



General
Osteopathic
Council

Annual Report and Accounts

2008–09

Contents

Introducing the General Osteopathic Council	3
Chairman’s statement	4
Chief Executive and Registrar’s introduction	5
Report of the Council:	6
1 Assuring the quality of osteopathic education and training	6
2 Registering qualified osteopaths	8
3 Ensuring osteopaths keep their knowledge and skills up to date	11
4 Setting standards and promoting good practice	12
5 Dealing with concerns and complaints	14
6 Engaging with patients, the public and professionals	17
7 Equality and diversity	18
8 Enhancing our services	19
9 Key projects for 2009	21
10 Financial report for the year 2008–09	22
> Report of the independent auditor to the members of the General Osteopathic Council	
> Accounts	
> Income and Expenditure Account	
> Balance sheet	
> Cash flow statement	
> Principal accounting policies	
> Notes to the accounts	
11 Who we are	38



Introducing the General Osteopathic Council

The General Osteopathic Council (GOsC) regulates and develops osteopathic practice in the United Kingdom. Our purpose is to protect the public by ensuring high standards of education, practice and conduct amongst osteopaths.

We currently register just over 4,100 osteopaths.

Our core functions are:

- > Setting and promoting high standards of osteopathic practice and conduct.
- > Assuring the quality of osteopathic education and training.
- > Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise.
- > Helping patients with complaints or concerns about osteopaths and dealing with those complaints through fitness to practise procedures where necessary.

Chairman's statement

Regulators, like all bodies, are only as good as the quality of decision making of those who govern them. It goes without saying, therefore, that the method of appointing leaders must be specifically designed to attract a high level of skill and experience, independence of view, and integrity.

One of the most important tasks for the General Osteopathic Council this year was to establish a **new Council** and **new committees**, as part of Government reforms of health regulation designed to improve performance. We were required to change our current governance arrangements significantly, moving to a smaller, fully appointed Council, and we were encouraged to establish new Fitness to Practise committees, wholly independent of the Council.

I am pleased to say that, following preparations that took the best part of a year, the new Council and Fitness to Practise committees were installed on 1 April 2009. The **recruitment** was conducted on our behalf by the independent Appointments Commission and applicants had to submit to a most rigorous selection process. I am confident that, as a result, we have an

excellent mix of talented people, both lay and registrant, to form the new General Osteopathic Council and independent Fitness to Practise committees.

I would like to stress now how important the previous Council was in achieving this outcome. Through working groups of osteopaths and lay members, the Council carefully defined the competencies against which the new appointments were made, and helped to develop the new sub-committee structure which will support the new Council in all that it seeks to achieve.

There is no more difficult task than designing a future in which you may not necessarily participate, but the members did it with enthusiasm and wisdom.

Great credit is also due to the previous Council for its hard work over many years in creating such a strong regulatory environment for osteopathy, which has done so much to ensure a most promising future for the GOsC and the profession.

Professor Adrian Eddleston
GOsC Chairman



Chief Executive and Registrar's introduction

It has been an exceptionally busy and productive year, but undoubtedly one of the most worthwhile exercises undertaken in the last six months of the year under review has been the major [consultation exercise](#) with osteopaths to seek their views on a range of issues with potential to affect their professional lives very significantly. These included: revalidation; how the [Code of Practice](#) should be revised; and whether, and if so how, the scope of osteopathy should be defined.

This consultation exercise, which went on to include events in six locations across the UK, generated debates of the highest quality, demonstrating clearly that osteopaths in general are committed to professionalism and patient care. Most importantly, as a result of the direct feedback received, we are in a much more informed position to move forward on the three main issues discussed.

We know that in relation to [revalidation](#), we must make sure that the methods of assessment developed are transparent, fair and quality assured. Osteopaths were equally clear with us on how the current [Code of Practice](#) can be improved, and their views will inform the team that is now beginning work on the necessary revisions. Lastly, on [scope of practice](#), we know that we must proceed very carefully.

In terms of scope, unsurprisingly, osteopaths' views vary quite widely on where the lines should be drawn. But one thing seems clearer: there is a general sense that it is necessary now to define the scope of osteopathy.

There will be further rounds of consultation on all of these issues, but thanks to the lively and enlightened engagement of so many osteopaths this year, the work ahead is made a good deal easier.

Evlynn Gilvarry
GOsC Chief Executive and Registrar



Report of the Council: year to 31 March 2009

The Council Members present their report together with the accounts of the General Osteopathic Council for the year ended 31 March 2009.

The accounts have been prepared in accordance with the accounting policies set out on page 31 of the attached accounts and comply with the requirements of the Osteopaths Act 1993.



1 Assuring the quality of osteopathic education and training

It is our responsibility to check the quality of all UK osteopathy courses leading to registration, to ensure that education providers are equipping students to practise safely and competently as osteopaths.

In order to register to practise osteopathy in the UK, students must graduate with a qualification that is recognised by the General Osteopathic Council. There are currently 10 higher education providers delivering GOsC-accredited osteopathic training courses.

We also review all courses periodically to ensure that the standards of education and training remain high. To achieve this we work closely with the independent Quality Assurance Agency for Higher Education (QAA), which manages the [quality assurance reviews](#) on our behalf. In its appraisal of a course, the QAA will both assess documentary evidence and inspect the facilities offered by the training institution. After reviewing all reports from the QAA, the GOsC Education Committee will make a recommendation to the Council, which may then approve a course with specific time-limited conditions that must be met by the provider in order to maintain approval.

General trends in osteopathic education, identified as a result of QAA reviews, are fed back to course providers, highlighting good practice and thus encouraging the raising of standards.

Our guidance for course development and delivery is outlined in the [QAA Subject Benchmark for Osteopathy](#). The Benchmark is reviewed regularly and updated where necessary in line with new developments in educational delivery.

This year, we have:

- > Reviewed and recognised three new osteopathy courses
- > Renewed recognition of five existing osteopathy courses
- > Monitored all recognised courses to ensure standards are maintained
- > Set conditions for recognition of osteopathy courses to ensure that course providers enhance their standards where this is necessary.

> **Highlights:** Approval was granted for a second master's level course, continuing the trend towards higher level qualifications in osteopathy.

> **Facts and figures:** There are 15 different qualifications recognised by the GOsC, at bachelor's level, master's level and (for previously qualified health professionals) postgraduate level. These are delivered by [10 higher education course providers](#) in the UK.



2 Registering qualified osteopaths

The General Osteopathic Council maintains the Register of those qualified to practise osteopathy in the United Kingdom. The title 'osteopath' is protected by law, and only those entered on the UK Statutory Register are entitled to practise as osteopaths.

We will consider for registration those applicants who have a recognised UK qualification gained from a GOsC-accredited course, or osteopaths with an equivalent overseas qualification.

Osteopaths are required to renew their registration each year and we provide registrants with an annual licence to practise. As part of this process, the GOsC checks that osteopaths have current professional indemnity insurance, remain in good health and of good character, and have met mandatory continuing professional development requirements.

The UK Statutory Register provides detailed information about osteopaths. This resource is freely available to the public via our website (www.osteopathy.org.uk) and our telephone information service on 020 7357 6655 ext 242.

Online Register improvements

Improvements were made this year to our online Register of Osteopaths to identify osteopaths who are suspended from practice as a result of disciplinary proceedings or are subject to conditions of practice. In addition, there is easy access to full details of the relevant fitness to practise decisions related to those suspended or subject to conditions of practice.

New registration powers

This year we acquired new powers under section 3(6A) of the Osteopaths Act 1993 to consider applications for registration from individuals who did not complete the registration process when the Register was first established in 1998. Applications from these individuals will be considered up to 31 December 2010.

Protecting the title 'osteopath'

It is a criminal offence in the UK for a person to describe themselves (explicitly or by implication) as an osteopath, unless they are registered with the GOsC (Osteopaths Act 1993, section 32). We will take legal action against individuals practising unlawfully if we have sufficient evidence to support a criminal prosecution.

The GOsC is rigorous about policing the illegal use of the title of osteopath and promoting protection of the title. We report prosecutions in the local press and on our website, emphasising to patients and the public the importance of checking with the GOsC that the health professionals they consult are appropriately registered.

During the period of this report, the GOsC successfully prosecuted three individuals in England for breach of section 32. The GOsC has also worked closely with solicitors in Scotland to find a more effective way to protect the title there, given the practical barriers to pursuing criminal prosecutions of this nature in Scotland. Civil proceedings appear to offer a viable alternative in Scotland and the GOsC will use this option to pursue cases where sufficient evidence exists.

