



General  
Osteopathic  
Council

## Annual Report and Accounts

2009–10



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# 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 4,300 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.

## Chairman's statement

In our [last Annual Report](#) I celebrated the appointment of the new smaller, wholly appointed Council, and now I am pleased to report a successful year in which the new Council has begun to utilise the rich experiences, knowledge and enthusiasm of its members.

In September 2009, the [Council](#) spent two days determining the strategic direction of the GOsC for the next three years. Building on our understanding of the current profile of osteopathy, the regulatory environment and future challenges, we first agreed the values that must underpin the work of the Council and then mapped out the areas in which we wished to concentrate activity. This was translated by the Executive into a three-year [corporate plan](#) and then into a detailed [business plan](#) for the first year of the programme.

This is a challenging agenda for change, which includes a review of [undergraduate education](#) and [continuing professional development](#) (CPD), and prepares the way for [revalidation](#). We are committed to making our [decisions](#) as evidence-based as possible. This not only requires targeted research, but also strong and meaningful two-way communication with osteopaths, patients and the public. Much of the research work, particularly that concerned with the impact of revalidation, has been funded by the Department of Health through a grant programme.



Finally, I am sorry to have to report the departure of our Chief Executive and Registrar, Evlynne Gilvary. She is moving to the [General Dental Council](#) to become their Chief Executive in October 2010. Over the past three years, Evlynne has helped us to become a regulator that is not only seen to be performing very well – in reviews of our [performance](#) by the Council for Healthcare Regulatory Excellence, for example – but is also at the cutting edge of developments in regulation. This is particularly true for our evidence-based decision-making, to which Evlynne is so committed. We will miss her enthusiasm, knowledge and guidance.

In July 2010, I was delighted to announce her successor, Tim Walker. Tim comes to us from the [General Medical Council](#) (GMC), where he is responsible for external relations, including the management of the GMC's offices in Belfast, Cardiff and Edinburgh. He also has a background in communication and public affairs that will be an asset to the leadership of the GOsC.

We look forward to the next year with enthusiasm and confidence. Our staff continue to perform exceptionally well. Our organisation could not have made the significant achievements I have outlined earlier without them. Our corporate plan will enable us to deliver continued protection for the public, while maintaining a proportionate regulatory regime for the profession.

**Professor Adrian Eddleston**  
GOsC Chairman

A handwritten signature in blue ink, appearing to read 'A. Eddleston'.

15 September 2010

# Chief Executive and Registrar's introduction

Early in 2009, we undertook a major consultation involving six events across the UK. In the course of those meetings we discussed issues of great importance to osteopaths in practice and the care they provide to patients: revisions to the profession's [Code](#) and [standards of practice](#); proposals for a [revalidation scheme](#); and the development of a [scope of practice](#) for osteopathy.

The feedback we received was invaluable and has shaped our thinking in a way that I believe will improve the final product immensely. As a result, we have decided to incorporate the osteopaths' [Code of Practice](#) and [Standard of Proficiency](#) into a single document, with content significantly redrafted to ensure greater coherence. In September 2010, we will go out to consultation on this single document and again with help from osteopaths, patients and the public, we hope to refine it further. The aim is to provide osteopaths with a much clearer guide to fulfilling their professional duties in daily practice and promoting the highest standards of patient care.

Osteopaths also provided us with an important steer on our [draft revalidation scheme](#). They urged us to ensure that the assessment process is fair, consistent and proportionate and stressed the importance of ensuring that revalidation was not unnecessarily burdensome. Over the intervening months we have paid particular

attention to these concerns, recruiting an [expert team](#) to draft the criteria for assessment and undertaking a [major project](#) aimed at gauging the costs, risks and benefits of the proposed revalidation scheme.

Lastly, on a scope of practice, osteopaths are very clear that they do not wish to be fettered by an overly restrictive definition of what constitutes osteopathy. We have taken that argument firmly on board and, arising from last year's consultation, we propose to conduct a review of pre-registration training and advanced training. We also propose to study patterns of osteopathic practice. These findings should put us in a much better position to define a scope of practice that rings true to osteopaths in practice and better informs patients and the public.

**Evlynne Gilvarry**  
GOsC Chief Executive and Registrar



15 September 2010



# Report of the Council: year to 31 March 2010

The Council presents its report together with the accounts of the General Osteopathic Council for the year ended 31 March 2010.

The accounts have been prepared in accordance with the accounting policies set out on page 31 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 United Kingdom, 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 review all courses periodically to ensure that the standards of education and training remain high. In 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. On a QAA recommendation, the Council may 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 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 education delivery.

This year, we have:

- > Initiated a review of the quality assurance of courses to ensure our processes are fit for purpose.
- > Renewed recognition of five existing osteopathy courses.
- > Monitored all recognised courses to ensure standards are maintained.
- > Refined the consideration of evidence submitted by training providers seeking GOsC accreditation of osteopathic courses.
- > Hosted a seminar jointly with the General Medical Council that examined the roles of educational institutions and regulators in addressing student fitness to practise, including conduct, health and disability considerations.
- > **Facts and figures:** There are [13 osteopathic qualifications](#) recognised by the GOsC, at Bachelors level, Masters level and post-graduate level (for qualified medical doctors only). These are delivered by 10 higher education course providers in the UK.



Photos courtesy of the British School of Osteopathy

## 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 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 both online via our website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and via our telephone information service on 020 7357 6655 ext. 242.

### New registration powers

Under new powers acquired by the GOsC in June 2009, we began [inviting applications for registration](#) from UK-qualified individuals who, for various reasons, did not join the UK Statutory Register of Osteopaths in the initial transitional period (1998–2000).

To date we have received 30 applications. To ensure maximum awareness of these new powers, a communication strategy was developed to:

- > Raise awareness of the eligibility requirements specified in the GOsC's new registration powers.
- > Provide clear information and guidance to applicants throughout the registration process.

This strategy will be employed until the deadline for applications on 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 any kind of 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 began proceedings against two individuals for breach of section 32. These cases are ongoing.



## The Register: facts and figures

Fig 1: **Osteopaths currently on the Register**  
(at August 2010)

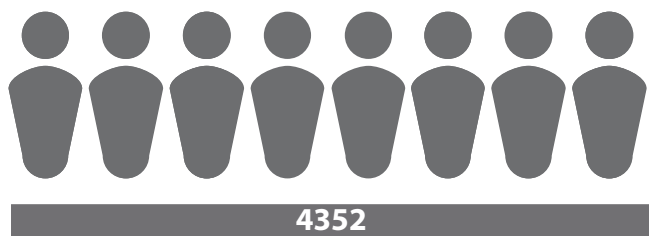


Fig 2: **Gender breakdown**

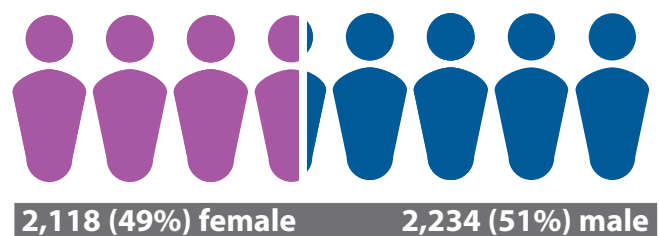
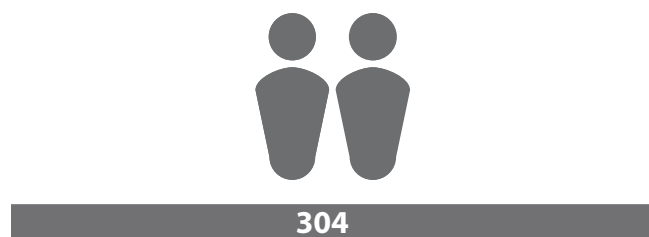
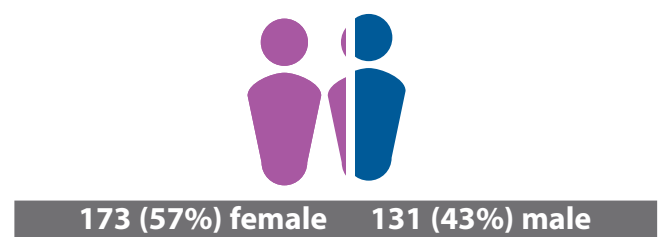


