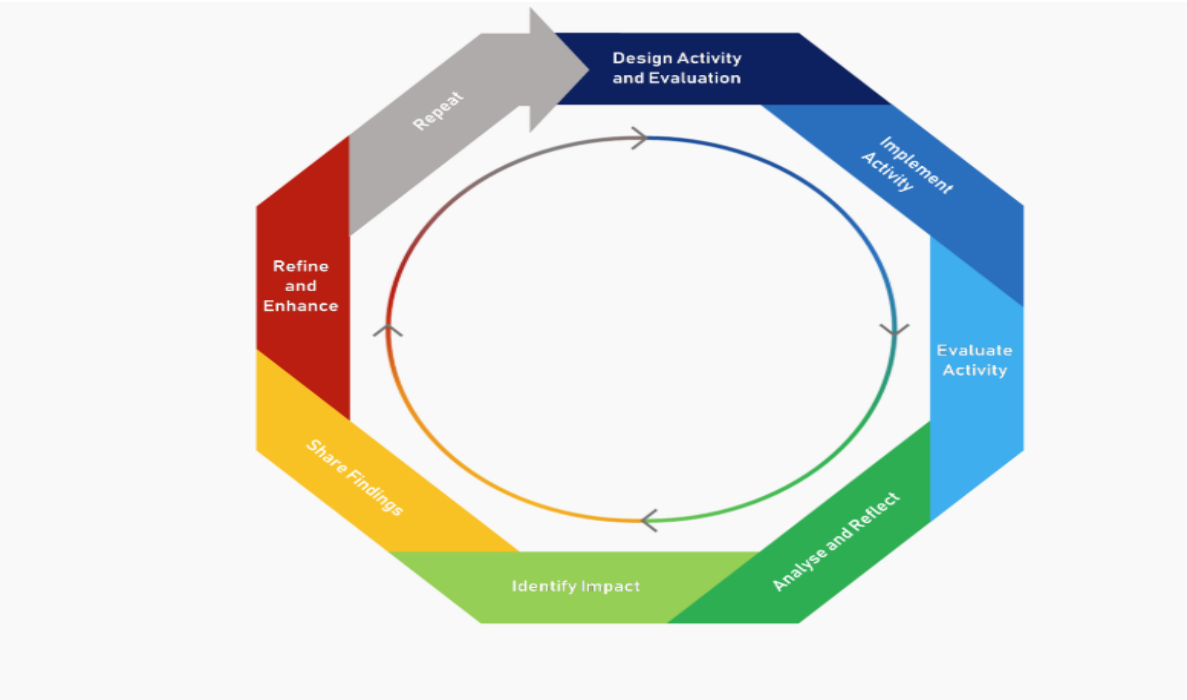
How we evaluate research and bring learning back into the identification and commissioning of future research.

- Our approach to evaluating research is to use an impact by design model, so that assessing impact of what we do is there from the outset:



Source: University of Reading and informed by Kirkpatrick model of evaluation, 1998

- This impact by design is then achieved by a cyclical approach of evaluation and impact:



How we decide to disseminate other stakeholders’ research project requests to the wider osteopathic profession

As we are the only body to hold all contact details for all registered osteopaths, we regularly receive requests from students and organisations to disseminate surveys to the profession. The GOsC research project dissemination application form. This form is to be completed by any stakeholder or individual that makes a request for information about their research to be sent out to the wider osteopathic profession for participation. This is intended to give us a set of consistent criteria for assessing whether dissemination to the profession is appropriate, transparent and fair.

1. Project title:	
2. Lead researcher(s):	
3. Institution:	
4. Ethical approval:	<input type="checkbox"/> Received <input type="checkbox"/> Pending <input type="checkbox"/> Not Required If received, provide approval number:
5. Project type:	<input type="checkbox"/> Postgraduate <input type="checkbox"/> Funded Research <input type="checkbox"/> Other:
6. Research focus:	<input type="checkbox"/> Osteopathy <input type="checkbox"/> Patient Care <input type="checkbox"/> Healthcare Regulation <input type="checkbox"/> Other:
7. Relevance to UK osteopathic practice:	
8. Methodology summary:	
9. Participant information:	Time commitment:
	Recruitment process:

Coe
05/11/2025 14:57:42

Annex A to 12

10. Data handling procedures:	
11. Funding source(s):	
12. Conflicts of interest:	
13. Proposed timeframe:	Start Date: End Date:
14. How does this project align with GOsC's regulatory objectives?	

Declaration:

I confirm that all information provided is accurate and complete.