Fig 1: Prosecutions in England for breach of section 32

Name and location	No. of breaches	Plea	Outcome	Fine	Costs
Mr Julian Midda Swindon Magistrates' Court	2	Guilty	Guilty	£750	Full costs over £800 awarded to GOSc
Mr David Jackson Newton Abbot Magistrates' Court	3	Not guilty	Guilty	£9,000	Full costs over £14,000 awarded to GOSc
Ms Olivia Douglas Bradford Magistrates' Court	2	Guilty	Guilty	£3,000	Full costs over £700 awarded to GOSc

The Register: facts and figures

Fig 2: Osteopaths currently on the Register
(at August 2009)

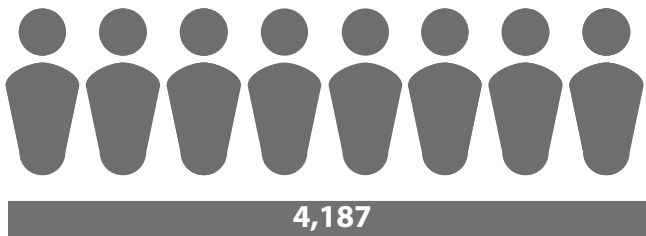


Fig 3: Gender breakdown



Fig 4: Osteopaths who joined our Register
(01 April 2008 – 31 March 2009)

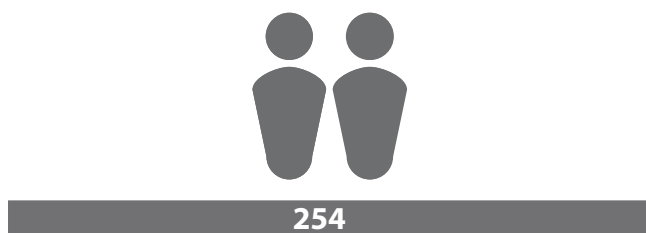
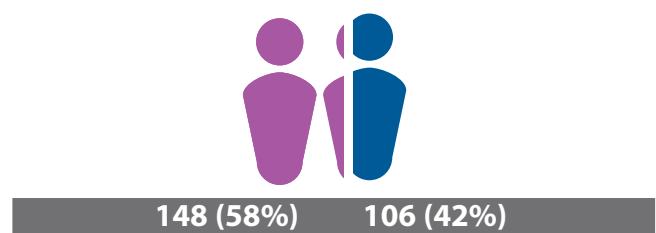


Fig 5: Gender breakdown



The Register: facts and figures (cont.)

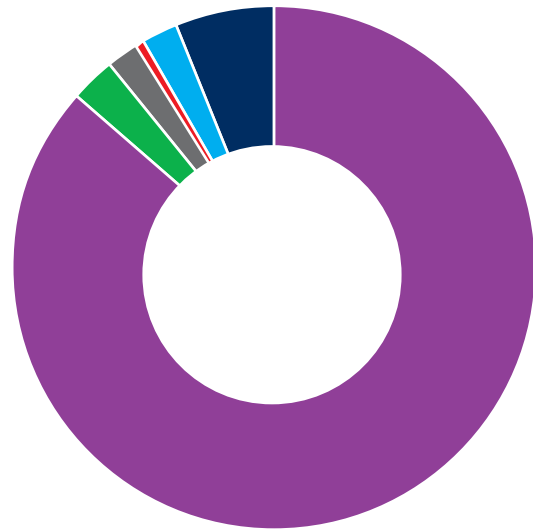
Fig 6: Removals from the Register

During this reporting period, 202 osteopaths were removed from the Register, for the following reasons:

- > Deceased: 3
- > Non-compliance with CPD: 46
- > Non-payment of the annual registration fee: 69
- > Resignation (for reasons such as moving abroad, full-time parenting or ill health): 70
- > Retirement from practice: 14

Fig 7: Where osteopaths practise

as at August 2009



England	3,622	(86.50%)
Scotland	120	(2.87%)
Wales	88	(2.10%)
Northern Ireland	18	(0.43%)
Republic of Ireland	87	(2.08%)
Rest of the world	252	(6.02%)

(Data below from the GOsC Equality & Diversity survey, February 2009, see page 18)

Fig 8: Age range of osteopaths

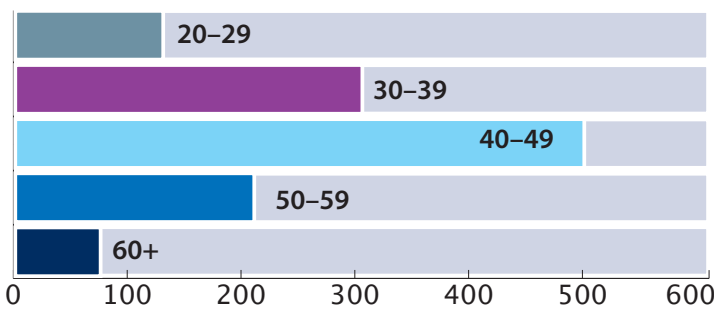
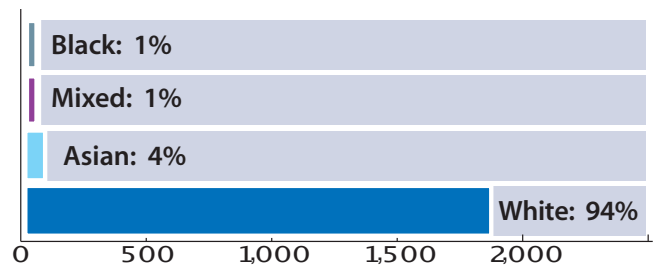


Fig 9: Ethnicity



3 Ensuring osteopaths keep their knowledge and skills up to date

Continuing professional development (CPD)

To renew their registration, osteopaths must provide us with confirmation that they have undertaken a minimum of 30 hours of CPD every year. We expect osteopaths to undertake CPD activities that will maintain their skills and enhance their practice of osteopathy. For verification purposes, registrants must keep documentary evidence that they have completed the CPD activities claimed.

Examples of CPD include:

- > Courses and lectures
- > Reading journals/research papers
- > Shadowing or mentoring other health professionals
- > Multimedia learning.

A random sample of 32% of the CPD returns was examined in further depth during 2008 to ensure that the CPD activities claimed complied with the CPD Guidelines. A further 5% of osteopaths were asked to present evidence in support of the CPD activities claimed.

CPD online facility

A web-based facility was launched in early 2008, which allows osteopaths to complete and return their

CPD Annual Summary Forms online. The facility also offers [guidance on the GOsC requirements](#) for CPD and how these might be achieved, and a directory of osteopathic CPD courses. Over 2,000 osteopaths (approximately 50%) used the online facility to make their 2008 CPD returns.

In the year ahead the GOsC plans to conduct a comprehensive review of its continuing professional development processes. We will appraise the scheme by looking at how current requirements link to outcome; patterns of supply and consumption; and the willingness of the profession to submit CPD returns online.

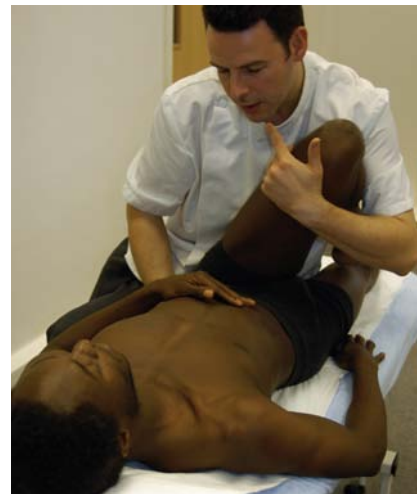
Revalidation

In line with Government requirements applied to all regulated health professions, we are developing a [revalidation scheme](#) aimed at ensuring that osteopaths remain fit to practise and meet our standards of competence, clinical practice, communication and professionalism.

It is likely that all osteopaths will be assessed every five years and, as part of their revalidation, may be asked to provide a range of evidence, including:

- > Evidence from clinical practice
- > Patient feedback
- > Peer review
- > Clinical performance evaluation.

We are currently consulting widely on a draft revalidation scheme. We plan to conduct a pilot in 2010, in preparation for implementation in 2011–12.



4 Setting standards, promoting good practice

It is our role to set and regularly review the standards of practice and conduct expected of osteopaths. This has been the focus of a number of key projects this year.

Revisions to the *Code of Practice*

In December 2008, the GOsC began a review of the current *Code of Practice for Osteopaths*, introduced in May 2005. We held consultation meetings across the UK in early 2009 to enable osteopaths to identify to us the parts of the Code which, in their view, needed to be amended. A further consultation on a revised draft will take place once it is produced and it is our aim to publish a new *Code of Practice for Osteopaths* in 2010.

Revising osteopathic practice standards

In 2008 we developed a revised set of *Osteopathic Practice Standards* (formerly the *Standard of Proficiency*), setting out the requirements for safe and competent osteopathic practice. These are the threshold standards osteopaths must meet in order to gain and maintain registration with the GOsC and they are reviewed every five years to ensure they take full account of patient protection needs and the environment in which osteopaths practise.

