

# eral Osteopathic Council – Annual Report and Accounts 1 05-06

# Reports Legal and administrative information Report of the Council 18 Independent auditors' report Accounts Income and expenditure account 22 Balance sheet 23 Cash flow statement 24 Principal accounting policies 26 Notes to the accounts 27





Mr Nigel Clarke Chairman



Miss Madeleine Craggs Chief Executive and Registrar



Mr John Chuter OBE Treasurer

# **Current Committee Membership**

(see key to abbreviations on page 3)

Patron	HRH The Prince of Wales KG KT GCB	
Chairman	Mr Nigel Clarke BA (Hons)	e, f&gp, r
Treasurer	Mr John Chuter OBE	f&gp, i, r
Members appointed by	Mrs Fionnuala Cook OBE	i, p&e, s32
Privy Council	Professor Adrian Eddleston DM FRCP	a, h
	Professor Ian Hughes PhD MILTHE	e, h
	Miss Anne Jones BA (Hons)	f&gp, pc, r, s32
	Mr Andrew Popat CBE	e, pc
	Mr Paul Sommerfeld MA	c, i
Osteopathic Members	Mr Martin Booth DO	i, p&e
	(elected 9 May 2006)	
	Mr Robert Burge ADO DO	f&gp, i, r, s32
	(re-elected 9 May 2006)	
	Ms Claire Cheetham BSc (Hons) Ost Med DO	i, p&e, s32
	(elected 9 May 2006)	
	Miss Kathryn de Fleury BSc (Hons)	
	(retired 8 May 2006)	
	Mrs Catherine Hamilton-Plant DO	c, i, p&e
	(re-elected 9 May 2006)	
	Mrs Jane Langer DO	
	(retired 8 May 2006)	
	Mr Tim McClune DO	c, e, pc
	(elected 9 May 2006)	
	Mr Bryan McIlwraith BSc (Hons) Ost Med DO	c, e, h
	(elected 9 May 2006)	

# Legal and administrative information

Osteopathic Members	Mr Brian McKenna DO	
(continued)	(retired 8 May 2006)	
	Mrs Rachel Pointon BA (Hons) DO	c, f&gp, i, r
	(re-elected 9 May 2006)	
	Mr Robin Shepherd DO	a, c, i
	(re-elected 9 May 2006)	
	Mrs Rosalind Stuart-Menteth DO	e, pc, s32
	(re-elected 9 May 2006)	
	Mr Ian Swash MSc DO DipEd FRSH	
	(retired 8 May 2006)	
	Miss Fiona Walsh DO	a, e, pc
	(re-elected 9 May 2006)	
	Mr John Wilden DO	e, h
	(elected 9 May 2006)	
	Mr Nicholas Woodhead DO	
	(retired 8 May 2006)	
	Dr Leslie Wootton MRCS LRCP DO	e, pc, s32
	(re-elected 9 May 2006)	
Education Members	Dr Stephen Barasi PhD MHEA	c, e, pc
	Mr Manoj Mehta BSc (Hons) Ost Med DO	e, pc
	Ms Margaret WolffBA (Hons) PGCE ILTM	e, f&gp, pc, r
Secretary of State Appointee	Professor Trudie Roberts BSc (Hons) MB ChB PhD FRCP	e, h
Co-opted Members	Ms Jillian Alderwick	h
	Ms Victoria Baron	pc
	Mr Martin Booth	i
	(until his election on 9 May 2006)	
	Dr Kathryn Boursicot BSc MBBS MAHPE MRCOG	e
	Mr Michael Boyall	pc
	Mr Gavin Burt	c
	(appointed March 2006)	
	Mr John Cadywould	h
	Mr Paul Cairns	i
	Mr Paul Coleman	r
	Mr John Dennison	a
	Mr Simon Fielding	
	Mr David Hamilton-Rump	i
	Miss Jane Hern	a
	(appointed November 2005)	

Osteopathic Members	Mr David Higham	p&e	
(continued)	Mr John Hodgson	e	
	Ms Tracey Huckfield	pc	
	Mr Robin Lansman	С	
	(appointed March 2006)		
	Mrs Mary Lawrence	a	
	(resigned July 2005)		
	Mr Christopher Liffen	h	
	Mr Michael O'Neill	a	
	Mr Martin Pendry	c	
	(appointment ended September 2005)		
	Mr Jonathan Poston	h	
	Mr Anthony Pusey	p&e	
	Mrs Nicola Renken	i	
	Mr David Rodway	c	
	(appointment ended September 2005)		
	Mr Graham Sharman	рс	
	Mr William Thomas	p&e	
	Dr Andrew Thompson PhD	e	
	Ms Linda Wallace	i	
	Mr Robert Wadsworth	p&e	
	Mr David Wilson	i	
	Mrs Judith Worthington	i	
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### Abbreviations Statutory Committees:

e – Education Committeeh – Health Committeei – Investigating Committee

pc – Professional Conduct Committee

### **Non-Statutory Committees:**

a – Audit Committee

c – Communications Committee f&gp – Finance & General Purposes Committee and its subcommittee

