



General
Osteopathic
Council

Annual Report and Accounts

2011-12





General Osteopathic Council

Annual Report and Accounts 2011-12

Presented to Parliament pursuant to section 40(5) of the *Osteopaths Act 1993*

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This publication is available from our website at www.osteopathy.org.uk

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Introducing the General Osteopathic Council

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

We currently register approaching 4,600 osteopaths.

Our core functions are:

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



Chair's statement

I took office as Chair of the General Osteopathic Council on 1 April 2012, so the period reviewed in this Annual Report took place under the leadership of my predecessor, Professor Adrian Eddleston. It is a credit to him, my fellow Council members and the staff team, that the GOsC I now chair is a strong and effective organisation.

This report sets out the considerable achievements of the past year, including the publication and dissemination of our new standards for osteopathic practice, the commencement of a year-long revalidation pilot and the publication of important new guidance for osteopathic educational institutions. This is just a snapshot of a wide-ranging programme of work which has been described by the Council for Healthcare Regulatory Excellence as "effective regulation across all of its [the GOsC's] regulatory functions, with patient safety and public interest at the core of its activities."

But the task for the GOsC in the past year – and in the years ahead – is not just about delivering effective regulation. The Government has laid down a challenge to all regulators to reduce the cost of regulation and ensure that it remains fit for purpose. In addition the Law Commission has started an overhaul of the legislative framework of all the regulators.



As an organisation we need to respond positively to those challenges. I am really pleased that the GOsC has been able to reduce the registration fee for osteopaths this year and we hope to do so again next year. It is also important that as a small, single-profession regulator we are able to articulate and deliver a distinctive regulatory role that meets the needs of patients and practitioners. Our decision to debate with the osteopathic profession its future development and leadership requirements is necessary, for ensuring that the right balance is struck between the role of the regulator and that of the profession.

In the short time I have been involved with the regulation of osteopathy, I have learned a great deal about the important role it can play in healthcare. Maintaining patient and public confidence in its ability to fulfil that role will depend on continuing high standards from practitioners, and proportionate and effective action by the regulator.

Alison J White
Chair

A handwritten signature in black ink, appearing to read 'Alison J White'.

17 July 2012

Chief Executive and Registrar's introduction

We have now completed the second year of an ambitious Corporate Plan for the years 2010–2013. This is a period in which we undertook to: introduce revised *Osteopathic Practice Standards*; develop, pilot and evaluate a revalidation scheme for osteopaths; overhaul our system of quality assurance for osteopathic education; deliver a major programme of practice-based research; and enhance our communications and services for osteopaths, patients and the public.

Our innovative and effective approach to regulation is reflected in the continued positive appraisal by the Council for Healthcare Regulatory Excellence, and in the interest that others show in our work, whether regulators or healthcare providers in the UK, Europe or further afield. But it is important that we do not rest on our laurels.

When I became Chief Executive of the GOsC, in late 2010, I quickly realised that we needed not just to perform well, but also to be prepared to adapt and change. Since statutory registration of osteopaths was first introduced there has been considerable change in the osteopathic profession, in healthcare and more widely in the external environment. In addition some osteopaths, particularly the newly qualified, have felt keenly the effects of the recession.

Effective professional regulation cannot simply be a process of identifying and isolating poor practice; it has to embrace a wider vision of promoting high standards and improving quality. In osteopathy where the work of the regulator is rarely, if ever, underpinned by the presence of an employer, the direct relationship between the regulator and registrant is critical. In addition, high-quality care requires a shared commitment to standards – and their improvement – from the regulator, registrants and professional bodies.

Over the next few years, we will continue to adapt to the changing environment. That is why as we look to the final year of our current Corporate Plan and beyond, we think it is essential that all those involved in osteopathy have a clear understanding of their respective responsibilities and a shared commitment to improving patient care.

Tim Walker
Chief Executive and Registrar



17 July 2012



Report of the Council: year to 31 March 2012

Council presents its report together with the accounts of the General Osteopathic Council for the year ended 31 March 2012.

The accounts have been prepared in accordance with the accounting policies set out on page 28 and comply with the requirements of the *Osteopaths Act 1993*.