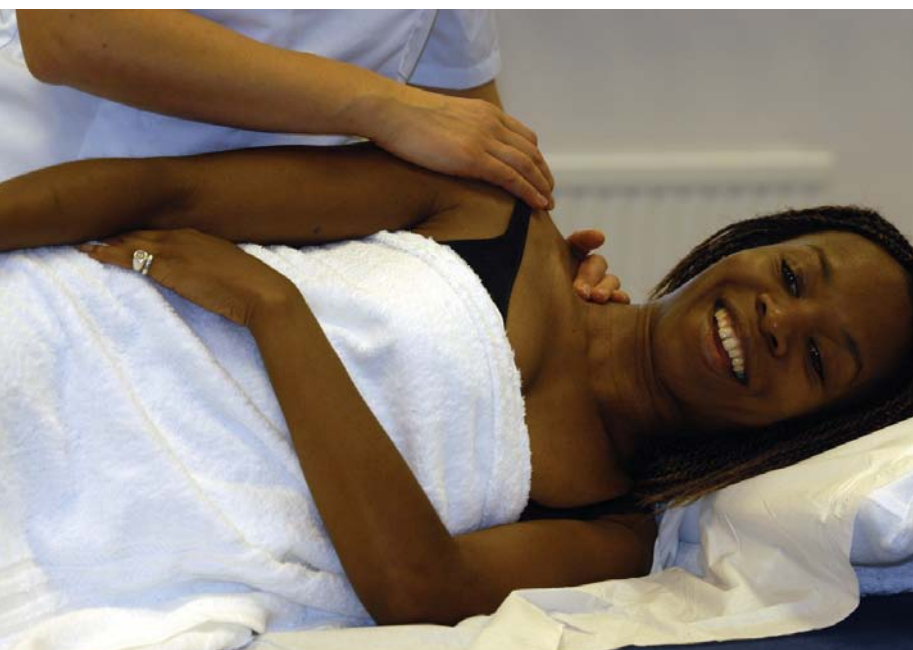
In November 2008, we launched a [consultation](#) on the proposed revisions to the standards, which continued until 30 June 2009. Feedback from the consultation, which included the regional meetings across the UK, will be used to refine the standards further before publication.

Promoting international standards

Increasingly, both patients and healthcare professionals move around the European Union to live and work. Standards of osteopathic care vary across Europe, which suggests a need for greater patient protection through proper regulation.

In May 2008, the [Forum for Osteopathic Regulation in Europe \(FORE\)](#), of which the GOsC is a founding member and for which it provides the secretariat, agreed a [European Framework on Standards of Osteopathic Education and Training](#). This completes a portfolio of three standards documents (also including European Frameworks for Codes and Standards of Osteopathic Practice) intended for adoption throughout Europe.

We are also working with [institutions and organisations elsewhere in the world](#) towards greater consistency in international osteopathic standards and practice.



Developing the scope of osteopathic practice

To enhance understanding and awareness of osteopathic practice, the GOsC is advocating the development of a scope of practice, setting out the general parameters of osteopathic healthcare and indicating the various approaches to clinical practice that patients may be offered.

This year, to generate a debate within the profession on this subject, the GOsC produced an [initial discussion document](#) and undertook a round of consultation meetings with the profession between March and June 2009. An independent report on the feedback from that exercise will shape future work on a scope of osteopathic practice, and further rounds of consultation will be held.

Enhancing quality and safety

To strengthen the evidence base for osteopathy, the General Osteopathic Council works in partnership with the [National Council for Osteopathic Research \(NCOR\)](#), the body responsible for promoting a research culture within UK osteopathy, and which funds the following research projects aimed at enhancing the quality and safety of osteopathic practice:

- > **Adverse Events project** – a three-year programme of interrelated research projects is currently assessing the safety of osteopathic care for patients through an evaluation of risk in osteopathic practice.
- > **Standardised Data Collection** – a three-year project, coordinated by NCOR and initiated in March 2007, to produce a national audit tool for osteopathic practice. The Standardised Data Collection initiative, currently being piloted, will make a valuable contribution to monitoring quality in the delivery of osteopathic care.

- > **Osteopathic Patient Expectations study** – a major study to be completed by the end of 2009, aimed at developing a much clearer understanding of patients' perceptions and expectations of osteopathy.

We also finance free distribution of the quarterly *International Journal of Osteopathic Medicine (IJOM)* to all osteopaths to assist their professional development.



5 Dealing with concerns and complaints

Public protection is the core of the GOsC's role and as part of this we are committed to operating a fair process through which patients, the public and others can raise concerns about an osteopath and make a formal complaint.

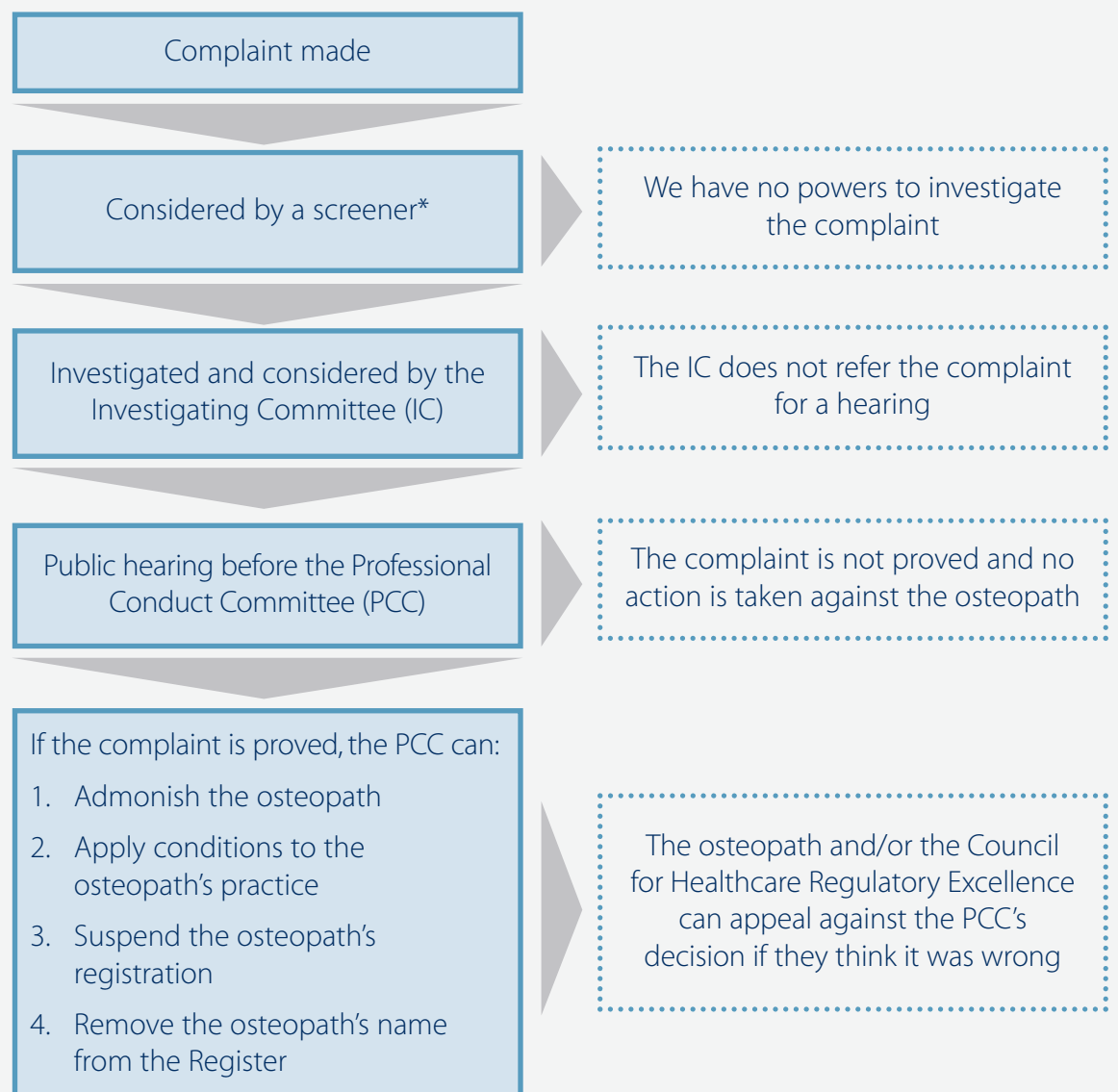
This process is governed by the Osteopaths Act 1993 (sections 20 to 25) and the following

statutory instruments (the Rules): Investigation of Complaints (Procedure) Rules 1999; Professional Conduct Committee (Procedure) Rules 2000; Health Committee (Procedure) Rules 2000.

Guidance and advice to those with concerns about an osteopath's conduct or practice are offered via the GOsC website – www.osteopathy.org.uk – or directly over the telephone or in writing. During the period under review, this guidance was further improved and complemented by information specifically for those who need to [attend a fitness to practise hearing](#).

Our fitness to practise process

The Act and Rules determine the process that is followed when we investigate a complaint about an osteopath.



* A screener is an osteopathic member of the Investigating Committee.

The source of complaints

The majority of complaints are made by patients, and very often result from a breakdown in communication with their osteopath.