r – Remuneration

 $p\&e \quad - \ Practice \ and \ Ethics \ Committee$ 

s32 - Section 32 Committee







**Chief Executive** and Registrar

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**Auditors** Buzzacott

Chartered Accountants and Registered Auditors

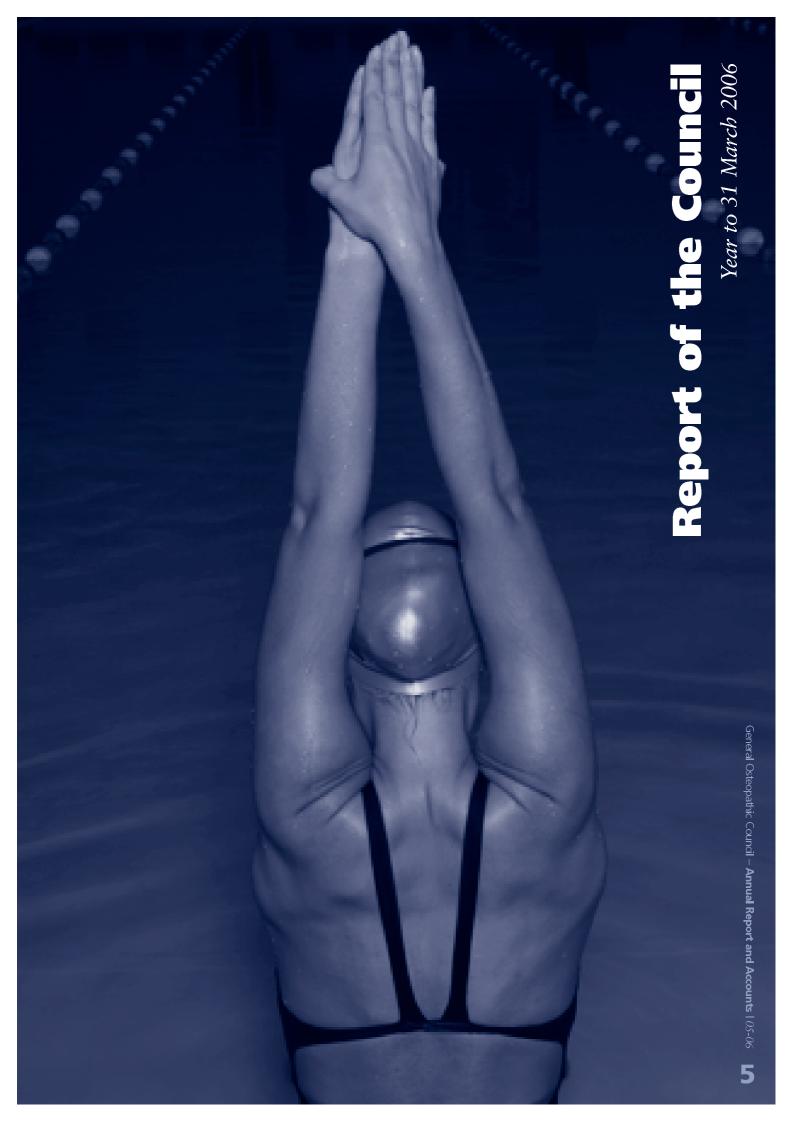
12 New Fetter Lane

London EC4A 1AG

Bankers The Royal Bank of Scotland plc

28 Cavendish Square

London W1M 0DB



# Year to 31 March 2006 Report of the Coun



# The Council Members present their report together with the accounts of the General Osteopathic Council for the year ended 31 March 2006.

The accounts have been prepared in accordance with the accounting policies set out on page 26 of the attached accounts and comply with the requirements of the Osteopaths Act 1993.

# General Osteopathic Council – Annual Report and Accounts 1 05-06

### Principal aims and objectives

The General Osteopathic Council (GOsC) was set up under the Osteopaths Act 1993 (the Act) to be the regulatory body for the profession of osteopathy. The Act also tasks Council with "making provision as to the registration of osteopaths and as to their professional education and conduct; to make provision in connection with the development and promotion of the profession; and for connected purposes".

All healthcare professionals practising under the title "osteopath" have either graduated from an accædited course of training (post 9 May 2000) or been individually revalidated. Continuing Professional Development (CPD) will be mandatory and osteopaths must complete the required hours each year (30) to retain their registration. Additionally, they must remain of good character and of good health and be a p propriately insured to practise. Council's aim is to ensure that patients are protected by, and informed about, the safe and competent practice of osteopathy.



### Governance

Building on its now very strong foundation, Council continued to enhance its corporate governance activity this year, reviewing those strategic matters which are its business, and confirming the activities devolved to management. An internal "health check" of work processes and policies keeps the organisation on track. This review document assesses the strengths and weaknesses of Council work practices, enabling corrective action if necessary and the transfer across functions of good practice. We can confidently report that integrated governance framework, beyond financial matters, underpins the work of Council.

As the financial year drew to its close, an election for the Osteopathic Members of Council was held. The process was carried out by Electoral Reform Services on Council's behalf. Of the twelve osteopathic positions, five existing Members, having completed their terms of office, chose to stand down and the remaining seven were re-elected, demonstrating the confidence the profession has in the present Council. Nonetheless, Council welcomes the input of the new Members, particularly in this changing and challenging environment. Members are encouraged to embrace the principles of good governance from the moment of appointment. All partake in a day's induction at the Council offices and, if possible, attend a Council meeting prior to taking up their appointments. All sign a Code of Conduct and can be sanctioned if found to be in breach of these conditions of office.

In conjunction with these developments, a system of board appraisal that complements the *Nolan Principles* of *Standards in Public Life* was introduced. The self-assessment document challenges Members to review their contribution to effective governance, strategic leadership and board relationships. Each Member then discusses this reflection with the Chairman of Council. Committee Chairmen appraise the co-opted members of their respective committees in the same way.

Risk Management, as an integral component of governance, also plays a foundation role within Council activities: a "high level" Risk Register was adopted in the summer of 2005. The consequent "lower level" risks are also documented, and managed by the Senior Management Team. Their participation in various interregulatory working groups, including one on risk management, provides the opportunity to discuss and identify the wider risks to the healthcare regulatory field.

The Audit Committee (AC) completed its first full year of operation and established its modus operandi. It is the committee which now scrutinises the post-audit management letter and ensures that any observations and recommendations from the auditors are either justified or implemented. A review of Council's existing standing orders will form a substantial proportion of the

Good Governance Handbook currently under development in the AC. Council plans to adopt this handbook in the summer of 2006. In developing its role further, the AC also considered an internal audit operation that would focus on the efficiency, effectiveness and value for money of Council processes. Because of the uncertainty surrounding the Foster Review, the AC did not believe it should commence this major work activity until the outcomes of the Review were known.

### **Activities**

In pursuance of our remit to protect the public and maintain the reputation of the profession, the core activities of the Council, as given above, are divided for ease of management into the functions of Secretariat (encompassing all Council and Committee activity, Finance, Management Information Systems (MIS) and Facilities), Registration, Legal Affairs (including Fitness to Practise), Development (formerly known as Education) and Communications. Council deems close working between the Council Committees themselves and the supporting departments as essential to manage the overlap in activities between these functions.

Inclusion of the GOsC as one of the nine healthcare regulators overseen by the Council for Healthcare Regulatory Excellence (CHRE) is a positive indication of the standing of the profession, which continues to increase in respect, year on year. The existence of CHRE has added another dimension to the work and activity of the GOsC, as CHRE seeks to promote excellence and consistency between the regulators. Council Members and staff now network even more constructively with other healthcare regulators to ensure best practice in their operation, which is subject to an annual performance review by CHRE. The GOsC is often cited for its forward-thinking activities and is encouraged when others follow our lead. This year it was the Fitness to Practise films used to highlight patient management issues (see Fitness to Practise Report page 9), which were well received and highly commended by CHRE and other healthcare regulators. The outcome of the GOsC Review held in January 2006 can be found on the CHRE website - www.chre.org.uk.

### Overview of the year

This is the ninth Report of the Council and, as the reports serve as an historical record, it is presented in a similar format to the others. The next Report marking our tenth year of operation will see a distinct change of style, as is appropriate.

The uncertainty over the outcome of the Govemment's review of the regulation of non-medical healthcare professions (the Foster Review), and the potential recommendations, has made this a challenging year for the Council. Resources and energies have been utilised to the full, in an attempt to counter a proposal that the GOsC should lose its independent status, possibly resulting in less input to the control and maintenance of standards. We believe that this could have an adverse impact on patient safety.