Fig 3: **Osteopaths who joined our Register**  
(01 April 2009 – 31 March 2010)



(300 trained in the UK and hold a recognised qualification, 3 were applicants from Australia, and 1 from France)

Fig 4: **Gender breakdown**



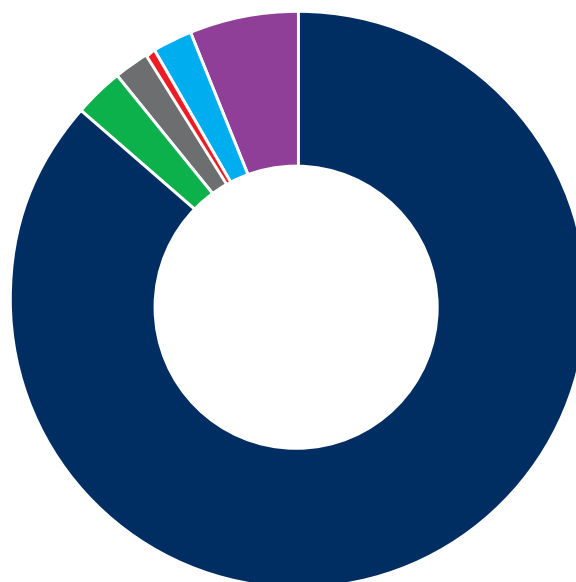
## The Register: facts and figures cont.

Fig 5: **Removals from the Register**

During this reporting period, 131 osteopaths were removed from the Register, for the following reasons:

- > Deceased: 1
- > Non-compliance with CPD requirements: 17
- > Non-payment of the annual registration fee: 3
- > Resignation (for reasons such as moving abroad, full-time parenting or ill health): 89
- > Retirement from practice: 21

Fig 6: **Where osteopaths practise**  
as at August 2010



<span style="display:inline-block; width:15px; height:10px; background-color:darkblue; border:1px solid black;"></span>	England	3,744
<span style="display:inline-block; width:15px; height:10px; background-color:green; border:1px solid black;"></span>	Scotland	135
<span style="display:inline-block; width:15px; height:10px; background-color:grey; border:1px solid black;"></span>	Wales	90
<span style="display:inline-block; width:15px; height:10px; background-color:red; border:1px solid black;"></span>	Northern Ireland	20
<span style="display:inline-block; width:15px; height:10px; background-color:lightblue; border:1px solid black;"></span>	Republic of Ireland	87
<span style="display:inline-block; width:15px; height:10px; background-color:purple; border:1px solid black;"></span>	Rest of the world	276

### 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.

A random selection of 32% of the CPD returns was examined in more detail during 2009 to ensure that the CPD activities claimed complied with the CPD Guidelines. A further 2% of osteopaths were asked to present evidence in support of their CPD activities claimed.

Around 2,866 osteopaths (approx. 65%) used the online facility provided by the GOsC to make their 2009 CPD returns.

The current CPD scheme is now under review, with the aim of making it more robust while ensuring it complements the proposed scheme of revalidation for osteopaths, currently under development.



#### Revalidation

In line with government requirements that apply 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.

Throughout 2009 we consulted widely on a [draft scheme](#). This included a written and online consultation, as well as a series of regional consultation meetings attended by around 25% of the profession. We received a total of 360 written responses (of which 74 were electronic). Feedback came both from individuals and organisations and was analysed for the GOsC by an independent consultant.

Around 77% of respondents thought the draft scheme suggested a feasible process for the revalidation of osteopaths and was likely to meet the needs of both the profession and the public. More information is required on the development of detailed assessment criteria. To address a potential focus on the revalidation process itself to the neglect of its purpose, consultees were also keen to see how revalidation might contribute meaningfully to the continuous improvement of osteopathic practice.

In response to these concerns, we appointed a [team of experts](#) in March 2010 to draft the revalidation assessment criteria. We also commissioned the services of independent consultants [KPMG](#) from April 2010 to analyse the costs, benefits, financial and regulatory risks and equality impact of the draft revalidation scheme. This work has been funded by a grant from the Department of Health.



## 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 projects this year.

### Revisions to osteopathic practice standards

Osteopathic practice standards are currently set out in the [Code of Practice](#) for osteopaths (May 2005) and [Standard 2000 – Standard of Proficiency](#) (1999).

In December 2008, the GOsC began a review of the current *Code of Practice* for osteopaths. We also held consultation meetings across the UK in early 2009 to encourage osteopaths to identify the parts of the Code, which, in their view, require amendment.

In 2008 we developed a [revised Standard of Proficiency](#), setting out the requirements for safe and competent osteopathic practice. From November 2008 to 30 June 2009 we consulted on proposed revisions to these standards. Feedback from the consultation, which included regional meetings across the UK between March and June 2009, was analysed by an independent consultant.

The consultation highlighted a need to consider the relationship between the *Standard of Proficiency* and the *Code of Practice*. Based on feedback, we are developing a [revised set of standards](#) which for the first time will bring together the *Code of Practice* and *Standard of Proficiency* into one document – the Osteopathic Practice Standards. We plan to consult on this from September 2010.

### Promoting international standards

The [Forum for Osteopathic Regulation in Europe](#) (FORE), initiated by the GOsC to facilitate the regulation of osteopathy across Europe, has continued to strengthen ties with the EU professional association, the [European Federation of Osteopaths](#) (EFO). This culminated in the signing of a Memorandum of Understanding in September 2009, to express each organisation's commitment to working together to promote the recognition and regulation of osteopathy in Europe.

Both organisations are considering the feasibility of developing pan-European standards of osteopathy through the Committee for Standardisation in Europe, an EU-recognised standards body. The GOsC is actively supporting this work and continues to provide the secretariat function for FORE.

We are also working with the osteopathic regulators in Australia and New Zealand to establish reciprocal arrangements for registering migrating osteopaths, that will streamline the process without detriment to patient safety.

## Scope of practice

The GOsC is advocating the development of a scope of practice to improve understanding and awareness of osteopathic practice. This should set out the general parameters of osteopathic healthcare and describe the various approaches to clinical practice that patients may be offered.

The 2009 consultation on an [Osteopathic Practice Framework](#) generated lively debate amongst respondents. A clear view emerged that defining a scope of osteopathic practice would assist the public, patients and other healthcare professionals to better understand what osteopaths and osteopathic practice have to offer. It should not be allowed, however, to inhibit innovation in osteopathic practice and the further advancement of patient care. There was also a clear desire for further consultation.

## Enhancing quality and safety

The GOsC works in partnership with the [National Council for Osteopathic Research](#) (NCOR), the body responsible for promoting a research culture and strengthening the evidence base for osteopathy. This year we funded a [number of research projects](#) aimed at enhancing the quality and safety of osteopathic practice:

- > **Patient Research** – a comprehensive UK-wide survey of public and patient expectations and experience of osteopathic care was conducted in early 2010. The findings of this study, due to be published before the end of 2010, will inform measures to increase patient satisfaction and may improve treatment outcomes. The findings will also assist the GOsC to shape the information provided to patients by all concerned with osteopathic care.
- > **Adverse Events project** – four discrete studies that together aim to address the paucity of data concerning risks associated with osteopathic treatment. Project one, on adverse events associated with physical interventions in osteopathy and relevant manual therapies, was completed in 2009.

The remaining three projects are due for completion in 2010-2011. The findings should better equip osteopaths to provide patients with adequate and reliable information regarding risks associated with treatment.