Of the 25 cases that were considered by the [Investigating Committee](#) during the period covered by this report:

- > 21 resulted from complaints by patients.
- > 3 cases were raised by the police, relating to a criminal investigation or conviction.
- > 1 case was raised by the GOsC Registrar and involved an osteopath who was thought to be practising without adequate professional indemnity insurance.

Fitness to practise: facts and figures

- > Number of cases considered by the Investigating Committee: 25
- > Number of Professional Conduct Committee final decisions: 11

Fig 10: Investigating Committee decisions

No case to answer – 8 cases



Case to answer – 17 cases



Fig 11: Professional Conduct Committee decisions

Decision	No. of cases*
Not proved	2
Proved and osteopath admonished	3
Proved and conditions imposed on the osteopath's practice	2**
Proved and osteopath suspended	0
Proved and osteopath removed from the Register	4**
Total:	11

* A single registrant may have been involved in more than one case.

** See Appeals section on page 16.

Interim suspension

To protect the public, both the [Investigating and Professional Conduct committees](#) have powers to suspend an osteopath's registration while a complaint is being investigated, if they consider it necessary. This occurred in four cases during the year under review.

Evaluating our complaints processes

We have commissioned a programme of ongoing research to test complainants' and registrants' satisfaction levels with the service provided by our Regulation department when dealing with concerns and complaints. This research will also include individuals who contact the GOsC with a concern but may not go on to make a formal complaint. Questionnaires are issued by GOsC staff but returned to an independent research organisation which analyses the results. The findings will be used to refine our [fitness to practise processes](#) and, where appropriate, to issue guidance to registrants.

Fig 12: Time taken for cases to be considered

Stage	Target time from receipt of complaint	Average time for cases considered during 2008–09
Screened (19 cases)	3 weeks	4 weeks
Considered by the Investigating Committee (25 cases)	4 months	4.5 months
Heard by the Professional Conduct Committee (11 cases)	13 months	12 months

Time taken for fitness to practise cases to be considered

The GOsC has set targets for completion of the three main stages of an investigation. We have also put in place a service-level agreement with our external lawyers, to ensure they assist us in meeting these targets. The table above shows performance against targets during the period under review. We will aim to meet these targets in the year to come and, where it is possible without compromising fairness to all parties concerned, we will aim to exceed them.

Appeals

A registrant may appeal to a relevant court against a decision that is reached by the Professional Conduct Committee. For example, registrants who reside in England or Wales make their appeal to the High Court of Justice for England and Wales.

Under section 29 of the National Health Service Reform and Health Care Professions Act 2002, the Council for Healthcare Regulatory Excellence (CHRE) also has the power to challenge any decisions by the Professional Conduct Committee which it considers too lenient.

During 2008–09 there were three appeals, of which two were concluded during the reporting period:

- > In one case, the CHRE appealed against the Professional Conduct Committee's decision to impose a conditions of practice order on a registrant. The appeal was allowed and the PCC's decision was quashed and substituted by an order for the removal of the registrant from the Register.

An internal review of the handling of all stages of the case in question was undertaken with a view to learning the lessons arising from this legal challenge.

- > In the other case, a registrant appealed the decision to remove his name from the Register. This appeal was not successful.



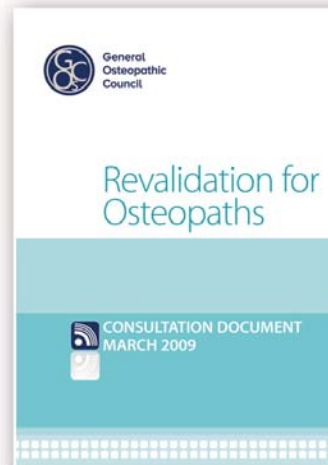
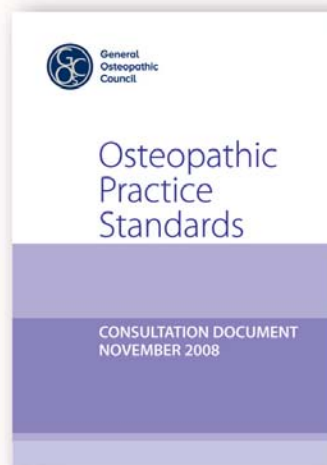
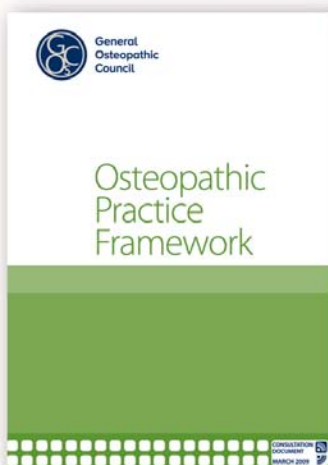
6 Engaging with patients, the public and professionals

We are committed to working in partnership with osteopaths, patients, other healthcare professionals, policy makers and all those affected by our activities. We take account of others' views and welcome the widest possible input.

- > The following consultations took place in 2008:
 - > GOsC draft Equality Scheme and Action Plan
 - > New GOsC governance structure
 - > New statutory committees
 - > Revalidation
 - > Osteopathic Practice Standards
 - > Scope of practice (Osteopathic Practice Framework)
 - > Code of Practice.
- > **Professional standards**
In November 2008, we launched a series of national consultations on key areas of policy development, including proposals for revalidation, and on revisions to the Osteopathic Practice Standards and to the *Code of Practice for Osteopaths*. Comments were invited from all osteopaths and from public and patient representatives, via written submissions by post and online.

Osteopaths also had an opportunity to feed back their views at a series of regional consultation events from March to June 2009.

- > **Scope of practice**
In March 2009, we began discussions with osteopaths, osteopathic representative groups and training providers, aimed at arriving at a clear definition of the scope of osteopathic practice.
- > **Engaging with osteopaths**
Sound regulation relies on clear understanding between the regulator and the registrant. We communicate with registrants through our bi-monthly magazine – *The Osteopath* – and a dedicated registrants' website. This is supported by regular face-to-face meetings with representatives of the osteopathic training institutions, the British Osteopathic Association, the regional osteopathic societies, the [National Council for Osteopathic Research](#), and with the profession.
- > **Engaging with students**
The 2008 cohort of graduating students of osteopathy all had the opportunity to attend an on-campus presentation by the GOsC, which outlined the purpose of statutory regulation, the role of the GOsC, and the requirements for entry on the [UK Register of Osteopaths](#).
- > **Patient expectations**
In 2008, we planned and launched a [programme of research](#) to gain a better understanding of public and patient expectations and experience of osteopathic care. The results of the research are expected at the end of 2009.



7 Equality and diversity

The GOsC's [Equality Scheme](#) was approved by Council in July 2008, subject to a consultation exercise which took place over the following three months. The Scheme is supported by an Action Plan which sets out the actions necessary to achieve our aim of ensuring that all our activities – both as regulator and employer – support and promote equality and diversity. Some key actions during the year under review are set out below.

- > [The recruitment process](#) used to establish the GOsC's new governance structure (April 2009) was designed to attract candidates of high calibre and from a diverse background.
- > Training in equality and diversity was provided to all members of the GOsC's new governance structure, i.e. Council Members, and members of statutory and other committees. The training covered anti-discrimination legislation and equality and diversity awareness.
- > The GOsC's headquarters, Osteopathy House, was redeveloped with a view to making the building fully accessible to those with a disability. The redevelopment included installation of a lift, induction loops in the Council chamber and facilities for wheelchair users.
- > A diversity data collection exercise was completed in order to get a more up-to-date and fuller picture of the ethnicity and disability profile of the osteopathic profession. A questionnaire aimed at gathering this information was sent to all osteopaths in February 2009; 46% of those surveyed responded.
- > [The new public website](#) (launched in April 2009) was specifically designed to facilitate accessibility and proactively encourage stakeholders to comment on the impact of the Council's policies on equality and diversity. Information and documents, online and in hard copy, are provided in large font where requested and we accommodate foreign language requests where possible.
- > A survey of users of the Council's fitness to practise procedures was started in January 2009. The questionnaires, circulated to all complainants and respondents, include questions aimed at identifying any aspect of the procedures which may impact adversely on particular groups.
- > [Osteopathic Educational Institutions](#) were required to include information about their equality and diversity policies in the annual reports submitted to the GOsC.
- > All GOsC staff received training in anti-discrimination legislation and equality and diversity awareness. Managerial staff also received training in conducting equality impact assessments.
- > Equality impact assessments are now required to be undertaken before any policy is adopted.
- > A diversity profiling exercise was undertaken to ensure up-to-date information on the diversity of GOsC staff.
- > Revisions were made to key human resources policies and procedures in order to ensure compliance with the law and equality and diversity best practice. A review of use of recruitment agencies and advertising media resulted in changes aimed at maximising the chances of attracting high-calibre candidates from a diverse background.
- > Suppliers to the GOsC are required to provide evidence of their commitment to equality and diversity as a condition of acquiring business.

8 Enhancing our services

New Council

In line with reforms of healthcare regulation stipulated by Government, the GOsC this year implemented major changes to its governance structure. A new, smaller **Council**, comprising seven osteopaths and seven lay people, one of whom is the Chairman, took office in April 2009. All members were appointed following a national recruitment campaign overseen by the independent Appointments Commission.