1 Assuring the quality of osteopathic education and training

Education standards sit at the very heart of the GOsC's work. Ensuring that education providers are equipping students to practise safely and competently as osteopaths promotes confidence in the GOsC's registrants.

The number of higher education providers delivering GOsC-accredited osteopathic training courses rose to 11 this year with the approval of the new Recognised Qualification (RQ) at Swansea University. This brings to 20 the total number of courses in the UK leading to an RQ.

All these courses are considered by the GOsC's Education Committee and Council before being given final approval by the Privy Council. We also review periodically all courses 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 assess documentary evidence and inspect the facilities offered by the training institution. On a QAA recommendation, Council may approve a course with specific, time-limited conditions that must be met by the provider to maintain approval.

Our guidance for course development and delivery is outlined in the QAA *Subject Benchmark for Osteopathy*. 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.

We work closely with the Osteopathic Educational Institutions (OElS) to maintain high standards in osteopathic education.

This year, we have:

- > Completed three major RQ reviews at Swansea University, Surrey Institute of Osteopathic Medicine and Oxford Brookes University.
- > Initiated work with the OElS on guidance for osteopathic pre-registration education.
- > Monitored all recognised courses to ensure standards are maintained.



- > Completed research on the preparedness to practise of recent osteopathic graduates.
- > Published revised quality assurance handbooks for RQ visits.
- > Delivered training for quality assurance visitors and expanded the pool of visitors.
- > Held a best practice seminar and regular meetings with OEIs.
- > Published guidance about the management of health impairments and disability in osteopathic education, training and practice.
- > Published guidance on student fitness to practise for Osteopathic Educational Institutions (OEIs).

Facts and figures 2011-12:

- > 11 OEIs provided GOsC-recognised qualifications.
- > 20 RQs at bachelor's level, master's level and postgraduate level (for qualified medical doctors only).
- > Approximately 270 students obtained a Recognised Qualification in osteopathy.

2 Registering qualified osteopaths

The title of 'osteopath' is protected by law, and only those entered on the GOsC's Register are entitled to practise as osteopaths in the UK. To register, applicants must have a GOsC-recognised qualification or, if they have an equivalent overseas qualification, show that they meet our requirements through a test of competence.

Osteopaths must renew their registration each year. As part of this process, the GOsC checks that osteopaths have current professional indemnity insurance and have met mandatory continuing professional development (CPD) requirements.

The GOsC Register provides detailed information about osteopaths. This resource is freely available to the public, both online via our website – www.osteopathy.org.uk – and via our telephone information service.



Protecting the title of osteopath

The GOsC is rigorous about policing the illegal use of the title of osteopath because it is a criminal offence in the UK for a person to describe themselves (explicitly or by implication) as any kind of osteopath unless registered with the GOsC (*Osteopaths Act 1993*, section 32).

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.

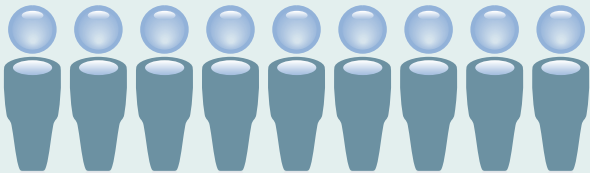
This year, we have:

- > Successfully prosecuted one individual under section 32 of the Osteopaths Act and issued over 75 further cease and desist notices to those wrongly describing themselves as osteopaths.
- > Worked with osteopaths' insurers to introduce electronic sharing of insurance details to reduce paperwork and improve the security of our registration process.
- > Introduced online registration renewal, now used by 33% of registrants.
- > Reviewed the Assessment of Clinical Performance processes to ensure they are robust and consistent with statutory requirements.