- > **Standardised Data Collection** – a project coordinated by NCOR has developed and piloted a 'standardised data collection' tool for gathering patient data in osteopathic private practice. Data collected on a national scale will help to profile practice, establish clinical audit standards and enable the profession more precisely to describe osteopathic practice for the benefit of the public and patients.
- > **International Journal of Osteopathic Medicine (IJOM)** – we continue to fund the distribution of the quarterly [International Journal of Osteopathic Medicine](#) to all osteopaths, to assist their professional development and foster evidence-based practice.



## 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.

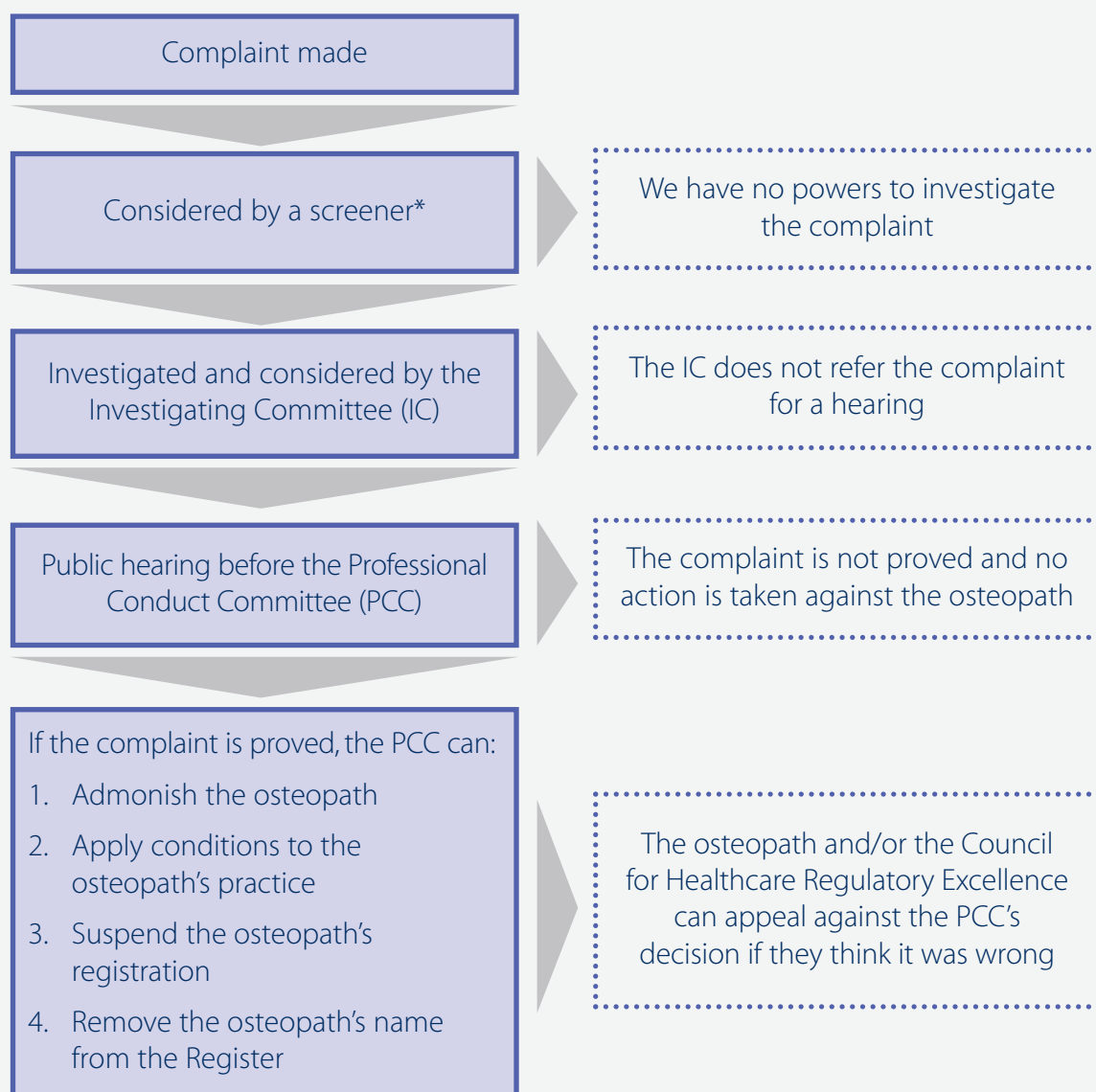
This process is governed by the Osteopaths Act 1993 (sections 20 to 25) and the following

[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](http://www.osteopathy.org.uk) – or directly over the telephone or in writing. During the period under review, the [guidance for those attending a Fitness to Practise hearing](#) was improved.

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

- > 19 resulted from complaints by patients.
- > 2 cases were raised by the GOsC Registrar relating to unacceptable professional conduct.

## Fitness to practise: facts and figures

- > Number of cases considered by the Investigating Committee: 21
- > Number of [Professional Conduct Committee](#) final decisions: 9

Fig 7: [Investigating Committee decisions](#)

No case to answer – 10 cases



Case to answer – 11 cases



Fig 8: [Professional Conduct Committee decisions](#)

Decision	No. of cases*
Not proved	3
Proved and osteopath admonished	2
Proved and conditions imposed on the osteopath's practice	1
Proved and osteopath suspended	3
Proved and osteopath removed from the Register	0
Total:	9

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

## 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 this necessary. Four cases were considered during the year under review and one osteopath's registration was suspended on an interim basis.

## Evaluating our complaints processes

We have commissioned a programme of ongoing research to test complainants' and registrants' satisfaction with the service provided by our Fitness to Practise department when dealing with concerns and complaints. This research also includes 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, issue guidance to registrants.

Fig 9: Time taken for cases to be considered

Stage	Target time from receipt of complaint	Average time for cases considered during 2009–10
Screened (27 cases)	3 weeks	3 weeks
Considered by the Investigating Committee (21 cases)	4 months	4 months
Heard by the Professional Conduct Committee (9 cases)	13 months	19 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 legal teams, to ensure they assist us in meeting these targets. The table above shows performance against targets during the period under review. We will continue to aim to meet these targets in the year to come and, where possible without compromising fairness to all parties concerned, we aim to exceed them.



### Appeals

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

The Council for Healthcare Regulatory Excellence (CHRE), under Section 29 of the National Health Service Reform and Health Care Professions Act 2002, also has the power to challenge any decisions by the PCC which it considers were too lenient.

No new appeals were made during 2009-10. One appeal lodged during the previous year was concluded – 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 and the public, along with other healthcare professionals, policy makers and all those affected by our activities. We welcome the widest possible input to inform our decision making.

The GOsC hosted six regional consultation meetings with registrants across the UK between March and June 2009, to engage as many osteopaths as possible in the development of four key elements of osteopathic practice:

- > Revisions to the [Code of Practice](#) for osteopaths (issued 2005)
- > Revisions to the [Standard of Proficiency](#)
- > [Revalidation for osteopaths](#)
- > Development of an [Osteopathic Practice Framework](#) (scope of practice).

The GOsC invests heavily in ensuring registrants are fully engaged in the development of practice standards. The 2009 GOsC regional consultation meetings were attended by approximately 1,000 osteopaths, which equates to 25% of the profession. All registrants were able to submit feedback online, via the GOsC's dedicated registrant website – [the o zone](#).

Patients and the public, along with our other stakeholders, have been encouraged to participate in these consultations via the dedicated [consultation page](#) on the GOsC public website. Key stakeholders were targeted with a direct invitation to give input to policy development.



- > **Patients and the public:** a new [GOsC public website](#) was launched in April 2009, designed to facilitate accessibility and encourage feedback from patients and the public; to provide more information about osteopaths on the [Register](#); and to improve access to all [GOsC publications](#).

As part of a GOsC-commissioned national survey of public and patient expectations and experience of osteopathic care, up to 8,000 patients were targeted through 800 osteopathic practices in distinct clinical settings (private practice, clinics operated by the [Osteopathic Educational Institutions](#) and NHS-funded osteopathic care). Our aim is to acquire reliable and up-to-date data to assist not only in the discharge of our statutory duties, but to inform future policy-making and the production of information for patients and the wider public.