New statutory committees

Other governance reforms included the appointment of new **Fitness to Practise committees** – **Investigating, Professional Conduct**, and **Health**. The composition of these committees excludes members of the Council. Members were recruited following a national recruitment campaign overseen by the Appointments Commission and took up office on 1 April 2009.

The GOsC's **Education Committee** was also re-constituted, comprising nine members – five members, including a Chair, appointed from the new Council, and four recruited externally.

Non-statutory committees

The Council's **non-statutory committees** – **Audit, Finance & General Purposes**, and **Remuneration** – were also reconstituted.

Induction, training and appraisal

A new, comprehensive programme of induction, training and appraisal was introduced this year to ensure that the new Council and members of statutory and non-statutory committees are best equipped to fulfil their roles. The training covered all the legislation relevant to the GOsC, including the Osteopaths Act, the Human Rights Act and anti-discrimination laws, the Data Protection Act and the Freedom of Information Act. All members also had training in equality and diversity awareness.

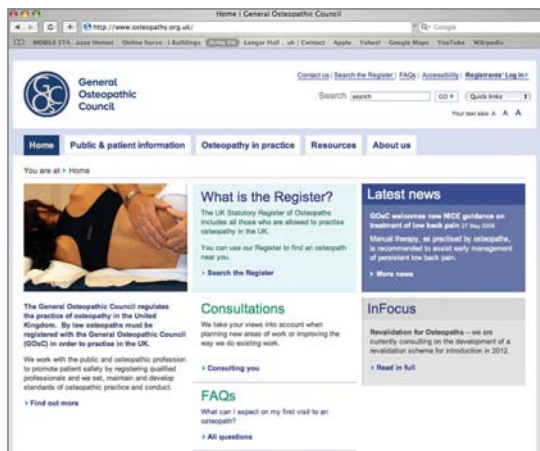
Independent audit programme

To ensure our processes are efficient and effective, we regularly commission independent audits of our key functions. This year, audits of our **fitness to practise procedures** and our human resources processes were conducted, and the findings have enabled us to reduce areas of risk and improve our performance.



New public website

We undertook an extensive redevelopment of our public website for launch in April 2009. Our online information has become, for the public, our most important source of advice and guidance. The new website aims to increase accessibility, encourage feedback from patients and the public, and provide more information about [osteopaths on the Register](#).



New registrants

We conducted a survey of new registrants to assess their satisfaction levels with our registration processes. Of those who responded, 94% considered the assistance given by the GOsC to those applying for registration helpful or very helpful, and two-thirds rated the GOsC pre-registration communications campaign very useful. Just 8% had experienced some difficulty completing the registration process, and 25% suggested aspects of the process that could be improved – findings that have helped us refine our processes.

Osteopathy House

A redevelopment of Osteopathy House, the GOsC's headquarters, began in December 2008 and was completed in April 2009. As a result, the building is now wholly accessible for individuals with disabilities and provides significantly improved facilities for fitness to practise hearings.



Our annual Performance Review

In common with the eight other healthcare regulatory bodies, the GOsC is subject to external monitoring by the Council for Healthcare Regulatory Excellence (CHRE). The CHRE conducts an annual Performance Review which is subsequently featured in a report to Parliament. We publish the [Performance Review](#) on our website and its findings inform our business planning and the setting of performance targets.

In our review for 2008, the GOsC was assessed as being a "forward and outward looking regulator" which continued "to demonstrate excellence" in:

- > its communication with registrants;
- > engagement and consultation with a wide range of stakeholders; and
- > its active role in the development of European and international regulation.

9 Key projects for 2009–10

Online services

The introduction of new stakeholder relations management software will help us conduct more of our business online, streamlining our services to osteopaths and the public.

We plan to review the content of the registrants' website in the year ahead with a view to introducing enhancements that will also improve its usability, functionality and accessibility.

Patient research

A UK-wide survey of patients' expectations of osteopathy will inform GOsC policy-making and help to shape information provided to patients by all concerned with osteopathic care.

National practice survey

We propose to conduct a survey of osteopathic practice aimed at providing a comprehensive, up-to-date profile of UK osteopathic practice trends.

Registration audit

An independent audit of the GOsC's registration rules will be conducted and new rules drafted as required to clarify and streamline registration procedures.

2009 regional consultation events

Six regional consultation meetings with registrants across the UK in 2009 will aim to engage as many osteopaths as possible in the development of four key elements of osteopathic practice:

- > Revalidation for osteopaths
- > Revisions to the *Code of Practice for Osteopaths* (issued 2005)
- > Revisions to the *Osteopathic Practice Standards*
- > Development of an *Osteopathic Practice Framework* (scope of practice).



10 Financial report for the year 2008-09

Overview

The financial statements for this period show a surplus of £84,722 before designated spending for specific, one-off projects. This year, designated funding accounted for £357,229 with the major item being £180,322 designated for reforms to the GOsC governance structure.

As a result of spending on these projects in the period under review, total cash held reduced by £491,772 to £1,861,852. General Reserves total £2,502,072 with ring-fenced funds totalling £2,163,843, including £1,854,733 specifically allocated as a fixed asset fund. Further information on the funds can be found in the Reserves section of this report, on pages 24-25.

Figure 13 summarises key elements of the Income and Expenditure Account in the last two financial years.

Fig 13: Income and Expenditure

	Financial year	
	2008-09 £	2007-08 £
Total income	2,864,747	3,007,594
Total expenditure, including corporation tax charge	2,806,741	2,467,849
Total designated spending	357,229	347,853*
(Deficit)/Surplus after designated spending	(299,223)	191,892
% of income spent before designated spending	97.98%	82.05%

* includes GOsC 10th anniversary event, *Advancing Osteopathy 2008*.

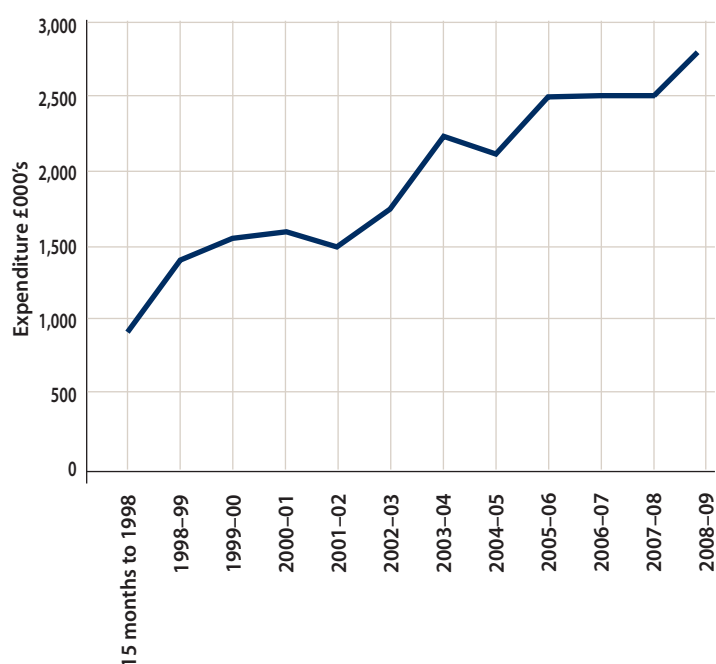
Income

Income totalled £2,864,747, of which 93.81% was derived from registration fees. The level of the registration fee has remained unchanged at £750 since May 2000.

Expenditure

In the period under review, £2,780,025 in total was spent on discharging our statutory functions. Figure 14 highlights the increase in expenditure since the establishment of the Council a decade ago.

Fig 14: Total expenditure per financial year



Employment costs

Total expenditure on staff and related costs was £1,187,489, an increase of £23,854 on the previous year (£1,163,635). In the year under review, £1,099,330 related to salaries and pension costs, which represented 39.54% of the total expenditure compared to 43.41% last year.

Professional Standards

Expenditure in this area – £338,368 – was higher than in the previous financial year (£298,878), an increase of 13.21%. This was due to higher than anticipated expenditure on accrediting Recognised Qualifications (RQs). Over the last five years, accreditation of RQs, which is conducted on behalf of the GOsC by the independent Quality Assurance Agency, has averaged £113,751 per year. This represents 4.62% of the GOsC's total expenditure for the same period, which amounts to £34.65 per registrant.

Communications

Total expenditure on **communications** was £266,978, a reduction of 15.24% (£48,012) on the previous year (£314,990). Activities undertaken during the year include: the production and distribution of *The Osteopath* magazine (£61,384); developing a **new public website** (£54,285); and the promotion of **regulation of osteopathy in Europe** (£20,412). The reduction reflects the move to bi-monthly editions of *The Osteopath* magazine and attendance at fewer national exhibitions during the period under review.