The Register: facts and figures

Number of registrants

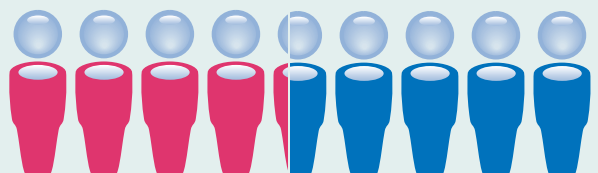
(at 31 March 2012)



4,584

Gender breakdown

(at 31 March 2012)

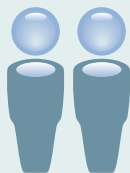


2,256 female

2,328 male

Number of osteopaths joining the Register

(1 April 2011 to 31 March 2012)



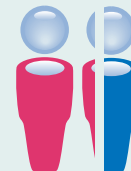
279

Of these -

New applicants	266
Restorations	13

Gender breakdown of osteopaths joining the Register

(1 April 2011 to 31 March 2012)



159 female

120 male

Number of registrants leaving the Register

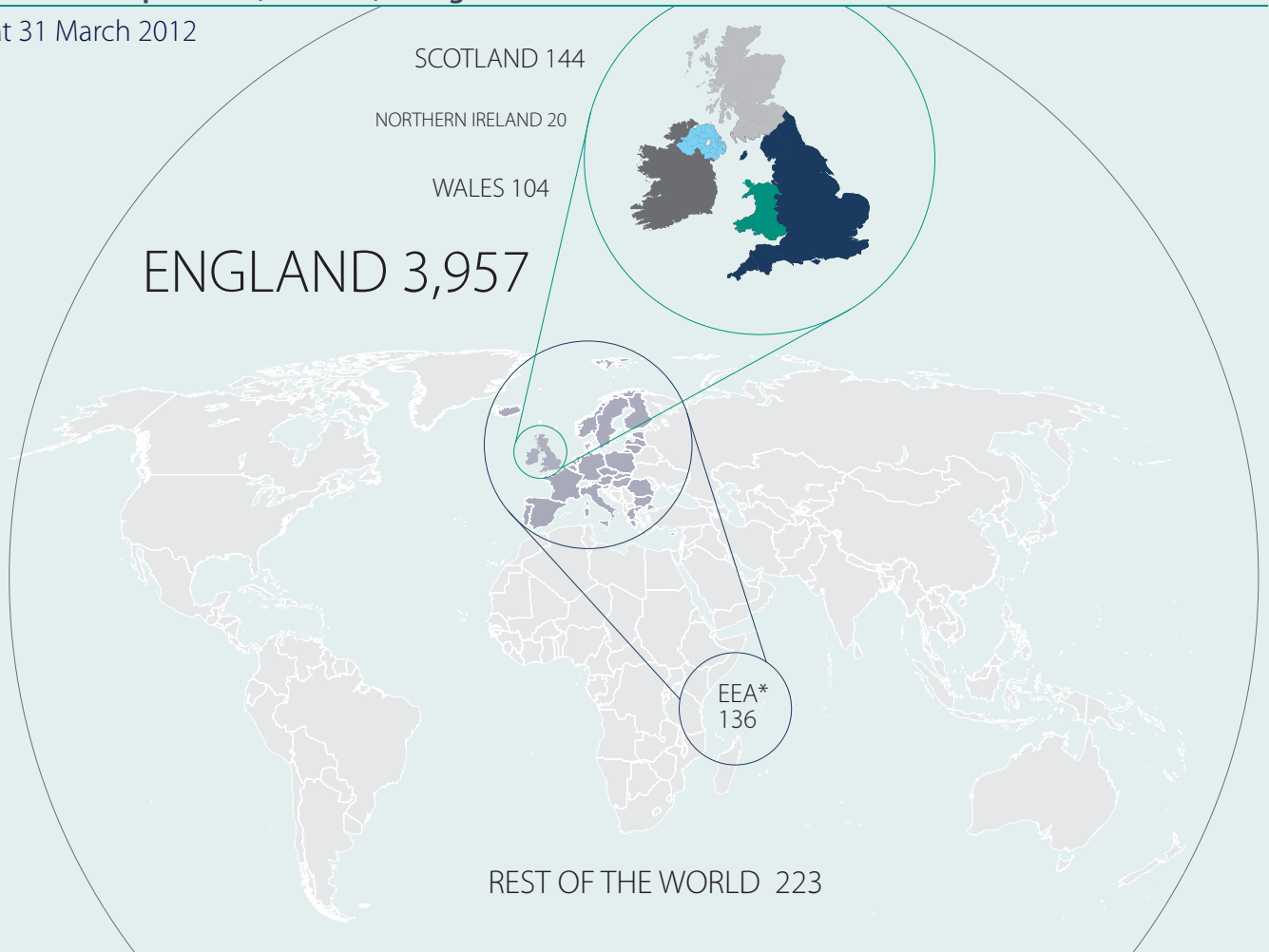
1 April 2011 to 31 March 2012

130

The Register: facts and figures continued

Location of practice (or home) of registrants

at 31 March 2012



Number of registrants leaving the Register

1 April 2011 to 31 March 2012

Resigned	85
Removed	24
Retired	17
Deceased	4

Breakdown of where new applicants joining the Register 1 April 2011 to 31 March 2012 trained

UK	270
EEA*	3
Rest of the World	6

* The European Economic Area (EEA) combines the countries of the European Union and members of the European Free Trade Association.

3 Ensuring osteopaths keep their knowledge and skills up to date

Continuing professional development (CPD)

All osteopaths are required to undertake CPD activities that will maintain their skills and enhance their practice of osteopathy. To renew their registration, osteopaths must provide us with confirmation that they have undertaken a minimum of 30 hours of CPD every year; to help combat practitioner isolation 15 hours must include 'learning with others'. For verification, registrants must keep documentary evidence that they have completed the CPD activities.

A random selection of 20% of the CPD returns was scrutinised during 2011-12 to ensure that the content claimed complied with the CPD Guidelines. A further 2% of osteopaths were asked to present evidence in support of their CPD activities.

Around 3,405 osteopaths (approximately 74%) used the online facility provided by the GOsC to submit their 2011-12 CPD returns.

During the year we published a discussion document on CPD which considers the purpose of CPD and how the current scheme could be improved. We have engaged with most of the main providers of CPD courses to gauge their views. Any changes to the scheme would need to be introduced alongside a revalidation scheme because of their close interrelationship, and we anticipate a further consultation on CPD in 2013.

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 that they meet our standards of competence, clinical practice, communication and professionalism, as well as contribute to continuous improvement in the quality of osteopathic treatment and care.