We are working to improve our patient and public involvement, building on the activities already undertaken in this area and expanding our range of involvement approaches.

- > **Engaging with osteopaths:** sound regulation relies on clear understanding between the regulator and the registrant. We communicate with registrants through the bi-monthly magazine – [The Osteopath](#) – and a dedicated registrants' website. This is supported by regular face-to-face meetings with representatives of the [Osteopathic Educational Institutions](#), the Regional Societies' Network, the [British Osteopathic Association](#), the [National Council for Osteopathic Research](#), and with the profession.

Work began on redeveloping our website for registrants, the [o zone](#). Our aim is to improve the guidance available for osteopaths and to enhance accessibility and functionality. The new site will offer a range of online services for registrants, including renewal of registration and an area designed to assist the transition into practice for final-year osteopathy students.

> **Engaging with students:** the 2009 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](#). The content of these pre-registration presentations was revised to reflect a number of important findings from an independent student survey, conducted in 2008–09. Feedback is encouraged to assist with the continuous improvement of the presentation material.

## 7 Equality and diversity

The [GOsC's Equality Scheme](#) is kept under continuous review as action points are implemented.

We have engaged a consultant Equality and Diversity specialist to ensure our processes are fit for purpose and steadily improving. This year we held two disability involvement forums – for patients and for osteopaths and students of osteopathy – to strengthen the Scheme in relation to our disability equality duties.

Training in equality and diversity has been provided for all staff and all members of the governance structure. Senior staff have also received training in undertaking equality impact assessments. Members of the [Fitness to Practise panels](#) have already received specific training in human rights principles. A review of each fitness to practise hearing includes consideration of whether there are any human rights and equality issues arising that suggest further action.

## 8 Enhancing our services

### New Council and committees

In compliance with government reforms to healthcare regulation, a new, smaller [Council](#), comprising seven osteopaths and seven lay people, took office in April 2009.

Other governance reforms included the appointment of new statutory **Fitness to Practise committees** – [Investigating, Professional Conduct and Health](#) – and the [Education Committee](#) from April 2009.

The Council's non-statutory committees – [Audit, Finance & General Purposes](#) and [Remuneration](#) – were also reconstituted from April 2009.

### Induction, training and appraisal

To ensure a smooth transition, a programme of induction and training was provided to equip members to discharge duties effectively.

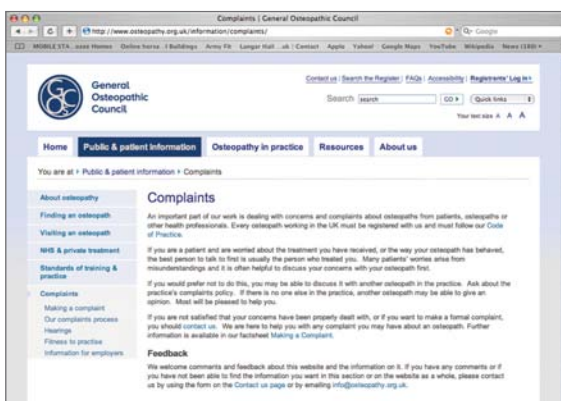
This year we introduced a system of appraisal of members of the GOsC Council and committees, to assess performance against core skills and the application of special expertise.

### Independent audit programme

To ensure our processes are efficient and effective, we regularly commission independent audits of our functions. This year we are auditing our registration rules and procedures. Preliminary findings have identified the need for some rule amendments and streamlining of processes.

## New public website

A [new public website](#) was launched in April 2009, designed to increase accessibility and encourage feedback from patients and the public. Enhancements include the identification of osteopaths who are suspended from practice as a result of disciplinary proceedings, or who are subject to conditions of practice. In addition, there is easy access to [full details of relevant fitness to practise decisions](#) related to those suspended or subject to conditions of practice.



## Database management system

This year we have introduced new stakeholder relations management software to help us to conduct more of our business online, streamlining our services to osteopaths and the public and achieving greater efficiencies.

## Information for patients and the public

Information for the public on [how to make a complaint](#) has been revised and is available on the GOsC's public website. This includes guidance on:

- > Indicative Sanctions
- > Information about hearings for the public and press
- > Publication of hearings, findings and sanctions
- > Making a complaint (about an osteopath).

## Corporate Plan

In February 2010 we published our [Corporate Plan](#) for 2010–2013, setting out the Council's strategic objectives and work programme for the next three years.



## Our annual Performance Review

In common with the 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 reported to Parliament. We publish the Performance Review on our website and its findings inform our business planning and the setting of performance targets.

## Research

We conduct research amongst users of our services, for example ongoing satisfaction surveys of complainants and registrants who experience our [Fitness to Practise processes](#). In January 2010 we participated in a CHRE-led 'mystery shopping exercise' to test the level of our services in response to complaints made by the public about osteopaths.



## 9 Key projects for 2010–2011

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### Student fitness to practise

We will establish a dedicated working group to continue to develop guidance for Osteopathic Educational Institutions relating to student fitness to practise.

### Quality Assurance

We will continue a review of the Quality Assurance of education and training to ensure the process is efficient, effective and fit for purpose.

### Osteopathic Practice Standards

We will consult on a revised set of [osteopathic practice standards](#) for a period of 12 weeks from 1 September – 30 November 2010, before publication in 2011.

### CPD review

We will review the operation of the [current CPD framework](#) to identify deficiencies and propose revisions for consultation.

### Revalidation scheme for osteopaths

We will design a comprehensive pilot to test and evaluate the [proposed revalidation scheme](#), in order to identify any necessary changes. In advance of the pilots, currently scheduled in 2011, we will publish the revalidation standards and assessment framework and other associated materials.

### Research

We will publish the findings of a [series of research projects](#) on patient expectations and adverse events associated with osteopathic treatment. These data will feed into the development of guidance for the profession and information to patients and the public.





We also plan to commission research on:

- > patterns of osteopathic practice to inform the development of pre-registration curriculum content; and
- > the support needed to aid the transition of osteopathic graduates into practice.

## Patient and Public Involvement (PPI)

We will further develop our strategy to embed patient and public involvement in GOsC strategic planning and project development and seek to engage more effectively with patients and the public.

## International standards

We will explore the feasibility of pan-European osteopathic standards, working with the European Committee of Standardisation.

We will progress talks with Australian and New Zealand osteopathy regulatory authorities on appropriate reciprocal arrangements to streamline the transfer of osteopaths between Australia, New Zealand and the UK, while protecting the public from inappropriate and unsafe transfers.

## Security policy

- > We will develop an information security policy in accordance with ISO/IEC 27001 Information technology – Security techniques – Code of practice for information security management.

## E-communications and online activity

- > We will complete a redevelopment of the registrants' website (the **o** zone) to enable registrants to carry out a wider range of registration activities, such as online renewal of registration.
- > In April 2010 we will launch two new e-bulletins for registrants – a quarterly Fitness to Practise e-bulletin to highlight learning points and a monthly news e-bulletin to ensure registrants are kept abreast of regulatory developments.



## 10 Financial report for the year 2009–10

### Overview

A surplus of £15,552, before designated spending for specific one-off projects, is reported within the financial statements. Designated spending totalled £327,536, with the major commitments relating to the reform of the [GOsC governance structure](#) and spending on [two research projects](#), Adverse Events and Standardised Data Collection.

This expenditure, combined with investment in IT infrastructure during the financial year, resulted in cash reducing by £693,904 to £1,167,948. General Reserves total £2,184,660, of which £520,618 are specifically ring-fenced for future activities. In the year under review, Council agreed to reclassify the 'Fixed Asset Fund' back into General Reserves, to improve the transparency of the accounts for the reader. Further information on the funds can be found in the Reserves section of this report on page 24.