Registration & Management Information Services (MIS)

Expenditure in this area is aimed at maintaining the integrity of the Register, and ensuring IT applications effectively support this aim. In the period under review, expenditure included £34,835 for the publication and distribution of the last hard-copy **Statutory Register of Osteopaths**. In addition, the department’s work focussed on the checks carried out through the Criminal Records Bureau (£7,764).

Regulation (including fitness to practise)

Expenditure increased significantly in the period from £310,746 to £533,127. The increase was specifically related to the cost of convening **fitness to practise hearing panels**. The cost of the **statutory committees** was £440,911 in the period and this reflected the complexity of the cases considered and the length of cases, which has increased on previous years. In addition, with Osteopathy House being redeveloped, it was necessary to hold hearings offsite, which added significantly to the cost of holding hearings.

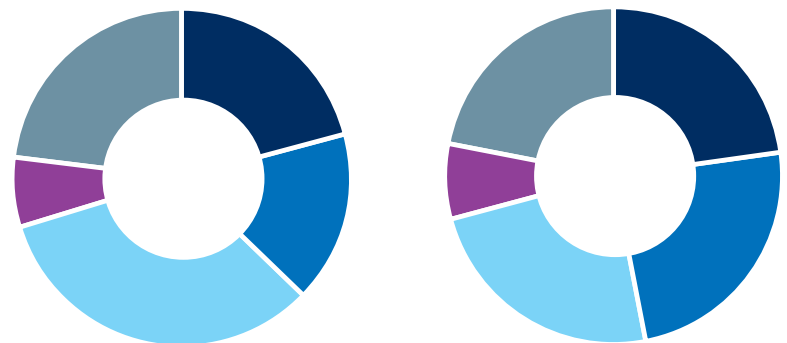
Secretariat

Total expenditure increased this year by 31.89% (£76,726) to £325,136. This is due to the greater number of meetings (of committees and working groups) convened in preparation for the introduction of a **new governance structure** and other government-stipulated reforms, e.g. revalidation. Another factor was the commissioning of two independent audits – of our fitness to practise procedures and of our human resources procedures (£19,958), and expenditure related to implementing HR reforms (£4,019).

This year a survey was conducted amongst new registrants to assess their satisfaction with our registration processes. In addition, research into the experiences of complainants has been initiated – the cost of the two research activities was £19,546.

Figure 15 shows the breakdown of expenditure per function.

Fig 15: **Breakdown of expenditure (%)***



2008–09

£338,368 (20.90%) Professional Standards

£266,978 (16.49%) Communications

£533,127 (32.92%) Regulation

£108,416 (6.70%) Registration & MIS

£372,363 (22.99%) Secretariat**

2007–08

£298,878 (22.92%)

£314,990 (24.15%)

£310,746 (23.83%)

£93,767 (7.19%)

£285,833 (21.91%)

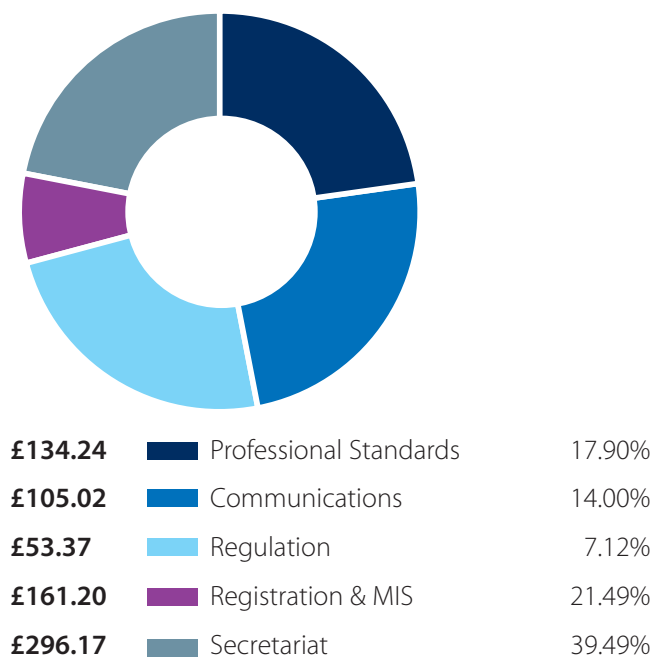
* Excluding *Advancing Osteopathy 2008*.

** Includes financing and corporation tax.

What does the registration fee fund?

The annual registration fee of £750 is analysed below to show the amount spent by each function.

Fig 16: **Proportion of £750 registration fee spent for key activities 2008–09**



These key activities included:

RQ accreditation	£43.15
Research journal (<i>IJOM</i>)	£17.76
Revalidation	£6.49
Adverse Events/Standardised Data Collection	£11.77
Website development	£13.06
<i>The Osteopath</i> (net costs)	£6.30
Statutory and related committees – Regulation	£106.07
Council and committees – Secretariat	£29.64
Independent audit programme	£11.33
Implementation of new governance arrangements	£43.37
Support costs	£66.79

Reserves policy

During the reporting period, the Council reviewed the requirement for free reserves, i.e. those funds not invested in tangible fixed assets, designated for specific purposes or otherwise committed. It approved a reduction in the free reserves level from the equivalent of six months' average annual expenditure, to three months'. The Council considered that this was adequate, given the organisation's current risk profile, but agreed that the situation should be subject to annual review.

Reserves position

The [balance sheet](#) shows total funds of £2,502,072.

The Council has a fixed asset fund totalling £1,854,733. The increase in this fund represents the enhancements to Osteopathy House as a result of redevelopment work conducted in 2009.

General funds (free reserves) at 31 March 2009 total £338,229 – equivalent to 1.8 months' average annual expenditure.

Funds totalling £309,110 have been designated for the specific purpose of:

> Research into adverse events in osteopathic practice	£162,059
> Development of a standardised data collection tool	£79,338
> Development of a scheme of revalidation for osteopaths	£48,035
> Reforms to the GOsC governance structure	£19,678

These designated funds reflect the Council's commitment to investing in the development of the osteopathic profession and the infrastructure required to deliver effective regulation:

- > The Adverse Events research and Standardised Data Collection aim to increase the evidence-base for osteopathy.
- > The governance fund enabled the GOsC to implement the reforms specified by the Government and included the recruitment and establishment of a new Council and statutory committees.
- > The revalidation fund enables the GOsC to implement Government reforms to healthcare regulation by developing a scheme under which all

osteopaths will be required to demonstrate periodically that they meet the standard for continued registration. The scheme, currently being developed, is due to be implemented in 2011–12.

Statement of members of Council's responsibilities

The members of Council are responsible for preparing the report of the Council and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The *Osteopaths Act 1993* requires the members of Council to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Council and of the income and expenditure of the Council for that period. In preparing these financial statements, the members of Council are required to:

- > Select suitable accounting policies and then apply them consistently
- > Make judgements and estimates that are reasonable and prudent
- > State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- > Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in business.

The members of Council are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Council and enable them to ensure that the financial statements comply with the *Osteopaths Act 1993*. They are also responsible for safeguarding the assets of the Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The members of Council are responsible for the maintenance and integrity of the Council and financial information included on the Council's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

**Approved by Members of Council on
29 September 2009 and signed on their behalf by:**



**Professor Adrian Eddleston
Chairman**

Report of the independent auditor to the members of the General Osteopathic Council

We have audited the financial statements of the General Osteopathic Council for the year ended 31 March 2009 which comprise the income and expenditure account, the balance sheet, the cash flow statement, the principal accounting policies and notes 1 to 13. These financial statements 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 auditor's 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 Council and its members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

The members of Council's responsibilities for preparing the report of the Council and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Members of Council's Responsibilities.

We have been appointed as auditors under section 40 of the Osteopaths Act 1993 and report in accordance with regulations made under section 40 of that Act. Our responsibility is to audit the financial statements 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 financial statements give a true and fair view and whether they are properly prepared in accordance with the Osteopaths Act 1993. We also report to you if, in our opinion, the report of the Council is not consistent with the financial statements, 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 contained in the Annual Report, and consider whether it is consistent with the audited financial statements. The other information comprises only the Chairman's statement, the Chief Executive and Registrar's introduction and the report of the Council. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to other information.

Basis of audit 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 financial statements. It also includes an assessment of the significant estimates and judgements made by the members of Council in the preparation of the financial statements, 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 financial statements 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 financial statements.

Opinion

In our opinion:

- > The financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the Council's affairs as at 31 March 2009, and of its income and expenditure for the year then ended; and
- > The financial statements have been properly prepared in accordance with the Osteopaths Act 1993.