The Council decided that, in addition to alerting Members of Parliament and soliciting meetings with Ministers and policy makers, it was important to know that the profession would support Council's proposed stance. This necessitated a massive communication effort involving written and electronic messages and meetings, and the response was overwhelmingly in favour of maintaining statutory regulation through a sole independent body – capable of understanding the merits of osteopathic input.

In spite of the element of "planning blight" and the distraction introduced by the Foster Review, we remained on course and in the financial year 2005–2006 met our objectives. The launch of the Code of Practice in May 2005, and the ongoing review of the governing legislation, engaged the profession across nine lively regional conferences. The "Steer Clear of Back Pain" campaign, run in conjunction with, and financially supported by, the Health & Safety Executive, helped further to raise the profile of the profession. Maintenance of standards was also prominent in the year, with the review and monitoring of new and existing Recognised Qualifications (RQs). Departmental reports give more detail on these and other activities surrounding the delivery of Council's strategic objectives.

General Osteopathic Council – Annual Report and Accounts 1 05-06

One further activity of note has been Council's leadership in the European arena, in the interests of patient safety. We have established a Forum for Osteopathic Regulation in Europe, named FORE (www.forewards.eu) to work towards common standards of training and conduct a cross Europe. For more detail, see page 12 and 14.



# Legal Affairs (including Fitness to Practise)

### **Fitness to Practise**

An initiative to help complainants further, for example, by providing expert assistance in drafting complaint statements, has worked well. Osteopaths who are the subject of a complaint receive, at the earliest opportunity, a clear and unambiguous statement of the case they have to answer. This contributes to fairness and efficiency in the complaints-handling process.

The Professional Conduct Committee (PCC) considered proposals to make conduct hearings more efficient and approved the use of skeleton arguments and case statements, which means that each party will clearly outline their case in advance of the hearing. These proposals are yet to be implemented, but it is expected that they will make the relevant issues in each case clearer for those involved. The PCC disapproves of written

witness statements standing as witnesses' primary evidence (known as "evidence in chief"), as the PCC finds that it gains a better understanding of the issues when it hears directly from each witness.

Instructing barristers instead of solicitors to present fitness to practise cases on behalf of the Council has resulted in significant financial savings. As a consequence, GOsC staff now undertake the additional work of acting as intermediaries, and the new lawyers have to learn about the rather esoteric nature of osteopathic practice. A comfortable equilibrium is expected to develop with time.

The Council received 37 formal complaints, and referred 14 to the PCC (seven more than last year) and one to the Health Committee (HC). In 2005–06, the PCC considered 11 cases and found: six of unacceptable professional conduct; one of professional incompetence; one of both unacceptable professional conduct and professional incompetence; one relating to a UK criminal conviction, and in the other two no case was found. In the two cases of incompetence, conditions of practice orders were imposed; the other seven cases resulted in admonishments. At the end of the financial year, the GOsC received notice that an osteopath had applied to the High Court for leave to appeal the terms of one of the conditions of practice orders.

The Investigating Committee (IC) and PCC ordered the Registrar to suspend one osteopath's registration on an interim basis whilst an investigation was conducted, to provide immediate protection of the public.

The HC did not consider any new cases, as in the single case referred to it the osteopath removed himself from the GOsC's jurisdiction prior to the hearing, by resigning from the Register.

The Council for Healthcare Regulatory Excellence (CHRE) may appeal to the High Court if it is of the view that a decision made by the PCC was "unduly lenient". CHRE did not appeal any of the decisions reached by the PCC during this financial year.

General Osteopathic Council – Annual Report and Accounts | 05-06

Council's third and fourth private criminal prosecutions, for breaches of the protected title "osteopath" pursuant to s.32 of the Osteopaths Act 1993, resulted in significant fines being imposed by the Courts, in addition to payment of Council's costs. Capacity to prosecute breach of s.32 has increased due to the increased number of lawyers now familiar with this offence and more cases are awaiting court dates.

Design, production and distribution of the new GOsC *Fitness to practise* folder and the *Legislative Review* consultation document to the profession, and to external stakeholders, was undertaken in conjunction with the Communications Department in the first weeks of the year. The Code and the *Legislative Review* were introduced to the profession at nine Regional Conferences in the summer and autumn of 2005 and to students at the British College of Osteopathic Medicine and the London School of Osteopathy in the latter part of 2005 and early 2006, respectively.



The Code was presented in a specially designed *Fitness to practise* folder, along with two guidance leaflets,

Obtaining Consent and Visual and Audio Recordings of Patients, and two accompanying pro forma consent forms. The Fitness to practise folder and its contents were submitted in competition for a design award and it was highly praised for its overall design, the unambiguous and accessible language used in the Code and leaflets, and for the Code's comprehensive index.

To facilitate the presentation of the Code at the conferences and schools, staff from the Fitness to Practise and Communications Departments collaborated in the production of a DVD of two 12-minute training films of various role-play scenarios taken from past fitness to practise cases. The DVDs, which focused on patient management issues, were commended by CHRE and other healthcare regulators as an innovative and effective teaching tool.

The Code stimulated a great deal of debate and enquiry to the office, particularly in relation to the new requirement that osteopaths warn patients of serious risks associated with osteopathic treatment as part of the consent process. We produced several articles that were published in *The Osteopath* magazine on the subject of risks and other areas of the Code. The Head of Legal A ffairs (HLA) convened meetings with the Osteopathic Education Institutions (OEIs), osteopathic professional indemnity insurance providers and the National Council for Osteopathic Research (NCOR) to encourage those bodies to help identify serious risks associated with osteopathic treatment.

The profession and other stakeholders were formally consulted on proposed legislative changes to the regulation of osteopaths, between October and December 2005. The response to the consultation (from 25% of the profession) was analysed and initial findings were presented to Council in March 2006. Council will present its post-consultation proposals to the Department of Health (DH) in due course.

Council's decision to provide subsidised medico-legal training to the profession as CPD, has led to the creation of a program entitled "The Critical C's" (referring to Context [of practice], Communication, Case history taking, Consent and Confidentiality). This program will help to address some of the profession's concerns that most commonly arise from fitness to practise cases and ethical queries. Delivery of the program is planned to begin in the autumn of 2006.