Fig 10: **Income and expenditure**

	Financial year	
	2009–10	2008–09
	£	£
Total income	2,863,327	2,864,747
Total expenditure, including corporation tax charge	2,853,204	2,806,741
Total designated spending	327,536	357,229
(Deficit)/Surplus after designated spending	(317,413)	(299,223)
% of income spent before designated spending	99.65%	97.98%

### Income

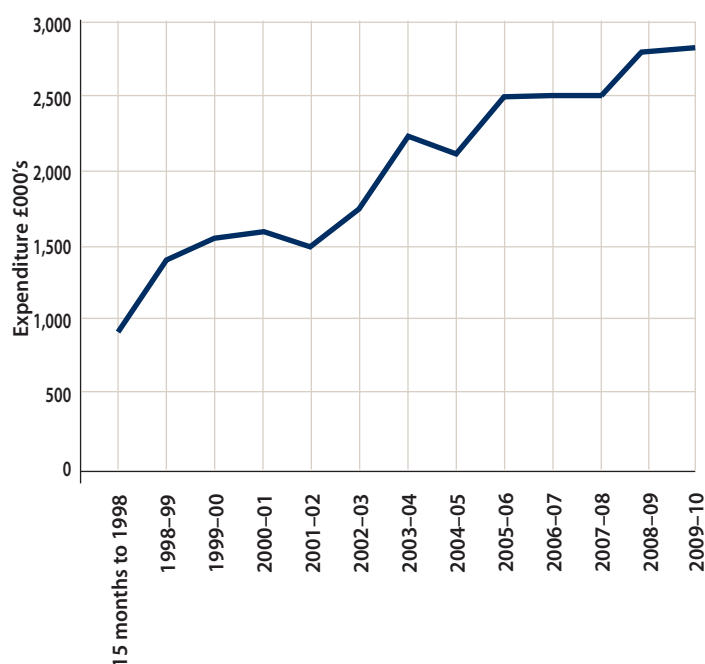
The principal source of income for the General Osteopathic Council is derived from registration fees paid by osteopaths. In the year under review, income totalled £2,863,327, of which 97.24% is from osteopaths' registration fees. The level of the registration fee has remained unchanged at £750 since May 2000.

In the reporting year, the Bank of England cut interest rates to an historic low. For the Council, the consequence of this was that bank interest received on cash deposits fell by 83.96%, from £126,906 (2008–09) to £20,360 (2009–10). Careful financial management ensured that this significant reduction to income did not adversely affect the delivery of GOsC activities.

### Expenditure

The financial statements show that in the year under review, [£2,847,775](#) was spent on discharging our statutory duties. The graph below highlights the increase in expenditure since the establishment of Council over a decade ago.

Fig 11: **Total expenditure per financial year**



### Employment costs

In the reporting year, [total employment costs](#) reached £1,183,528, representing a small reduction of c£4,000 on the prior year's expenditure. Total salaries and pension costs totalled £1,131,429, equalling 39.73% of the total expenditure, compared to 39.54% in the previous year.

## Professional Standards

**Expenditure** in this area – £244,751 – was lower than in the previous financial year (£255,983), a reduction of 4.39%. The main items of expenditure relate to the cost of 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 £123,000 per year. This represents 4.59% of the GOsC's total expenditure for the same period, amounting to £34.42 per registrant.

## Communications

The financial statements show **expenditure** of £268,550, consistent with the prior year reporting period (£266,978), an increase of just 0.59%. Activities performed by the Communications department in the year include:

- > Production of bi-monthly editions of *The Osteopath* magazine (£65,716)
- > Hosting regional consultation events around the UK (£63,817)
- > Lobbying activities in the UK and internationally (£32,773)

## Registration & Management Information Services (MIS)

While the **Income & Expenditure account** reports a fall in expenditure from £108,416 in 2008–09 to £79,364 in 2009–10 (the GOsC no longer publishes the Register of Osteopaths in hard copy), there was a significant investment in the IT infrastructure. This is shown as an increase in the value of fixed assets on the Balance Sheet. Expenditure of £120,340 served to consolidate a number of single databases into one central operating platform.

## Regulation (including fitness to practise)

**Total expenditure** of £522,437 fell by 2% compared with the 2008–09 financial year (£533,127). Included within the expenditure are all of the costs associated with convening fitness to practise panels, the complexity and length of which have increased over recent years. In total, the cost of **statutory committees** was £420,651.

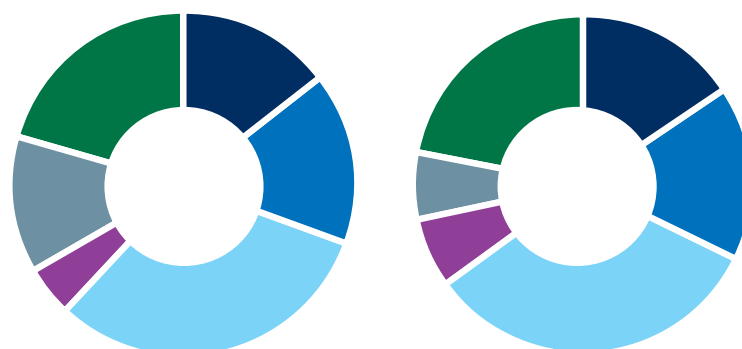
## Research

**Expenditure** of £213,241 in 2009–10 relates to research-linked activities. During the year under review, the Council committed funds of £68,582 to research investigating **patients' expectations of osteopaths and osteopathic treatment**. The findings of this important study are due to be published in the summer of 2010.

## Secretariat

**Total expenditure** (including financing and tax) reached £341,333 in the reporting year against the prior year (£352,818). The additional expenditure relates to loan interest on the mortgage taken out to part-finance the redevelopment of Osteopathy House.

Fig 12: **Breakdown of expenditure**



### 2009–10

<b>£244,751 (14.66%)</b>	Professional Standards
<b>£268,550 (16.08%)</b>	Communications
<b>£522,437 (31.29%)</b>	Regulation
<b>£79,364 (4.75%)</b>	Registration & MIS
<b>£213,241 (12.77%)</b>	Research*
<b>£341,333 (20.45%)</b>	Secretariat**

### 2008–09

<b>£255,983 (15.81%)</b>	Professional Standards
<b>£266,978 (16.49%)</b>	Communications
<b>£533,127 (32.92%)</b>	Regulation
<b>£108,416 (6.70%)</b>	Registration & MIS
<b>£101,931 (6.29%)</b>	Research*
<b>£352,818 (21.79%)</b>	Secretariat**

\* Research expenditure previously incorporated within Professional Standards and Secretariat.

\*\* 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 13: **Proportion of £750 registration fee spent on key activities 2009–10**



<b>£117.74</b>	Professional Standards	15.70%
<b>£118.39</b>	Communications	15.78%
<b>£168.67</b>	Regulation	22.49%
<b>£50.12</b>	Registration & MIS	6.68%
<b>£50.98</b>	Research	6.80%
<b>£244.10</b>	Secretariat	32.55%

These key activities included:

RQ accreditation	£34.53
Revalidation	£4.85
Adverse Events/Standardised Data Collection	£16.69
<i>The Osteopath</i> (net costs)	£10.46
Statutory and related committees – Regulation	£99.19
Council and committees – Secretariat	£37.83
New governance arrangements	£34.77
Support costs	£77.61

## Reserves policy

During the year, Council reviewed the Reserves Policy, reclassifying the Fixed Asset Fund as General Reserves. In addition, Council decided to continue with its policy to maintain its free reserves (i.e. those funds not designated for specific purposes elsewhere) at a level equivalent to three months' average annual expenditure. The Council believes these are adequate reserves, given the organisation's risk profile.

## Reserves position

The [Balance Sheet](#) shows total funds of £2,184,660.

[General Reserves](#) (free reserves not designated for specific purposes elsewhere) total £1,664,042 – equivalent to seven months' average annual expenditure.