In 2011, we commenced a year-long pilot of our revalidation scheme. Over 400 registrants – nearly 10% of the profession – joined the pilot and have been engaged in testing a process of self-assessment and collection of evidence. The pilot participants were supported by a programme of 15 regional workshops, as well as ongoing online and telephone support. In early 2012 we recruited 31 osteopaths to be assessors of the completed revalidation portfolios as part of the overall evaluation of the pilot.

Members of the Education Committee, sitting as the Revalidation Standards and Assessment Group, oversee the work on revalidation. The development of the revalidation scheme – the pilot and its evaluation by independent consultants KPMG – is funded by a grant from the Department of Health.

This year, we have:

- > Published a discussion document on continuing professional development and engaged with partner organisations on the future of the CPD scheme.
- > Commenced a year-long pilot of our revalidation scheme involving approximately 10% of the osteopathic profession.
- > Published the revalidation handbook containing templates for osteopaths to use to support their CPD, as well as information on CPD that is not based on attendance at courses and events.

4 Setting standards and promoting good practice

Patients expect high standards of practice and professional conduct from osteopaths. It is our role to set and regularly review these standards to ensure they reflect patient expectations and are evidence-based.

New Osteopathic Practice Standards

In July 2011, following a long consultation process, we published new *Osteopathic Practice Standards*. The new standards that come into force in September 2012 replace the current *Standard of Proficiency* and *Code of Practice*.

In preparation for the introduction of the new standards, we have undertaken a comprehensive programme of work to ensure that they are embedded in education and in practice. This includes:

- > New online materials on our registrants' website, the **o** zone, including e-learning.
- > Meetings with faculty and students of Osteopathic Educational Institutions (OEs).
- > Training for education visitors on the revised standards.
- > A series of articles in *The Osteopath* and other publications.
- > Meetings with specialist societies and CPD providers.
- > The appointment of the Quality Assurance Agency (QAA) to review our registration assessment process in the light of the new standards.