General Osteopathic Council – Annual Report and Accounts 1 05-06

At its meeting in April 2006, the Practice and Ethics Committee (P&EC) approved two further leaflets for publication. The first, Handling complaints locally – at practice level, advises osteopaths on how best to deal with complaints from patients that are made to them or their practice. The second leaflet, Making a Complaint, is aimed at members of the public and explains when it is appropriate and how to make a formal complaint about an osteopath to the GOsC. The P&EC has also agreed to provide a GOsC representative for an external working party that is looking to establish national guidelines for the referral of patients for x-rays. A new database to record ethical queries will ensure consistency of the ethical advice given and improve the feedback-loop into the GOsC's developmental role. The database design was approved by the P&EC at its April 2006 meeting.

Changes in legislation not directly linked to the osteopathic profession can also have an impact on osteopathic practice. The Nursing and Midwifery Orders 2001 and 2004 were identified as problematic for osteopaths, as they prohibit the treatment of pregnant women and newborn babies by anyone other than midwives and doctors. The P&EC has set up a working party to consider the full implications of this law and to liaise with the Nursing and Midwifery Council to clarify boundaries.

# Registration

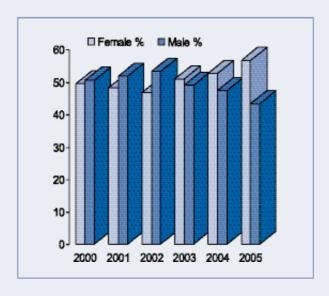
It is now the fourth year since the introduction of Renewal of Registration and the issuing of annual certificates and there has been an increasing uptake of identity cards. At the year end, 1,754 photographs of osteopaths, out of a possible 3,739, were held on file. CPD compliance continues to be monitored, and this has now been incorporated into the renewal form as a self-declaration of compliance. A percentage of the annual summary forms are to be checked, but in the main it is taken on trust that the statement of compliance, as with health and character, is a true one.

So far this year, the Registration and Communications departments have visited the final-year students at four of the OEIs, with another two in the pipeline. At these visits, the students are given an introduction to the history of the GOsC and the creation of the first statutory Register, an overview of the registration process and what the GOsC provides by way of support to osteopaths starting out in the profession. This support is aimed at making practitioners safer for patients.

It will soon be necessary for all people who work with children or vulnerable adults, whether professionally or voluntarily, to have a Criminal Records Bureau (CRB) check and to remain on a database where checks can constantly be made. It can be expected that all osteopaths will have to be checked when this becomes law (The Bischard Barring/Vetting scheme).

### **Statistics**

The growth of the Register, over that published in January 2006, was 3.2%. As at March 2006, there were 3,739 osteopaths on the register, of whom 46.5% are female and 53.5% male. Although overall, males still predominate, in the 50 and under age range the gender bias is 50.2% female and 49.8% male, so a shift towards female predominance can be forecast. The graph shows the gender of graduating osteopaths, since accreditation of the Schools from May 2000.



## Development

The review and monitoring of new and existing Recognised Qualifications (RQs) has dominated the year, with the overseeing of the renewal of five existing osteopathic RQ courses and the monitoring of three others. The visit element of the process is managed by the Quality Assurance Agency for Higher Education (QAA). Two applications for new RQs have also been reviewed in this period and one initial recognition review has taken place. As part of the monitoring of RQs, we have developed a new Annual Report form. This helps to identify potential issues at an early stage. Ongoing development of the review process method has continued in conjunction with the QAA.

This year has seen the initiation of a number of long-termprojects, mainly focused on standards. We have co-ordinated and provided responses to the World Health Organisation's consultation on basic training and safety in osteopathy, and led a working group to develop a QAA benchmark for osteopathy. This is intended to act as an Osteopathic Pre-registration Education Framework. It will outline the standards required for osteopathic educational courses. This framework is also designed for use in the evaluation of RQ courses. Preparatorywork also began for GOsC consultations on an Osteopathic Practice Framework and revisions to the current Standard 2000 – Standard of Proficiency (S2K).

Work has begun on a Development folder to be issued in 2006. This will include revised CPD Guidelines, following evaluation of feedback from the first year and a half of the process, together with the launch of the consultation on revisions to the existing *Standard* 2000 – *Standard* of *Proficiency* (S2K). As well as the review of the CPD Guidelines, we have worked in conjunction with the Registration and Regulation departments to finalise the CPD Rules.

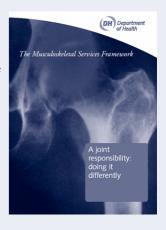
We continue to fund and to participate in the work of the National Council for Osteopathic Research (NCOR), which held six meetings in 2005–2006. These discussed issues such as the establishment of research hubs, research governance and securing additional funding. (See also the Communications report next.)

With increased awareness and emphasis on matters European, we have taken the opportunity to assess the impacts and risks of new EU legislation, such as that governing the movement of professionals within the EU. This has led to a review and tightening up of the processes used to assess and register those osteopaths with a non-UK qualification. We have also had a significant input into international matters through involvement with the Osteopathic International Alliance (OIA) and the Forum for Osteopathic Regulation in Europe (FORE) – an organisation created by the GOsC. (See the Communications report, page 14.)

### Communications

### **External affairs**

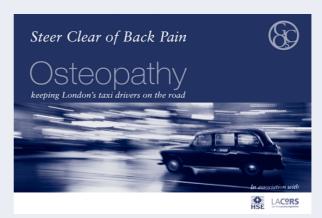
Widening access to osteopathic care underpinned many key projects during the year. We have worked closely with DH officials to ensure appropriate recognition of osteopathic care within both the evolving NHS Musculoskeletal Services Framework and Government's Health, Work & Wellbeing



Strategy. A series of briefings on the contribution of osteopaths to healthcare provision has been prepared and presented to the House of Commons Select Committees on Health and on Work & Pensions over the year.

A successful bid to the Health & Safety Executive's "Back! 2005–06" initiative granted funding for the GOsC's "Steer Clear of Back Pain" information campaign, which targeted London's 25,000 licensed taxi drivers between December 2005 and March 2006. The campaign, which included briefings to London MPs, was well-received, attracting positive trade press cover and ongoing interest from other employment sectors for future development.





The piloting of a series of occupational health workshops for JobCentre Plus (JCP) staff and the distribution of promotional literature to 15 JCP offices and over 1,000 staff, indicated a clear desire amongst the working-age population for public information campaigns around health in the workplace.

The demand for more comprehensive provision of NHS osteopathic services provided a focus for both lobbying and advertising campaigns. The GOsC's six-month "Good Health in Good Hands" advertising campaign, developed in conjunction with Grey Healthcare, was launched in December 2005, targeting the healthcare professional press, including the *Health Service Journal*; *BMA News*; *Nursing Standard*; *BMJ GP*; *Geriatric Medicine*; *GP newspaper*, and *Pulse*. Wider access to osteopathic care was also the message promoted at four major national healthcare conference exhibitions – Primary Care 2005, the NHS Confederation, NHS Alliance and the National Institute for Health and Clinical Excellence (NICE).