Funds totalling £520,618 have been designated for the specific purpose of:

- > [Research into adverse events](#) in osteopathic practice £124,807
- > Development of a [standardised data collection tool](#) £45,811
- > Development of a scheme of [revalidation](#) for osteopaths £200,000
- > [Reforms to the GOsC governance structure](#) £150,000

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.

## 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  
15 September 2010 and signed on their behalf by:**



**Professor Adrian Eddleston  
Chairman**

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

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We have audited the financial statements of the General Osteopathic Council for the year ended 31 March 2010 which comprise the income and expenditure account, the balance sheet, the cash flow statement, the principal accounting policies and notes 1 to 12. 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, 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 2010, and of its income and expenditure for the year then ended.
- > The financial statements have been properly prepared in accordance with the Osteopaths Act 1993.

*Grant Thornton UK LLP*

**Grant Thornton UK LLP**

Grant Thornton House  
Melton Street  
Euston Square  
London  
NW1 2EP  
Registered Auditors  
Chartered Accountants

*15 September 2010*

## Accounts

### Income and expenditure account

Year to 31 March 2010

	Notes*	2010 £	2009 £
<b>Income</b>			
Fees		<b>2,784,438</b>	2,687,392
Bank interest		<b>20,360</b>	126,906
Other income	1	<b>58,529</b>	50,449
<b>Total</b>		<b>2,863,327</b>	2,864,747
<b>Expenditure</b>			
Staff and related costs	2 & 3	<b>1,183,528</b>	1,187,489
Professional Standards	4	<b>244,751</b>	255,983
Communications	4	<b>268,550</b>	266,978
Registration & MIS	4	<b>79,364</b>	108,416
Regulation (including fitness to practise)	4	<b>522,437</b>	533,127
Research	4	<b>213,241</b>	101,930
Secretariat	4	<b>313,526</b>	305,590
Financing (bank charges and loan interest)	4	<b>22,378</b>	20,512
<b>Subtotal</b>		<b>2,847,775</b>	2,780,025
<b>Surplus before designated spending and taxation</b>		<b>15,552</b>	84,722
<b>Designated spending</b>		<b>327,536</b>	357,229
<b>Corporation tax charge</b>	6	<b>5,429</b>	26,716
<b>(Deficit) for the year after tax</b>	11	<b>(317,413)</b>	(229,223)

\* Notes to the accounts available on pages 32 – 39.

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

There is no difference between the deficit before taxation and the retained deficit 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 the period or prior period other than the deficits for the periods.

## Balance sheet

Year to 31 March 2010

	Notes*	2010 £	2010 £	2009 £	2009 £
<b>Fixed assets</b>	7		<b>2,146,309</b>		1,854,733
<b>Current assets</b>					
Debtors	8	<b>403,909</b>		296,379	
Short-term deposits		—		—	
Cash at bank and in hand		<b>1,167,948</b>		1,861,852	
		<b>1,571,857</b>		2,158,231	
<b>Creditors: amounts falling due within one year</b>	9	<b>(1,275,593)</b>		(1,510,892)	
<b>Creditors: amounts falling due over one year</b>	9	<b>(257,914)</b>		—	
		<b>(1,533,507)</b>		(1,510,892)	
<b>Net current assets</b>			<b>38,350</b>		647,339
<b>Total assets less total liabilities</b>			<b>2,184,659</b>		2,502,072
<b>Reserves</b>					
General reserve	11		<b>1,664,042</b>		338,229
Designated funds	11				
> Adverse Events			<b>124,807</b>		162,059
> Standardised Data Collection			<b>45,810</b>		79,338
> Governance arrangements			<b>150,000</b>		19,678
> Revalidation			<b>200,000</b>		48,035
> Fixed asset fund			—		1,854,733
<b>Total reserves</b>	11		<b>2,184,659</b>		2,502,072

\* Notes to the accounts available on pages 32 – 39.

Approved by members of Council on 15 September 2010 and signed on their behalf by:



Professor Adrian Eddleston  
Chairman



Mr John Chuter OBE  
Treasurer

## Cash flow statement

Year to 31 March 2010

	Notes	2010 £	2009 £
<b>Cash (outflow)/inflow from operating activities</b>	A	<b>(655,466)</b>	384,440
<b>Returns on investments and servicing of finance</b>	B	<b>10,176</b>	126,906
<b>Taxation</b>		<b>(5,429)</b>	(26,716)
<b>Capital expenditure</b>	B	<b>(386,286)</b>	(976,402)
<b>Financing</b>	C	<b>343,101</b>	—
<b>(Decrease) in cash</b>	C	<b>(693,904)</b>	(491,772)

Notes to the cash flow statement for the year to 31 March 2010

### A Reconciliation of deficit before tax to net cash outflow from operating activities

	2010 £	2009 £
(Deficit) before tax	<b>(301,799)</b>	(272,508)
Interest receivable	<b>(20,360)</b>	(126,906)
Depreciation charge	<b>94,710</b>	49,025
(Increase)/decrease in debtors	<b>(107,531)</b>	(9,661)
(Decrease)/increase in creditors	<b>(320,486)</b>	744,490
<b>Net cash (outflow)/inflow from operating activities</b>	<b>(655,466)</b>	384,440

### B Gross cash flows

	2010 £	2009 £
<b>Returns on investment and servicing of finance</b>		
Interest receivable	<b>20,360</b>	126,906
Interest paid on bank loan	<b>(10,184)</b>	—
	<b>10,176</b>	126,906
<b>Capital expenditure</b>		
Payments to acquire tangible fixed assets	<b>(386,286)</b>	(976,402)
	<b>(386,286)</b>	(976,402)

### C Financing

	2010 £	2009 £
Bank Loan	<b>343,101</b>	—
<b>Total</b>	<b>343,101</b>	—

### D Analysis of changes in net funds

	1 April 2009 £	Cash flows £	31 March 2010 £
Cash at bank and in hand	1,861,852	(693,904)	<b>1,167,948</b>
Bank loan	—	(343,101)	<b>(343,101)</b>
<b>Total</b>	1,861,852	(1,037,005)	<b>824,847</b>

*E Reconciliation of net cash flow to movement in net funds*

	£
Net funds at 1 April 2009	1,861,852
Decrease in cash in the period	(693,904)
Bank Loan	(343,101)
Net funds at 31 March 2010	824,847

**Principal accounting policies**

Year to 31 March 2010

*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
- > Customer Relational Management System – 5 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 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) be accounted for as a Joint Arrangement which is Not an Entity (JANE) for the purpose of these accounts.

*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.

*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

Year to 31 March 2010

### 1 Income

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

Other income received in the year was as follows:

	2010 £	2009 £
<b>Other income</b>		
Department of Health – grant funding	15,000	--
ACP/Conditions of Practice	4,571	1,721
Conference	5,029	6,114
Magazine and leaflets	21,679	37,161
Recoverable costs (section 32)	738	878
Miscellaneous	11,512	4,575
<b>Total</b>	<b>58,529</b>	<b>50,449</b>

### 2 Employees and staff costs

Staff costs during the year were as follows:

	2010 £	2009 £
Wages and salaries	909,473	878,459
Social security costs	99,224	96,631
Other pension costs (see note 3)	122,732	124,240
	<b>1,131,429</b>	<b>1,099,330</b>
Temporary staff	8,910	12,295
Recruitment	27,847	57,465
Training and development	9,510	9,951
Other	5,832	8,448
<b>Total</b>	<b>1,183,528</b>	<b>1,187,489</b>

The average number of employees, on a full-time equivalent basis and by activity, of the Council during the year ended 31 March 2010 was:

	2010	2009
Professional Standards	4	3
Communications	5	5
Registration & MIS	4	4
Regulation (including fitness to practise)	4	4
Secretariat	7	8
	<b>24</b>	<b>24</b>



### 3 Pension costs

The contributions paid in the year in respect of the Council's [pension scheme](#) were £122,732 (2009 – £124,240).