Enhancing quality and safety

The GOsC has worked for a number of years 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, working with our partners in NCOR, we undertook a review of its funding and governance arrangements.

NCOR has now been reconstituted with a new Research Council and Management Board in order to separate its research development activity from the day-to-day management of the organisation. The funding of NCOR has also been diversified, with major contributions now coming from the British Osteopathic Association, the GOsC, the Osteopathic Educational Foundation and the individual OEs. In March 2012, Dr Dawn Carnes (who trained as an osteopath) was appointed as the new Director of NCOR and will lead its work for the next three years, from a base at Barts and The London School of Medicine and Dentistry.

We have also completed the last of the major research projects on adverse events. All four of these projects will now be reviewed in terms of implications for osteopathic regulation and practice, with further work undertaken to help osteopaths apply the research findings in practice. The full reports generated by these four studies are published on the GOsC public website.



Developing the profession

One of the statutory duties of the GOsC is the development of the osteopathic profession. Given the major changes to regulation presaged by the publication by the Government last year of *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers* and the Law Commission's current review of legislation, the GOsC has embarked on a discussion within the osteopathic profession on the future development of osteopathy.

Over the past year we have been meeting with osteopathic organisations and many individual osteopaths, talking to them about these issues and thinking about how the GOsC should respond to this changing environment. As a result, the GOsC Council published the discussion document *UK osteopathy: Ten questions for the next ten years* to promote a wider debate within the profession.

The aim of the debate is to consider three key questions: how should the osteopathic profession develop over the next decade; what needs to be done to facilitate that development; and who should lead the different aspects of this development. In the coming year the GOsC will work with the British Osteopathic Association, the Council of Osteopathic Educational Institutions, the Osteopathic Alliance and any other interested parties to develop a consensus on the way forward.

Promoting international standards

The GOsC has continued to coordinate the work of the Forum for Osteopathic Regulation in Europe to facilitate the regulation of osteopathy across Europe. Working with the European Federation of Osteopaths, we have commenced a three-year project to develop pan-European standards for osteopathy, through the European Committee for Standardisation, an EU-recognised standards body.

We also continue to work with the Osteopathic International Alliance (OIA) to promote osteopathic standards globally. We were instrumental in setting up the first ever international osteopathic regulatory forum in Potsdam in September 2011 under the auspices of the OIA.

5 Dealing with concerns and complaints

Public protection is the core of the GOsC's role. 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: Investigation of Complaints (Procedure) Rules 1999; Professional Conduct Committee (Procedure) Rules 2000; and Health Committee (Procedure) Rules 2000. Guidance and advice for those with concerns about an osteopath's conduct or practice is offered via the GOsC public website (www.osteopathy.org.uk), directly over the telephone or in writing.

Our fitness to practise process

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

The source of complaints

Most complaints are made by patients and often result from a breakdown in communication with their osteopath. The GOsC has a legal duty to refer all cases that fall within its remit to the Investigating Committee.