We have also assisted the Royal College of General Practitioners to establish a Complementary & Altemative Medicine (CAM) Action Group, with the aim of improving understanding and professional collaboration between GPs and CAM practitioners. Media activity has been particularly intense over the year, debate centring heavily on the contribution of CAM to public health provision, and underlining the importance of continued development of the osteopathic research base. With a

view to increasing research-awareness amongst osteopaths seen as a priority, *The Osteopath* magazine has been expanded to accommodate a monthly research tutorial and update report produced by the NCOR. This is supplemented by the distribution of the research journal, the *International Journal of Osteopathic Medicine* (IJOM) to all osteopaths four times a year.

A significant increase in GOsC lobbying activity over the year coincided with the commissioning of public affairs consultancy support provided by PM Consultancy. Monthly parliamentary affairs updates have also been introduced as a regular feature in *The Osteopath* magazine to ensure the profession remains well-briefed.

The potential outcome of the 2005 Foster Review of Non-Medical Healthcare Regulation necessitated an unforeseen communications campaign. The purpose was to raise awareness among osteopaths and parliamentarians of the potential implications of possible reforms for the osteopathic profession.



It is heartening that the resource diverted to this extra initiative paid dividends.

GOsC political activity extended also, as always, into the international arena. The DH approved a GOsC application to host a parallel session at the UK's EU Presidency conference on patient safety in Edinburgh on 13–14 October 2005. This event – "Bridging the Healthcare Gap" – provided a platform for raising the profile of UK osteopaths and registering GOsC concern about the impact of implementing EU legislation in the absence of consistent osteopathic regulation across Europe.



To tackle these challenges, we initiated the Forum for Osteopathic Regulation in Europe (FORE), bringing together osteopathic organisations from across Europe to develop common standards of osteopathic practice and training for the protection of patients. FORE convened for the first time in London on 4 November 2005, in association with the UK Presidency of the EU, and was attended by 35 delegates, representing 25 organisations from 15 European countries. Good progress confirmed the need for FORE and delegates agreed to reconvene within six months, in Vienna during the Austrian EU Presidency, to consider the development of a European osteopathic code of practice.

The GOsC duty to provide reliable and accessible guidance to the public, particularly in relation to standards, remains central to the Communications function. Enhancements to the public website are being made to meet public expectations, and the Osteopathic Information Service (OIS) continues to manage and administer a busy public telephone enquiry service, with distribution of just under

67,000 public information leaflets.

Council commitment to meaningful Public and Patient Involvement (PPI) to inform regulatory policy and good practice guidance for osteopaths, saw the GOsC active in the formal establishment of a Health and Social Care Regulators' Joint PPI Group. The first stages of a wideranging work plan produced a Joint Regulators PPI handbook and piloted a public information leaflet on healthcare regulation.

### Internal communications

To provide a forum in which to introduce and debate two key areas of policy development, nine GOsC Regional Conferences were hosted across the UK and the Republic of Ireland in the spring and autumn of 2005, attended by 33% of the profession. The relatively high level of participation by osteopaths in such events, which have as their purpose the development of the profession, frequently draws positive comment from other professional bodies and policy-makers.

The Regional Conference programme provided a forum also to explore opportunities for osteopathic provision within the National Health framework; an NHS Information pack was compiled and provided to all delegates. The GOsC "Promoting Partnerships" GP workshops continue to prove popular with osteopaths – five further workshops were hosted across the UK during the year, all fully subscribed. To complement this, an enhanced Promoting Partnerships presentation toolkit was developed and is available to all osteopaths on request.



General Osteopathic Council – Annual Report and Accounts 1 05-06

Essential to keeping osteopaths briefed, *The Osteopath* magazine, published ten months in twelve, continues as the primary mechanism for communicating GOsC policy and general news and research information to the profession.

The Regional Communications Network, an informal network of regional osteopathic societies (currently 26 known) and groups across the UK and Ireland represents a practical mechanism for GOsC consultation with the profession. We continue to provide communications support to the Network, which during the year included 14 mailshots to 2,939 osteopaths.

With a look to the future, we have also developed a p rogramme to assist the integration of new graduates into the profession, with an annual series of presentations to final-year students of osteopathy. In the year under review, information packs and five presentations were p rovided to 241 students in four schools.

# Staffing

Council recognises that to deliver its work activities, maintaining an efficient and contented staff resource is essential. Preservation of the existing staff benefits, in line with the recruitment and retention policy, ensured that staff turnover was restricted to just one individual. The Remuneration Committee (RC) regularly reviews the employee benefits for appropriateness and an annual pay benchmarking exercise ensures that we are maintaining salaries at a competitive level. Council Members fully appreciate the valuable contribution that the staff team make to the success of the organisation and we record our thanks in this Report.

# Future plans

With the announcement of the Foster Review proposals on 14 July 2006, the GOsC now knows that its immediate future is secure, and that the case for independent statutory self-regulation, put forward by the Council with the British Osteopathic Association, has been understood. There is to be a further consultation on the proposals and

on the general direction of regulation. Policy decisions have been promised soon after this closes on 10 November 2006. Apparently, the Department of Health's intent to carry out a further review in five years' time is not for consultation.

Even without imposed change, however, as the GOsC approaches its tenth year of operation a critical review of its structure and functions is appropriate. We are mindful that it should be possible to maintain fees at their current level, if not reduce them, now that the GOsC is to retain its role, broadly as it currently operates. We see the introduction of an internal auditor, proposed by the AC, as a positive move, which will assist with this review process.

More specifically, plans for 2006-2007 include:

- further enhancement of the governance processes;
- the introduction of a password-protected website for osteopaths, to assist their development, for the better protection of patients;
- a database analysis of fitness to practise cases and ethical enquiries, to identify the training and development needs of the profession;
- finalisation of the Benchmarks for osteopathic training and practice.

### Financial Report for the year

During times of uncertainty, it is prudent for an organisation to ensure it has sufficient reserves to meet unforeseen challenges. With the Foster Review in mind, the Council built on previous years, further strengthening its financial position, whilst ensuring sufficient funding was available to achieve the Business Plan goals and objectives. The financial statements show a surplus of £186,979, only 7% of the forecast expenditure, and 50% of this has resulted from there being no need to utilise the contingency. The Cash Flow Statement highlights an increase in cash of £234,355, predominantly a result of this year-end surplus before taxation. As a consequence, the general reserve is now £1,007,341. Further information on the reserves follows this section of the report.

Income has increased in line with expectations by £96,400, with half relating to Retention Fees, whilst there has been an expenditure increase of £356,967, or 17% up on last year. The most significant reasons behind the increase are given below. Notes to the accounts also provide interesting detail.