### 4 Expenditure

Expenditure for each function in the year was as follows:

	2010 £	2009 £
<b>Professional Standards</b>		
Evaluation	152,517	183,075
<a href="#">Committees</a> and workshops	16,376	18,149
Publications and subscriptions	5,988	4,211
<a href="#">Continuing professional development Standards</a>	—	397
Support costs*	15,014	15,442
<b>Total</b>	<b>54,856</b>	<b>34,709</b>
	<b>244,751</b>	<b>255,983</b>
<b>Communications</b>		
GOsC publications	65,716	62,870
<a href="#">Committees</a> and workshops	119	2,489
Internal communication	97,345	92,670
External communication	36,800	43,190
Publications and subscriptions	—	7,911
Support costs*	68,570	57,848
<b>Total</b>	<b>268,550</b>	<b>266,978</b>
<b>Registration &amp; MIS</b>		
Documentation and postage for registration	12,243	43,011
Management information systems	12,265	19,127
Support costs*	54,856	46,278
<b>Total</b>	<b>79,364</b>	<b>108,416</b>
<b>Regulation (including fitness to practise)</b>		
<a href="#">Statutory and other committees</a> and working groups	420,651	440,911
<a href="#">Fitness to practise</a> documentation	5,067	1,093
Legal costs	41,863	43,054
Publications and subscriptions	—	1,791
Support costs*	54,856	46,278
<b>Total</b>	<b>522,437</b>	<b>533,127</b>

\* Support costs: see note 5

*Expenditure cont:*

	2010 £	2009 £
<b>Research</b>		
National Council for Osteopathic Research	79,660	8,558
<i>International Journal of Osteopathic Medicine</i>	65,000	73,827
Osteopathic Patient Expectations (OPEn) project	68,581	19,545
<b>Total</b>	<b>213,241</b>	<b>101,930</b>
<b>Secretariat</b>		
Council costs	140,883	94,492
Statutory and other committees and working groups	15,244	28,717
Equality and diversity	4,330	8,791
Independent audit programme	9,200	47,121
Auditors' remuneration	32,290	28,551
Publications and subscriptions	15,569	5,372
Support costs*	96,010	92,546
<b>Total</b>	<b>313,526</b>	<b>305,590</b>
<b>Financing</b>		
Bank charges	12,194	11,386
Loan interest	10,184	—
Bad debt expense	—	9,126
<b>Total</b>	<b>22,378</b>	<b>20,512</b>
<b>TOTAL</b>	<b>1,664,247</b>	<b>1,592,537</b>

\* Support costs: see note 5

*5 Support costs*

	2010 £	2009 £
Depreciation	94,710	49,025
Rates	40,198	36,036
Building maintenance	65,628	87,602
Utilities	11,136	11,600
Postage, printing and stationery	68,203	48,363
Telephone and fax	18,470	13,392
Insurance	24,582	25,809
Annual Report	4,286	3,846
Other	1,935	1,986
<b>Total</b>	<b>329,148</b>	<b>277,659</b>

These costs have been apportioned as follows:

	2010 £	2009 £
Professional standards	54,856	34,709
Communications	68,570	57,848
Registration & MIS	54,856	46,278
Regulation (including fitness to practise)	54,856	46,278
Secretariat	96,010	92,546
<b>Total</b>	<b>329,148</b>	<b>277,659</b>

## 6 Taxation

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

	2010 £	2009 £
Current tax:		
Corporation tax at 20%	5,429	26,716
Tax on surplus for year	<b>5,429</b>	<b>26,716</b>

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.

## 7 Fixed assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold buildings £	Total £
<b>Cost</b>					
At 1 April 2009	18,310	126,127	33,862	2,010,509	<b>2,188,808</b>
Additions	11	39,037	120,340	226,898	<b>386,286</b>
Disposals	—	—	—	—	—
At 31 March 2010	<b>18,321</b>	<b>165,164</b>	<b>154,202</b>	<b>2,237,407</b>	<b>2,575,094</b>
<b>Depreciation</b>					
At 1 April 2009	18,310	66,171	9,779	239,815	<b>334,075</b>
Charge for the year	11	27,265	24,082	43,352	<b>94,710</b>
Disposals	—	—	—	—	—
At 31 March 2010	<b>18,321</b>	<b>93,436</b>	<b>33,861</b>	<b>283,167</b>	<b>428,785</b>
<b>Net book value</b>					
At 31 March 2010	—	71,728	120,341	1,954,240	<b>2,146,309</b>
At 31 March 2009	—	59,956	24,083	1,770,694	<b>1,854,733</b>

## 8 Debtors

	2010 £	2009 £
Fee debtors	252,885	221,647
Prepayments and accrued income	127,649	56,795
Other debtors	23,375	17,937
<b>Total</b>	<b>403,909</b>	<b>296,379</b>

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

	2010 £	2009 £
Deferred income	557,825	522,920
Trade creditors	226,512	244,252
Accruals	134,579	642,319
Department of Health – grant funding	220,000	—
Building loan – Osteopathy House	85,187	—
Grants payable	—	7,304
Other creditors	4,038	4,630
Income tax and social security	42,345	65,310
Corporation tax creditor	5,107	24,157
<b>Total</b>	<b>1,275,593</b>	<b>1,510,892</b>

### Creditors: amounts falling due over one year

	2010 £	2009 £
Building loan – Osteopathy House	257,914	—
<b>Total</b>	<b>257,914</b>	<b>—</b>

A loan of £400,000 was taken out in the year under review through Lloyds TSB at a rate of 1.5% over base rate. Security for the loan is a 1st Charge over the freehold property.

### 10 Payments to non-executive members

	2010 £
<b>Annual Honorarium</b>	
Chairman of Council	22,000
Council members	6,500

#### Additional responsibility allowances were paid to:

Chair of the Finance & General Purposes Committee (Treasurer)	5,000
Chair of the Education Committee	2,000
Chair of the Audit Committee	2,000

#### Daily attendance fee

The daily fee was paid to the following groups:

> Fitness to Practise panellists	
> Co-opted committee members	300

*Expenses reimbursed directly to non-executives (01 April 2009 – 31 March 2010)*

<b>Name</b>	<b>Position held</b>	<b>Location in UK</b>	<b>2010 £</b>
Prof. Adrian Eddleston	Chairman of Council	Cumbria	5,254.95
Geraldine Campbell	Council Member	Northern Ireland	752.54
John Chuter	Council Member (Treasurer)	West Yorkshire	922.09
Paula Cook	Council Member	Surrey	320.50
Jonathan Hearsey	Council Member	West Sussex	111.80
Nicholas Hounsfield	Council Member	Bristol	867.70
Ian Hughes	Council Member (Chair of Education Committee)	West Yorkshire	3,605.38
Kim Lavelly	Council Member	London	55.50
Brian McKenna	Council Member	Wales	32.75
Kenneth McLean	Council Member	Scotland	1,680.78
Robin Shepherd	Council Member	West Sussex	345.80
Julie Stone	Council Member	Cornwall	2,643.56
Fiona Walsh	Council Member	London	24.00
Jenny White	Council Member	London	63.90
Derek Auchie	Fitness to Practise Panellist	Scotland	2,205.44
Claire Cheetham	Fitness to Practise Panellist	Hertfordshire	202.00
Fionnuala Cook	Fitness to Practise Panellist	Northern Ireland	853.75
Charles Dunning	Fitness to Practise Panellist	Derbyshire	997.38
Vicki Harris	Fitness to Practise Panellist	London	0.00
Gillian Hawken	Fitness to Practise Panellist	Surrey	269.70
Jean Johns	Fitness to Practise Panellist	Northern Ireland	604.06
Anne Johnstone	Fitness to Practise Panellist	Scotland	985.99
Anthony Kanutin	Fitness to Practise Panellist	Essex	569.31
Andrew Kerr	Fitness to Practise Panellist	Cheshire	1,632.43
Corina Kershaw	Fitness to Practise Panellist	Wales	2,201.90
Abigail Miller	Fitness to Practise Panellist	Northamptonshire	319.50
John Mundy	Investigating Committee Chair	Scotland	3,101.25
James Olorenshaw	Fitness to Practise Panellist	Surrey	280.10
Sarah Payne	Fitness to Practise Panellist	Berkshire	976.02
David Plank	Professional Conduct Committee Chair	Hertfordshire	713.46
Jacqueline Salter	Fitness to Practise Panellist	West Midlands	274.52
Rodney Varley	Fitness to Practise Panellist	Birmingham	1,891.82
Margaret Wolff	Health Committee Chair	London	0.00
Nicholas Woodhead	Fitness to Practise Panellist	Nottinghamshire	1,528.80
Judith Worthington	Fitness to Practise Panellist	Leicestershire	2,031.79
Michael Yates	Fitness to Practise Panellist	West Yorkshire	2,094.08
Nigel Clarke	Audit Committee Chair	London	0.00
Jane Fox	Co-opted Member to Education Committee	Derbyshire	655.50
Jane Hern	Co-opted Member to Audit Committee	London	0.00
Bernadette Griffin	Co-opted Member to Education Committee	Worcestershire	336.05
Robert McCoy	Co-opted Member to Education Committee	Kent	228.00
Liam Stapleton	Co-opted Member to Education Committee	Leicestershire	249.00