Grant Thornton UK LLP

Grant Thornton UK LLP

Registered Auditors

Chartered Accountants

14 October 2009
London

Accounts

Income and expenditure account

Year to 31 March 2009

	Notes	2009 £	2008 £
Income			
Fees		2,687,392	2,593,161
Bank interest		126,906	133,514
Other income	1	50,449	78,339
<i>Advancing Osteopathy 2008</i> – 10th anniversary event	5	—	202,580
Total		2,864,747	3,007,594
Expenditure			
Staff and related costs	2	1,187,489	1,163,635
Professional Standards	4	338,368	298,878
Communications	4	266,978	314,990
Registration & MIS	4	108,416	93,767
Regulation (including fitness to practise)	4	533,127	310,746
Secretariat	4	325,136	248,410
Financing	4	20,511	10,734
Subtotal		2,780,025	2,441,160
Surplus before designated spending and taxation		84,722	566,434
Designated funds			
<i>Advancing Osteopathy 2008</i>		625	305,451
Standardised Data Collection		662	14,690
Adverse Events		48,251	20,000
Governance challenges		180,322	—
Revalidation		26,965	7,712
Osteopathy House redevelopment		7,181	—
General reserve		93,223	—
Subtotal		357,229	347,853
Total expenditure including designated spending		3,137,254	2,789,013
Corporation tax charge	7	26,716	26,689
(Deficit)/Surplus for the year after tax	12	(299,223)	191,892

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

There is no difference between the (deficit)/surplus before taxation and the retained (deficit)/surplus for the periods stated above, and their historical cost equivalents.

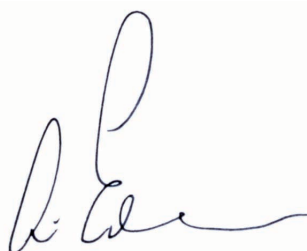
No statement of recognised gains and losses is required as there are no recognised gains or losses in this accounting period or prior period other than the (deficits)/surpluses for the periods.

Balance sheet

31 March 2009

	Notes	2009 £	2009 £	2008 £	2008 £
Fixed assets	8		1,854,733		927,356
Current assets					
Debtors	9	296,379		286,717	
Short-term deposits		—		2,100,000	
Cash at bank and in hand		1,861,852		253,624	
		2,158,231		2,640,341	
Creditors: amounts falling due within one year	10	(1,510,892)		(766,402)	
Net current assets			647,339		1,873,939
Total assets less total liabilities			2,502,072		2,801,295
Reserves					
General reserve	12		338,229		683,629
Designated funds	12				
> Adverse Events			162,059		210,310
> Standardised Data Collection			79,338		80,000
> Governance arrangements			19,678		200,000
> Revalidation			48,035		150,000
> Osteopathy House redevelopment			—		550,000
Fixed asset fund			1,854,733		927,356
Total reserves	12		2,502,072		2,801,295

Approved by members of Council on 29 September 2009 and signed on their behalf by:



Professor Adrian Eddleston
Chairman



Mr John Chuter OBE
Treasurer

Cash flow statement

Year to 31 March 2009

	Notes	2009 £	2008 £
Cash inflow from operating activities	A	384,440	252,834
Returns on investments and servicing of finance	B	126,906	133,514
Taxation		(26,716)	(26,689)
Capital expenditure	B	(976,402)	(50,087)
(Decrease)/Increase in cash	C	(491,772)	309,572

Notes to the cash flow statement for the year to 31 March 2009

A Reconciliation of (deficit)/surplus before tax to net cash inflow from operating activities

	2009 £	2008 £
(Deficit)/Surplus before tax	(272,507)	218,581
Interest receivable	(126,906)	(133,514)
Depreciation charge	49,025	50,833
Increase in debtors	(9,662)	(38,296)
Increase in creditors	744,490	155,230
Net cash inflow from operating activities	384,440	252,834

B Gross cash flows

	2009 £	2008 £
Returns on investment and servicing of finance		
Interest receivable	126,906	133,514
	126,906	133,514
Capital expenditure		
Payments to acquire tangible fixed assets	(976,402)	(50,087)
	(976,402)	(50,087)

C Analysis of changes in net funds

	1 April 2008 £	Cash flows £	31 March 2009 £
Cash at bank and in hand	253,624	1,608,228	1,861,852
Short-term deposits	2,100,000	(2,100,000)	—
Total	2,353,624	(491,772)	1,861,852

D Reconciliation of net cash flow to movement in net funds

	£
Decrease in cash in the period	(491,772)
Net funds at 1 April 2008	2,353,624
Net funds at 31 March 2009	1,861,852

Principal accounting policies

31 March 2009

Basis of accounting

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

Tangible fixed assets

All assets with a useful economic life of more than one year, and costing more than £1,000 (or more than £750 for computer equipment), are capitalised. Depreciation is provided on fixed assets, on a straight-line basis, as follows:

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

Income

Fee income and bank interest income are accounted for on a receivable basis.

Expenditure

Expenditure is accounted for on a payable basis.

Support costs have been apportioned between the functions on the basis of the average number of employees (see note 2 on page 32), except where they can be attributed directly to a function.

Council considers that the National Council for Osteopathic Research (NCOR) should be accounted for as a Joint Arrangement which is Not an Entity (JANE) for the purpose of the monies shown within these accounts.

Pension contributions

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

Fund accounting

The general reserve consists of unrestricted funds that are available for use at the Council Members' discretion in furtherance of the objectives of the Council. Designated funds are unrestricted funds set aside at the discretion of the Council Members for specific purposes.

Short-term deposits

Short-term deposits comprise cash sums held on deposit with recognised banks.

Notes to the accounts

31 March 2009

1 Income

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

The National Council for Osteopathic Research (NCOR) contribution comprises the reimbursements received from the British Osteopathic Association (BOA) and the osteopathic educational institutions (OEI) towards the NCOR contribution paid by the Council.

Other income received in the year was as follows:

	2009	2008
	£	£
Other income		
Assessment of clinical performance/conditions of practice	1,721	5,270
Regional consultation meetings	6,114	—
NCOR contribution	—	10,000
Magazine and leaflets	37,161	53,495
Recoverable costs (section 32)	878	4,477
Miscellaneous	4,575	5,097
Total	50,449	78,339

2 Employees and staff costs

Staff costs during the year were as follows:

	2009	2008
	£	£
Wages and salaries	878,459	791,438
Social security costs	96,631	86,036
Other pension costs (see note 3)	124,240	182,253
Subtotal	1,099,330	1,059,727
Temporary staff	12,295	12,160
Recruitment	57,465	75,285
Training and development	9,951	5,156
Other	8,448	11,307
Total	1,187,489	1,163,635

The average number of the Council's employees, on a full-time equivalent basis and by activity, during the year ended 31 March 2009 was:

	2009	2008
Professional Standards	3	4
Communications	5	5
Registration & MIS	4	3
Regulation (including fitness to practise)	4	3
Secretariat	8	7
	24	22

3 Pension costs

The Council's employer pension contributions paid in the year under review were £124,240 (2008 – £184,345).

4 Expenditure

Expenditure for each function in the year was as follows:

		2009	2008
		£	£
Professional Standards			
Evaluation		183,075	75,938
Committees and workshops		18,149	19,438
Publication and subscriptions (including <i>International Journal of Osteopathic Medicine</i>)		78,038	68,411
Continuing Professional Development		397	31,843
Research (NCOR)		8,558	49,383
Standard of Proficiency		15,442	1,391
Support costs	6	34,709	52,474
Total		338,368	298,878
Communications			
GOsC publications		62,870	130,844
Committees and workshops		2,489	4,636
Internal communication		92,670	34,253
External communication		43,190	74,016
Publications and subscriptions		7,911	5,648
Support costs	6	57,848	65,593
Total		266,978	314,990
Registration & MIS			
Documentation and postage for registration		43,011	47,038
Conferences, committees and workshops		—	5,960
Management information systems		19,127	1,413
Support costs	6	46,278	39,356
Total		108,416	93,767
Regulation (including fitness to practise)			
Statutory and other committees and working groups		440,911	203,044
Fitness to practise documentation		1,093	6,682
Critical Cs project		—	28,193
Legal costs		43,054	19,165
Publications and subscriptions		1,791	1,659
Support costs	6	46,278	52,003
Total		533,127	310,746

Expenditure cont:

	2009 £	2008 £
Secretariat		
Council costs	94,491	66,609
Council working groups	—	4,477
Statutory and other committees and working groups	28,717	29,640
Equality and diversity	8,791	6,356
Independent audit programme	47,121	7,814
Research activities – complainant/registrant	19,546	—
Auditors' remuneration:		
> Audit	28,551	20,526
Publications and subscriptions	5,372	8,511
Support costs	92,546	104,477
Total	325,136	248,410
Financing		
Bank charges	11,386	10,734
Bad debt expense	9,125	—
Total	20,511	10,734
TOTAL	1,592,536	1,277,525

5 Advancing Osteopathy – 10th anniversary event

This event marked 10 years of statutory regulation for the osteopathic profession, and incorporated a formal launch reception, three days of international conferences and a dinner-dance reception. The financial commitment from the General Osteopathic Council was funded from a designated fund established in 2007. Income and expenditure in relation to the event have been recognised in the income and expenditure account.

6 Support costs

	2009 £	2008 £
Depreciation	49,025	50,833
Rates	36,036	34,485
Building maintenance	62,452	61,167
IT services	25,150	20,527
Utilities	11,600	12,428
Postage, printing and stationery	48,363	59,706
Telephone and fax	13,392	10,681
Insurance	25,809	30,899
Taxation on payments to Council Members*	—	25,294
Annual Report	3,846	5,447
Other	1,986	2,436
Total	277,659	313,903

* Taxation on payments to Council Members was allocated to various cost areas in the current period.