Salaries and pension costs increased by £80,477, as full costs for four additional staff came on stream, bringing the total establishment to 24 – three of whom are parttime. This is less than 41% of our total expenditure, which is comfortably in line with "service" sector norms. Payments to Council and Co-opted Members have increased, as expected, to £135,188 from £120,947. The increase has been contained by Council's decision to reduce the number of committee days, as efficiency improvements took effect.

Communications expenditure increased by £102,518, with over half of the increase relating to "External Communications"; pushing spending on this budget head to £110,939. Ta rgeted advertising (£20,109), attendance at National Exhibitions (£18,503) and monitoring of parliamentary business through a Public Affairs consultant (£35,273) have all contributed. These activities help further raise the profile and standing of the osteopathic profession, in line with Council's unique remit to promote osteopathy for the benefit and protection of patients.

Patient protection is at the heart of healthcare regulation, and the increase in expenditure within Legal Affairs (including Fitness to Practise) reflects this. Whilst Hearing costs have increased in the year by £60,460 to £198,174, expenditure has been contained through the introduction of barristers instead of solicitors to present cases on behalf of Council. The launch of the new *Fitness to practise* folder cost £46,364, but Council expects that the new Code will help to minimise the number of Fitness to Practise cases. Finally, the Legislative Review consultation cost £28,759. This important consultation will help shape the future of the regulation of osteopaths.

Within Secretariat, an apparent increase in overall expenditure of £93,304 includes an over-provision of £60,145 last year (see Note 5 of the Accounts). Excluding this item, overall expenditure for the function increased by £33,159. This is significantly represented by costs that include additional meetings of Council to discuss the Foster Review, and a farewell dinner for those Osteopathic Members of Council whose contributions over five years or more have helped shape the GOsC and the profession.

In summary, the Council has further established financial management processes. Looking ahead, it can face the inevitable future challenges from a position of financial security.

### **Reserves policy**

The Council has examined the requirement for free reserves, i.e. those funds not invested in tangible fixed assets, designated for specific purposes or otherwise committed. The Council considers that, given its future activities, the level of free reserves should be equivalent to six months' average annual expenditure at any one time. This is currently based upon a three-year historical review of actual expenditure and consideration of the known future activities. The Council is of the opinion that this provides sufficient flexibility to cover temporary shortfalls in revenue due to timing differences in income flows, and adequate working capital to cover core costs, and will allow the organisation to develop its future activities. This decision has been reviewed in the light of the uncertainties of the regulatory environment and deemed sufficient. The level of reserves will be reviewed on an annual basis.

### **Reserves position**

The balance sheet shows total funds of £2,379,518. The Council has a designated fixed assets fund totalling £972,177. This primarily represents the fully paid for premises, Osteopathy House. The figure is less than last year, as we are required to depreciate the value of our property in our accounts. The reality is that Osteopathy House is an appreciating asset which provides additional security for the Council.

General Osteopathic Council – Annual Report and Accounts | 05-06

General funds of the organisation at 31 March 2006 total £1,007,341, and equal free reserves equivalent to five months' expenditure. Funds totalling £400,000 have been designated for the specific purposes of Adverse Events, Standardised Data Collection, and the "Critical C's" project. As Council approaches its tenth anniversary the desired level and actual position will be kept under close review.

### **Responsibilities of Members of Council**

Section 40(1) of the Osteopaths Act 1993 requires the GOsC to prepare proper accounts for each financial period. In doing so, Members of Council have been concerned to prepare accounts which give a true and fair view of the Council's financial position at the end of the year and of its financial activities during the year. In preparing accounts the Members of Council strove to follow best practice by:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- stating whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- preparing the accounts on the going-concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Members of Council are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the organisation and which enable them to ensure that the accounts comply with the Osteopaths Act 1993. They are also responsible for safeguarding the assets of the Council; for taking reasonable steps for the prevention and detection of fraud and other irregularities, and for the maintenance and integrity of the Council's website.

The Members of Council confirm that so far as they are aware, there is no relevant audit information of which the Council's auditors are unaware. They have taken all the steps that they ought to have taken as Members of Council in order to make themselves aware of any relevant audit information, and to establish that the Council's auditors are aware of that information. Legislation in the United Kingdom governing the preparation and dissemination and accounts may differ from legislation in other jurisdictions.

### **Employees**

The Council is an equal opportunities employer and will apply objective criteria to assess merit. It aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, colour, nationality, religion, ethnic or national origin, gender, marital status, sexual orientation or disability.

Selection criteria and procedures are reviewed regularly to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. All employees are given equal opportunity and, where appropriate and possible, special training to enable them to progress both within and outside the organisation.

Approved by the Members of Council on 19 September 2006 and signed on their behalf by:

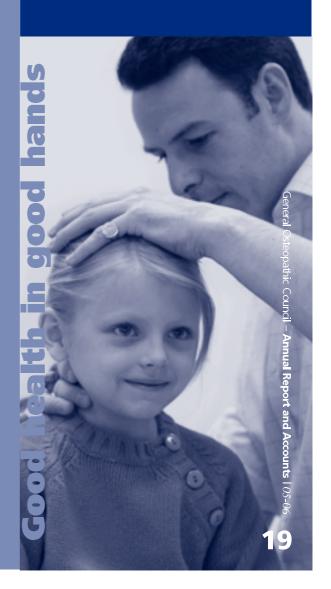
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Chairman - Nigel Clarke



Report of the independent auditors to the Members of the General Osteopathic Council

We have audited the accounts of the General Osteopathic Council, which comprise the income and expenditure account, the balance sheet, the cash flow statement, principal accounting policies, and the related notes numbered 1 to 12. The accounts have been prepared under the accounting policies set out therein.



This report is made solely to the General Osteopathic Council in accordance with Section 40 of the Osteopaths Act 1993. Our audit work has been undertaken so that we might state to the Members of Council, as a body, those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of Council, as a body, for our audit work, for this report, or for the opinions we have formed.

# Respective responsibilities of the Members of the Council and auditors

As described in the Statement of Responsibilities of Members of Council (page 17), the General Osteopathic Council is responsible for the preparation of the annual report and accounts in accordance with applicable law and United Kingdom Accounting (United Kingdom Generally Accepted Accounting Practice).

We have been appointed as auditors under Section 40 of the Osteopaths Act 1993 and report in accordance with the regulations under Section 40 of that Act. Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). We report to you our opinion as to whether the accounts give a true and fair view and are properly prepared in accordance with the Osteopaths Act 1993. We also report to you if, in our opinion, the annual report is not consistent with the accounts, if the Council has not kept proper accounting records or if we have not received all the information and explanations we require for our audit.

We read other information in the Annual Report and consider whether it is consistent with the accounts. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the accounts. Our responsibilities do not extend to any other information.