**Expenses will only be reimbursed if they fall within the following limits:**

Subsistence for journeys over two hours	£15
Subsistence for evening meal	£20
Overnight accommodation and breakfast where a member's return journey exceeds six hours (if not booked through the GOsC)	London – £150 Outside London – £120
Allowance for staying with friends/family	£40 per night
Airfares	Unless cheaper than rail travel, airfares will not be paid for travel within England and Wales, unless previously agreed with the Executive. Members residing in Northern Ireland and Scotland may travel by air if they choose.
Rail fares	First class travel allowable.
Motor mileage (where appropriate)	40p per mile
Tube, coach and bus fares	Reimbursed as incurred. For journeys around London, this should be the preferred travelling option. Route planners, from each major train station, are available from the Facilities team.
Taxi fares	Reimbursed to a limit of £30 where a taxi journey is considered quicker or more economical than using public transport.
Bicycles and scooters	20p per mile bicycle travel allowance 30p per mile scooter travel allowance
Other travelling expenses	Expenses incurred in respect of tolls, parking and ferries may be claimed.
Carers' allowance	Costs incurred in the performance of Council members' duties for childcare and elder care will be reimbursed in full against receipts.

Note 10 discloses expenses reimbursed directly to the Council and committee members and excludes any payments made to external suppliers for allowable expenses such as hotel accommodation and travel.



## Executive remuneration

### Total employment costs of the Chief Executive & Registrar

	£
Salary	114,160
Employer National Insurance contributions paid in year	13,600
Employer pension contributions paid in year	7,674
<b>Total</b>	<b>135,434</b>

## 11 Reserves

	At 1 April 2009	Deficit for the year	Gross transfers between funds	At 31 March 2010
	£	£	£	£
General reserve	338,229	(317,413)	1,643,226	1,664,042
Designated funds				
> <a href="#">Adverse Events</a>	162,059	—	(37,252)	124,807
> <a href="#">Standardised Data Collection</a>	79,338	—	(33,528)	45,810
> <a href="#">Governance</a> arrangements	19,678	—	130,322	150,000
> <a href="#">Revalidation</a>	48,035	—	151,965	200,000
> Fixed asset fund	1,854,733	—	(1,854,733)	—
	2,502,072	(317,413)	—	2,184,659

The designated project funds reflect the Council's commitment to reinvesting funds back into the profession. For example, the Adverse Events and Standardised Data Collection projects link intrinsically to the need for an evidence-based practice, which will assist the profession for many years to come.

The fixed asset fund was consolidated back into General Reserves in the year, as Council believes this better reflects the funds held and provides greater transparency for the reader.

## 12 Capital commitments

Capital commitments that are contracted but not provided for at 31 March 2010 amount to £nil (2009 – £nil).

## 11 Who we are

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### The General Osteopathic Council

For the year under report (1 April 2009 to 31 March 2010)

#### Patron

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**HRH The Prince of Wales KG KT GCB**

#### Chair (lay)

---

Professor Adrian Eddleston DM FRCP

#### Treasurer (lay)

---

Mr John Chuter OBE

#### Lay members

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Geraldine Campbell  
Professor Ian Hughes  
Kim Lavelly  
Professor Julie Stone  
Jenny White MBE

#### Osteopath members

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Paula Cook  
Jonathan Hearsey  
Nick Hounsfield  
Brian McKenna  
Kenneth McLean  
Robin Shepherd  
Fiona Walsh

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 were comprised of Council members and external appointments and there were no co-options during the year under report.

### Statutory committees:

#### Education Committee

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Paula Cook *osteopath*  
Adrian Eddleston *lay*  
Nick Hounsfield *osteopath*  
Ian Hughes *lay* (Chair)  
Julie Stone *lay*

#### External members

Jane Fox *lay*  
Bernardette Griffin *lay*  
Robert McCoy *osteopath*  
Liam Stapleton *lay*

### Health Committee

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Derek Auchie *lay*  
 Vicki Harris *lay*  
 Jean Johns *lay*  
 Anthony Kanutin *osteopath*  
 Andrew Kerr *osteopath*  
 Corinna Kershaw *lay*  
 David Plank *lay*  
 Jacqueline Salter *osteopath*  
 Rodney Varley *lay*  
 Margaret Wolff *lay* (Chair)  
 Nicholas Woodhead *osteopath*  
 Judith Worthington *lay*

### Investigating Committee

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Claire Cheetham *osteopath*  
 Fionnuala Cook *lay*  
 Charles Dunning *osteopath*  
 Gillian Hawken *lay*  
 Anne Johnstone *lay*  
 Abigail Miller *osteopath*  
 John Mundy *lay* (Chair)  
 James Olorenshaw *osteopath*  
 Sarah Payne *lay*  
 Michael Yates *lay*

### Professional Conduct Committee

---

Derek Auchie *lay*  
 Vicki Harris *lay*  
 Jean Johns *lay*  
 Anthony Kanutin *osteopath*  
 Andrew Kerr *osteopath*  
 Corinna Kershaw *lay*  
 David Plank *lay* (Chair)  
 Jacqueline Salter *osteopath*  
 Rodney Varley *lay*  
 Margaret Wolff *lay*  
 Nicholas Woodhead *osteopath*  
 Judith Worthington *lay*

### Non-Statutory committees:

#### Audit Committee

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Nigel Clarke *lay* (Chair)  
 Jane Hern *lay*  
 Kenneth Mclean *osteopath*  
 Jenny White *lay*  
 Vacancy

#### Finance & General Purposes Committee

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Geraldine Campbell *lay*  
 John Chuter *lay* (Chair)  
 Jonathan Hearsey *osteopath*  
 Kim Lavelly *lay*  
 Robin Shepherd *osteopath*  
 Julie Stone *lay*  
 Fiona Walsh *osteopath*

#### Remuneration Committee

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Paula Cook *osteopath*  
 Adrian Eddleston *lay* (Chair)  
 Kim Lavelly *lay*  
 Brian McKenna *osteopath*  
 Vacancy

## Management

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

There are five senior managers:

- > **Fiona Browne**, Head of Professional Standards
- > **Alan Currie**, Head of Registration & Management Information Systems (MIS)
- > **Matthew Redford**, Head of Finance & Administration
- > **Velia Soames**, Head of Regulation
- > **Brigid Tucker**, Head of Policy & Communications

## Principal office

Osteopathy House  
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London  
SE1 3LU

Telephone: 020 7357 6655  
Facsimile: 020 7357 0011  
Website: [www.osteopathy.org.uk](http://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



## General Osteopathic Council

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