Signature: _____ Date: _____

Coe, Lorna
05/11/2025 14:57:42

Council
19 November 2025
CEN Standard - Osteopathy

Classification	Public
Action	For noting
Purpose of the paper	To update Council on the planned revision of the CEN standard for osteopathy.
Strategic Priority implications	This activity meets all three strategic objectives of trust, inclusivity and innovation.
Standards of Good Regulation implications	The CEN standards influences the quality of regulation/education in Europe and so while there is no standard directly related to this activity, ensuring internationally qualified applicants are eligible to join the Register is covered under PSA registration standards.
Communications implications	Work on CEN would involve UK osteopathic partner organisations including iO and NCOR amongst others.
Financial, resourcing and risk implications	We are exploring what costs, including staff time, might be involved in the CEN revision which would be factored into future business plans and budgets.
Patient perspectives	Patients can be assured that any revision to the CEN standards will not affect national laws/regulations, therefore, UK standards are not compromised by this work.
Diversity implications	The revised CEN standard will take account of diversity implications.
Welsh language implications	None arising from this paper.
Annex(es)	None
Author	Matthew Redford
Background reading	Not applicable for this paper.



Recommendation(s)	To note the planned CEN revision will need involvement from the GOSc.
Key messages <ul style="list-style-type: none">• CEN standards are voluntary European Standards developed by the European Committee for Standardization (CEN). There is a CEN standard for osteopathy which is due to be revised.• GOSc has an interest in the revised CEN standard even though it would not replace national laws/regulation.• The process for revising the CEN standard involves the establishment of a national mirror committee.• We are likely to have a key role on this committee which aligns with our organisational values to collaborate and influence.	

Coe, Lorna
05/11/2025 14:57:42

Introduction

1. CEN standards are voluntary European Standards developed by the [European Committee for Standardization \(CEN\)](#) to create a common technical framework for products, services, and processes across Europe. They are created by national standardisation bodies to support the European internal market by removing trade barriers, ensuring quality, and fostering economic growth.
2. The osteopathy CEN standard is EN 16686:2015, 'Osteopathic healthcare provision', a European standard for the quality of osteopathic care.
3. It was developed by the European Committee for Standardisation (CEN), the European Federation of Osteopaths (EFO), and the Forum for Osteopathic Regulation in Europe (FORE)¹ to provide a benchmark for high-quality clinical practice, education, safety, and ethics across Europe. This standard establishes common criteria for osteopathic practice and education but does not replace national laws where they already exist.
4. CEN standards should be reviewed at least every five years. The most recent review of the Osteopathy CEN standard was delayed due to the covid pandemic. Revision to the CEN standard is due to officially commence in 2027 and will likely take 20-30 months to conclude. Planning in 2026 will be necessary including contact with the UK national standards body, the British Standards Institute.

Discussion

5. Within the UK, it remains the General Osteopathic Council (GOsC) which sets the Graduate Outcomes and Standards for Education and Training (2022). Although not bound by the CEN standard much of what is included in the standard is reflected in UK osteopathic education and training.
6. The CEN standard has value for providing a benchmarking tool in countries where there is limited or no osteopathic regulation to ensure standards of osteopathic practice and patient care are maintained to align consistent practice across Europe which benefits both the osteopathic profession and patients. It has also supported regulation being implemented in a number of European countries again strengthening the protections for patients and for the osteopathic profession.
7. While any change to the CEN standard would not replace our national laws, we have an interest in how the standard is revised and ensuring that it is outcome focused and reflective of current practice. Influencing the shape of the future CEN standard is relevant to future UK qualified applicants who may wish to

¹The EFO and FORE merged in 2018 to form the European Federation and Forum for Osteopathy (EFO). The EFO is now known as Osteopathy Europe, a professional body that represents osteopaths and osteopathic institutions working to promote high standards and public recognition of the profession.

move and work in Europe where the CEN standard or regulatory frameworks built around the CEN standards are more prominent and vice versa.

8. Involvement in the revision of the CEN standard would be aligned with our organisational values and specifically those of collaboration and influence.
9. The process of revising the standard involves the establishment of a CEN standard mirror committee. A mirror committee is a national committee that mirrors the work of a European standardisation committee. It allows national interested parties to discuss draft European standards and to formulate a national position. The mirror committee then communicates this consensus back to the European level - i.e. through Osteopathy Europe discussions.
10. From the UK perspective, a mirror committee would likely consist of the GOsC, the Institute of Osteopathy and the National Council of Osteopathic Research. The mirror committee may also wish to consult appropriate bodies to inform thinking such as the Council of Osteopathic Education Institutions and relevant post-graduate education providers.
11. We are exploring what costs, including staff time, might be involved in the CEN revision which would be factored into future business plans and budgets.

Executive view

12. It is sensible that we begin discussions within GOsC and with interested parties about revision of the CEN standard for the benefit of the profession and patients and this is consistent with our public protection, regulation and development role as outlined in the Osteopaths Act 1993. This will involve planning meetings in 2026 ahead of work officially commencing in 2027 and we will capture this within future business plans presented to Council.

Recommendation

To note the planned CEN revision will need involvement from the GOsC.

Coe, Lorna
05/11/2025 14:57:42