### **Basis of opinion**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the General Osteopathic Council in the preparation of the accounts, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.

### **Opinion**

In our opinion the accounts:

- give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the Council's state of affairs as at 31 March 2006 and of its income and expenditure in the year then ended; and
- have been properly prepared in accordance with the Osteopaths Act 1993.

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Buzzacott
Chartered Accountants and Registered Auditors
12 New Fetter Lane
London
EC4A 1AG
22 September 2006



### **Accounts - Income and expenditure account**

Year to 31 March 2006

# Income and expenditure account — Year to 31 March 2006

	Notes	2006 £	2005 £
Income			
Fees		2,403,226	2,354,396
Other Income		283,905	236,335
Total	1	2,687,131	2,590,731
Expenditure			
Staffand related costs	2	1,015,337	934,860
Development	4	327,693	338,420
Promotions & Communications	4	509,692	407,174
Registration & MIS	4	66,258	74,577
Legal Affairs (including Fitness to Practise)	4	333,245	231,813
Secretariat	4	223,028	129,724
Financing	4	10,143	11,861
Total expenditure		2,485,396	2,128,429
Surplus before tax		201,735	462,302
Corporation tax charge	7	14,756	12,739
Surplus for the year after tax	12	186,979	449,563

The surplus for the year arises from the Council's continuing operations.

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

# General Osteopathic Council – **Annual Report and Accounts** 105-06

# Balance sheet — Year to 31 March 2006

	Notes	2006 £	2006 £	2005 £	2005 £
Fixed assets	8		972,177		987,240
Current assets					
Debtors	9	234,285		263,339	
Short-termdeposits		1,000,000		1,000,000	
Cash at bank and in hand		765,224		530,869	
		1,999,509		1,794,208	
Creditors: amounts falling due within one year	10	(592,168)	4 405 244	(588,909)	4 205 200
Net current assets			1,407,341		1,205,299
Total assets less total liabilities			2,379,518		2,192,539
Reserves					
General reserve	12		1,007,341		1,205,299
Designated funds	12				
. Adverse events			100,000		_
. Standardised Data Collection			200,000		_
. "Critical C's" project			100,000		_
. Fixed asset fund			972,177		987,240
Total reserves			2,379,518		2,192,539

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

Chairman – Nigel Clarke

Approved on: 19 September 2006

Treasurer – John Chuter OBE

# Cash flow statement — Year to 31 March 2006

	Notes	2006 £	2005 £
Cash inflow from operating activities	A	220,660	353,518
Returns on investments and servicing of finance	В	71,115	65,373
Taxation		(14,827)	(10,272)
Capital expenditure	В	(42,593)	(25,457)
Financing	В	-	(512,981)
Increase (decrease) in cash	С	234,355	(129,819)

### Notes to the cash flow statement for the year to 31 March 2006

### A Reconciliation of surplus before tax to net cash inflow from operating activities

	2006 £	2005 £
	~	~
Surplus before tax	201,735	462,302
Interest receivable	(77,664)	(67,019)
Interest paid	_	1,646
Depreciation charge	57,656	59,885
Decrease/(increase) in debtors	35,603	(93,295)
Increase /(decrease) in creditors	3,330	(10,001)
Net cash inflow from operating activities	220,660	353,518

# General Osteopathic Council – Annual Report and Accounts 1 05-06

# Cash flow statement — Year to 31 March 2006

### **B** Gross cash flows

	2006	2005
-	£	£
Returns on investments and servicing of finance		
Interest received	71,115	67,019
Interest paid		(1,646)
	71,115	65,373
Capital expenditure		_
Payments to acquire tangible fixed assets	(42,593)	(25,457)
	(42,593)	(25,457)
Financing		
Repayment of building loan	_	(512,981)
	_	(512,981)

### C Analysis of changes in net funds

	1 April 2005 £	Cash flows £	31 March 2006 £
Cash in hand, at bank	530,869	234,355	765,224
Short-termdeposits	1,000,000	_	1,000,000
Total	1,530,869	234,355	1,765,224

### D Reconciliation of net cash flow to movement in net funds

	L
Increase in cash in the period	234,355
Net funds at 1 April 2005	_1,530,869_
Net funds at 31 March 2006	1,765,224

# Principal accounting policies — 31 March 2006

### **Basis of accounting**

The financial statements are prepared under the historical cost convention and in accordance with applicable accounting standards.

### **Depreciation of fixed assets**

Depreciation is provided on fixed assets, on a straight line basis, as follows:

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

### **Income**

Fee income is accounted for on a receivable basis.

Other income is accounted for on a cash received basis with the exception of Conference Income, which is deferred to match associated expenditure.

### **Expenditure**

Expenditure is accounted for on a payable basis with the exception of costs incurred in respect of the published Register of Osteopaths which are matched with the year of publication.

Support costs have been apportioned between the functions on the basis of the average number of employees (see Note 2).

### **Pension contributions**

The Council operates a defined contribution pension scheme for qualifying employees. The assets of the scheme are held separately from those of the Council in an independent fund. The employer's contribution for the year is charged to salaries in the Income and Expenditure Account.

### Notes to the accounts - 31 March 2006

### 1 Income

The Council's income and surplus before taxation were all derived from its principal activity.

Income relating to Final Clinical Competence Assessments (FCCA) represents the recharge to the Osteopathic Educational Institutions (OEIs) of the FCCA costs.

The National Council of Osteopathic Research (NCOR) contribution comprises the reimbursements received from the British Osteopathic Association (BOA) and the OEIs towards the NCOR contribution paid by the Council. Other income received in the year was as follows:

	2006	2005
	£	£
Other Income		
Conference	62,360	39,499
Magazine & Leaflets	48,111	47,622
Bank Interest	77,664	67,019
FCCA	63,298	69,870
NCOR contribution	10,000	10,000
GP Workshops	1,390	_
Recoverable costs	8,690	_
Contributions from HSE to "Steer Clear" campaign	7,000	_
Miscellaneous	5,392	2,325
Total	283,905	236,335

### 2 Employee and staff costs

Staffcosts during the year were as follows:

	2006 £	2005 £
Wages and salaries	775,486	682,317
Social security costs	83,187	73,809
Other pension costs (see Note 3)	130,068	101,242
	988,741	857,368
Temporary staff	7,872	23,103
Recruitment	_	28,723
Training & Development	10,700	18,890
Other	8,024	6,776
Total	1,015,337	934,860

### Notes to the accounts – 31 March 2006

### **Employee and staff costs (continued)**

The average number of employees, on a full-time equivalent basis and by activity, of the Council during the year ended 31 March 2006 was:

	2006	2005
	No	No
Development	4	4
Communications	6	5
Registration & MIS	2	2
Legal Affairs (including Fitness to Practise)	4	4
Secretariat	7	6
	23	21

### 3 Pension costs

The contributions paid in the year in respect of the Council's pension scheme included contributions payable for the year of £126,249 (2005 – £101,242).