These costs have been apportioned as follows:

	2009 £	2008 £
Professional Standards	34,709	52,474
Communications	57,848	65,593
Registration & MIS	46,278	39,356
Regulation (including fitness to practise)	46,278	52,003
Secretariat	92,546	104,477
Total	277,659	313,903

7 Taxation

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

	2009 £	2008 £
Current tax:		
Corporation tax at 20%	26,716	26,689
Tax on surplus for year	26,716	26,689

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.

8 Fixed assets

	Freehold buildings £	Office furniture £	Office equipment £	Computer hardware £	Total £
Cost					
At 1 April 2008	1,080,326	176,458	107,504	153,670	1,517,958
Additions	930,183	23,983	—	22,236	976,402
Disposals	—	(74,314)	(89,194)	(142,044)	(305,552)
At 31 March 2009	2,010,509	126,127	18,310	33,862	2,188,808
Depreciation					
At 1 April 2008	216,128	123,493	105,427	145,554	590,602
Charge for the year	23,687	16,992	2,077	6,269	49,025
Disposals	—	(74,314)	(89,194)	(142,044)	(305,552)
At 31 March 2009	239,815	66,171	18,310	9,779	334,075
Net book value					
At 31 March 2009	1,770,694	59,956	—	24,083	1,854,733
At 31 March 2008	864,198	52,965	2,077	8,116	927,356

9 Debtors

	2009 £	2008 £
Fee debtors	221,647	194,476
Prepayments and accrued income	56,795	85,818
Other debtors	17,937	6,423
Total	296,379	286,717

10 Creditors: amounts falling due within one year

	2009 £	2008 £
Deferred income	522,920	470,001
Trade creditors	244,252	63,409
Accruals	642,319	162,163
Grants payable	7,304	—
Other creditors	4,630	1,759
Income tax and social security	65,310	48,692
Corporation tax creditor	24,157	20,378
Total	1,510,892	766,402

11 Payments to Council Members

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

	2009 £	2008 £
Appointed and elected members:		
> Attendance fees – Council, committees and sub-committees	133,825	91,750
> Travel	26,217	16,226
> Subsistence	3,755	3,051
Subtotal	163,797	111,027
Co-opted members:		
> Attendance fees – Council, committees and sub-committees	27,500	18,685
> Travel	4,347	3,291
> Subsistence	817	328
Subtotal	32,664	22,304
Total	196,461	133,331

At 31 March 2009 the Council membership was:

	2009	2008
Lay Members	8	8
Osteopath Members	12	12
Education Members	3	3
Secretary of State appointee	1	1
	24	24
Co-optees	36	19
Total	60	43

12 Reserves

	At 1 April 2008	Deficit for the year	Gross transfers between funds	At 31 March 2009
	£	£	£	£
General reserve	683,629	(299,223)	(46,177)	338,229
Designated funds:				
> Adverse Events	210,310	—	(48,251)	162,059
> Standardised Data Collection	80,000	—	(662)	79,338
> Governance arrangements	200,000	—	(180,322)	19,678
> Revalidation	150,000	—	(101,965)	48,035
> Osteopathy House redevelopment	550,000	—	(550,000)	—
Fixed asset fund	927,356	—	927,377	1,854,733
Total	2,801,295	(299,223)	—	2,502,072

The three designated project funds reflect the Council's commitment to reinvesting funds back into the profession. Adverse Events and Standardised Data Collection link intrinsically to the need for an evidence-based practice, which will assist the profession for many years to come. The [10th anniversary celebrations](#) took place during the year, and the designated fund was used in full. The governance arrangements fund relates to the government reforms of health regulation, including moving to a smaller, fully appointed Council.

The fixed asset fund was set up in order to demonstrate that not all of 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.

13 Capital commitments

Capital commitments that are contracted but not provided for at 31 March 2009 amount to £173,570, which represents approximately 15% of the redevelopment cost of Osteopathy House (2008 – £nil).

11 Who we are

The General Osteopathic Council

For the year under review (1 April 2008 to 31 March 2009)

Patron

HRH The Prince of Wales KG KT GCB

Chair

Professor Adrian Eddleston DM FRCP
appointed by Privy Council

Treasurer

Mr John Chuter OBE
appointed by Privy Council and elected
Treasurer by the Council

Lay Members

(appointed by Privy Council)

Mrs Geraldine Campbell BSc MSc
Mr Nigel Clarke BA (Hons)
Mrs Fionnuala Cook OBE
Professor Ian Hughes PhD MILTHE
Mr Paul Sommerfeld MA
Miss Jenny White MBE LLB

Secretary of State Appointee

Professor Trudie Roberts BSc (Hons)
MB CHB PhD FRCP *lay*

Education Committee Members

Dr Stephen Barasi PhD MHEA *lay*
Dr Andrew Thompson PhD *lay*
Ms Margaret Wolff BA (Hons) *lay*

Osteopath Members

Elected by the profession

Mr Martin Booth DO
Mr Robert Burge ADO DO
Ms Claire Cheetham DO BSc (Hons) Ost Med
Mrs Catherine Hamilton-Plant DO
Mr Tim McClune DO
Mrs Rachel Pointon BA (Hons) DO
Dr Richard Rebain PhD DO
Mr Robin Shepherd DO
Mrs Rosalind Stuart-Menteth DO
Miss Fiona Walsh DO
Mr John Wilden DO
Dr Leslie Wootton MRCS LRCP DO

The Osteopaths Act 1993 established four statutory committees with specific legal functions. The Council itself has established other non-statutory committees to help discharge its functions. These committees comprise Council Members and co-opted members .

Statutory committees:

Education Committee

Stephen Barasi
 Fionnuala Cook
 Adrian Eddleston
 Catherine Hamilton-Plant
 Ian Hughes
 Tim McClune
 Trudie Roberts (*Chair*)
 Rosalind Stuart-Menteth
 Andrew Thompson
 Fiona Walsh
 John Wilden
 Margaret Wolff

Co-optee

Dr Katharine Boursicot *lay*

Health Committee

Stephen Barasi
 Adrian Eddleston (*Chair*)
 Ian Hughes
 Trudie Roberts
 John Wilden

Co-optees

John Cadywould *lay*
 Christopher Liffin *lay*
 Jonathan Poston *osteopath*

Investigating Committee

Martin Booth
 Robert Burge
 Claire Cheetham
 John Chuter
 Fionnuala Cook
 Catherine Hamilton-Plant
 Rachel Pointon
 Robin Shepherd
 Paul Sommerfeld (*Chair*)

Co-optees

Paul Cairns *osteopath*
 David Hamilton-Rump *lay*
 Nicola Renken *lay*
 Linda Wallace *lay*
 David Wilson *lay*

Professional Conduct Committee

Nigel Clarke
 Tim McClune
 Rosalind Stuart-Menteth
 Andrew Thompson (*joint Chair*)
 Fiona Walsh
 Margaret Wolff (*joint Chair*)
 Leslie Wootton

Co-optees

Victoria Baron *lay*
 Michael Boyall *lay*
 Tracey Huckfield *lay*
 Graham Sharman *osteopath*

Non-Statutory committees:

Audit Committee

Nigel Clarke
Robin Shepherd
Fiona Walsh (*Chair*)

Co-optees

John Dennison *lay (resigned July 2008)*
Jane Hern *lay*
Michael O'Neill *lay*

Finance & General Purposes Committee and its sub-committee – Remuneration

Robert Burge
John Chuter (*Chair*)
Adrian Eddleston
Rachel Pointon
Paul Sommerfeld
Margaret Wolff

Co-optee

Sandy Rhodes (*for Remuneration only*) *lay*

Section 32 Committee

(Protection of Title)

Robert Burge
Claire Cheetham
Fionnuala Cook (*Chair*)
Rosalind Stuart-Menteth
Leslie Wootton

**The term of office of these members ended
on 31 March 2009.**

Management

The GOsC staff is led by the Chief Executive, Elynn Gilvarry, who is also the Registrar.

There are five senior managers:

- > **Vincent Cullen**, Head of Professional Standards (resigned March 2009)
- > **Alan Currie**, Head of Registration & Management Information Systems (appointed September 2008)
- > **Matthew Redford**, Head of Finance & Administration
- > **Velia Soames**, Head of Regulation
- > **Brigid Tucker**, Head of Communications

Principal office

Osteopathy House
176 Tower Bridge Road
London
SE1 3LU
Telephone 020 7357 6655
Facsimile 020 7357 0011
Website www.osteopathy.org.uk

Auditors

Grant Thornton UK LLP
Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

Bankers

The Royal Bank of Scotland plc
28 Cavendish Square
London
WIM 0DB

Buzzacott LLP, the former auditors, ended their term of appointment in December 2008.



General Osteopathic Council

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