### Expenditure

Expenditure for each function in the year was as follows:

		2006	2005
		£	£
Development			
Evaluation		161,697	184,834
Committees & Workshops		19,743	21,019
Publication & Subscriptions (including IJOM)		44,866	22,675
Continuing Professional Development		10,213	7,776
Research (including NCOR)		46,392	45,188
Support costs	6	44,782	56,928
Total		327,693	338,420
Daniel de Communication			
Promotions & Communications		150 510	125.017
GOsC publications		159,510	125,817
Committees & Workshops		10,647	15,102
Internal communications		153,787	138,525
External communications		110,939	50,808
Publications & Subscriptions		7,637	5,761
Support costs	6	67,172	71,161
		509,692	407,174

# General Osteopathic Council – Annual Report and Accounts | 05-06

# Notes to the accounts — 31 March 2006

### 4 Expenditure (continued)

Expenditure (continuea)		2006 £	2005 £
Registration & MIS			
Documentation and postage for Registration		40,918	35,733
Committees & Workshops		_	5,368
Management Information Systems		2,949	5,012
Support costs	6	22,391	28,464
Total		66,258	74,577
Legal Affairs (including Fitness to Practise)			
Fitness to Practise documentation		46,364	22,046
Legal costs		13,006	15,125
Legislative Review Consultation		28,759	_
Statutory & other Committees and Working Groups		198,174	137,714
Publications & Subscriptions		2,160	_
Support costs	6	44,782	56,928
Total		333,245	231,813
Secretariat			
Council costs		83,660	51,060
Statutory & other Committees and Working Groups		25,625	31,137
Support costs	6	89,563	85,393
Professional fees		_	3,130
Audit and accountancy		18,840	13,416
Exceptional item	5	_	(60,145)
Publications & Subscriptions		5,340	5,733
Total		223,028	129,724
Financing			
Interest paid		_	1,646
Bank charges		10,143	10,215
Total		10,143	11,861
TOTAL		1,470,059	1,193,569

### Notes to the accounts - 31 March 2006

### 5 Exceptional items

·	2006	2005
	£	£
Other tax and social security	_	(60,145)

This was in respect of the over-provision for national insurance due on fees and tax and national insurance due on expenses paid to Council Members.

### 6 Support costs

2006	2005
£	£
57,655	59,885
23,403	19,722
43,227	45,625
25,692	16,392
10,525	7,892
62,476	64,005
11,429	19,318
24,591	22,391
7,324	17,074
_	24,400
2,368	2,170
268,690	298,874
	£ 57,655 23,403 43,227 25,692 10,525 62,476 11,429 24,591 7,324 - 2,368

### These costs have been apportioned as follows:

These costs have been apportioned as follows:	2006 £	2005 £
Development	44,782	56,928
Communications	67,172	71,161
Registration & MIS	22,391	28,464
Legal Affairs (including Fitness to Practise)	44,782	56,928
Secretariat	89,563	85,393
	268,690	298,874

### 7 Taxation

The tax charge on the surplus before tax for the year was as follows:

·	2006	2005
	£	£
Current tax:		
Corporation tax at 19%	14,756	12,739
Tax on surplus for year	14,756	12,739

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

2006

2005

# General Osteopathic Council – Annual Report and Accounts | 05-06

# Notes to the accounts — 31 March 2006

### 8 Fixed assets

	Fæehold buildings £	Office fumiture £	Office equipment $\pounds$	Computer hardware £	Total £
Cost					
At 1 April 2005	1,080,326	105,529	93,899	138,470	1,418,224
Additions	-	25,410	13,605	3,578	42,593
At 31 March 2006	1,080,326	130,939	107,504	142,048	1,460,817
Depreciation At 1 April 2005 Charge for the year At 31 March 2006	151,312 21,604 172,916	79,500 14,757 94,257	75,034 12,801 87,835	125,138 8,494 133,632	430,984 57,656 488,640
Net book value At 31 March 2006 At 31 March 2005	907,410 929,014	36,682 26,029	19,669 18,865	8,416 13,332	972,177 987,240

### 9 Debtors

	2006	2003
	£	£
Fee debtors	151,050	132,854
Prepayments and accrued income	68,847	55,275
Other debtors	14,388	75,210
	234,285	263,339

### 10 Creditors: amounts falling due within one year

	£	£
Deferred income	399,839	338,636
Trade creditors	76,180	166,862
Accruals	82,406	47,258
Other creditors	_	174
Income tax and social security	25,742	27,907
Corporation tax creditor	8,001	8,072
	592,168	588,909

# Notes to the accounts — 31 March 2006

### 11 Payments to Council Members

During the year payments were made to Council Members as follows:

During the year payments were made to council remocis as follows.	2006 £	2005 £
Appointed and elected Members		
. Attendance fees – Council, committee and sub-committees	88,596	91,056
. Travel	16,388	16,029
. Subsistence	1,454	1,832
	106,438	108,917
Co-opted members		
. Attendance fees – Council, committee and sub-committees	22,635	8,525
. Travel	5,406	3,150
. Subsistence	709	355
	28,750	12,030
Total	135,188	120,947
At 31 March 2006 the Council membership was:		
	2006	2005
Lay Members	8	8
Osteopathic Members	12	12
Education Members	3	3
Secretary of State Appointee	1	1
	24	24
Co-optees	27	24
Total	51	48

# Notes to the accounts - 31 March 2006

12	Reserves

Reserves		Designated Funds				
	General Reserves £	Adverse Events £	Standardised Data Collection	"Critical C's" Project £	Fixed Asset Fund £	Total £
At 1 April 2005	1,205,299	_	_	_	987,240	2,192,539
Surplus for the year	186,979	_	_	_	· –	186,979
New designations	(400,000)	100,000	200,000	100,000	-	_
Gross transfers between funds	15,063	-	-	_	(15,063)	_
At 31 March 2006	1,007,341	100,000	200,000	100,000	972,177	2,379,518

The Council confirmed its commitment to reinvesting funds back into the profession by designating funds in the year for three projects. Adverse Events and Standardised Data Collection link intrinsically to the need for an evidencebased practice, which will assist the profession for many years to come. Subsidised medico-legal training to the profession as CPD, has led to the creation of a programme entitled the "Critical C's". The programme aims to help address some of the profession's most common concerns arising from fitness to practise cases and ethical queries.

The Fixed Asset Fund was set up in order to demonstrate that not all the Council's funds are available for general application. The Fixed Asset Fund is set at an amount equal to the net book value of tangible fixed assets.











Good health in good hands





# **General Osteopathic Council**

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