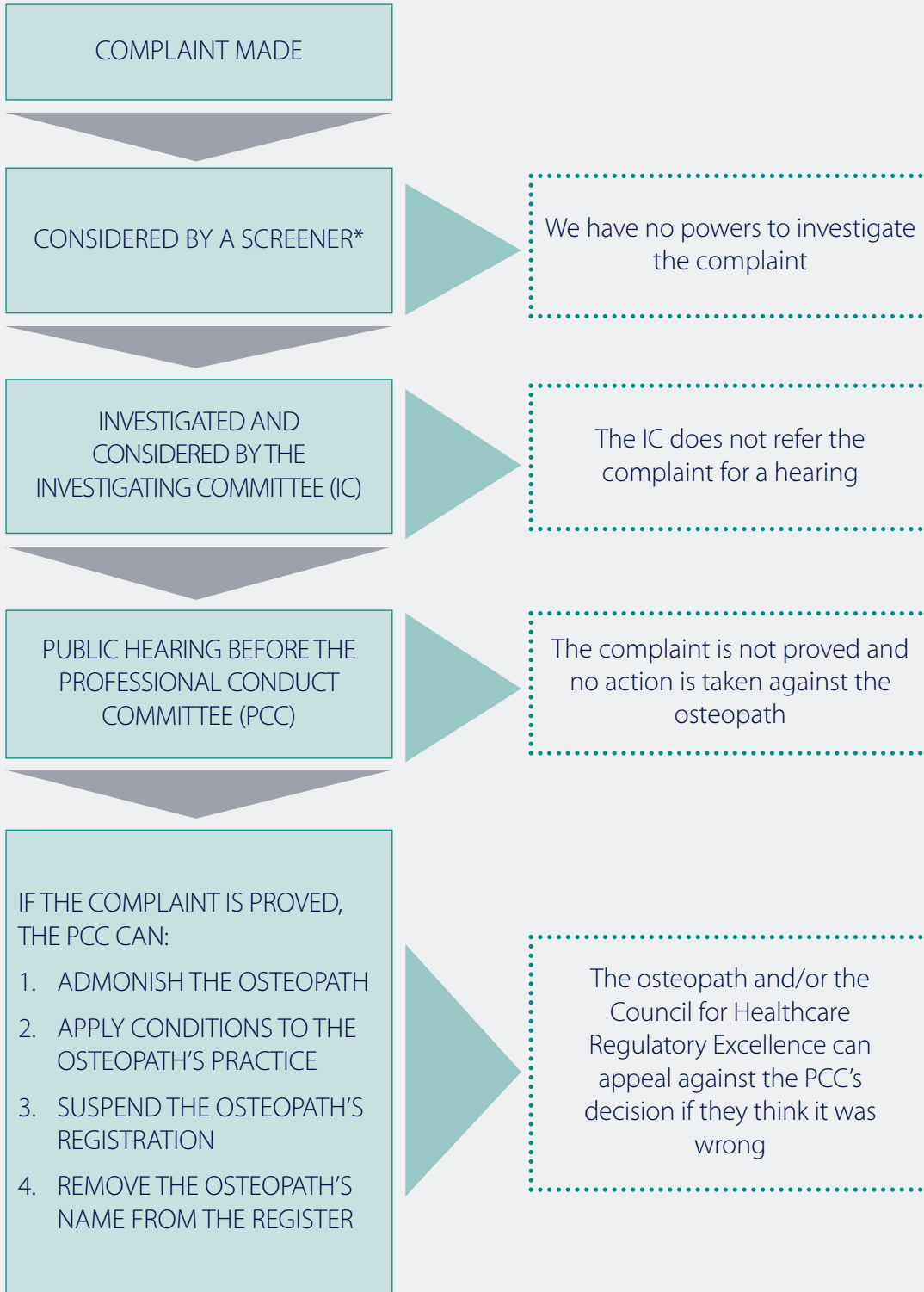
Complaints

Of the 20 complaints considered by the Investigating Committee during the period covered by this report:

- > Nine resulted from complaints by patients.
- > Six resulted from concerns raised by fellow professionals (including fellow osteopaths).
- > Five were raised by the Registrar (four of these were following notification of either a caution or conviction for a criminal offence).

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.

Investigating Committee decisions

No case to answer – 11 cases



Case to answer – seven cases



Two cases had not been concluded at 31 March 2012.

Where the Investigating Committee finds a case to answer, the case is referred to the Professional Conduct Committee.

Professional Conduct Committee

The Professional Conduct Committee reached final decisions in 12 cases.

Professional Conduct Committee decisions

Decision	No. of cases*
Not proved	3
Proved and admonished	5
Proved and conditions imposed on the osteopath's practice	3
Proved and suspended	1
Proved and removed from the Register	0
Total:	12

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

Interim suspension

To protect the public, both the Investigating Committee and Professional Conduct Committee have powers to suspend an osteopath's registration while a complaint is being investigated, if they consider this necessary. Between 1 April 2011 and 31 March 2012, the Investigating Committee considered whether to impose an Interim Suspension Order in two cases and agreed to do so on one occasion.

Audit of cases closed at the investigating stage

The Council for Healthcare Regulatory Excellence (CHRE), having been satisfied with its audit of the GOsC in 2010, decided that it was not necessary to undertake a further audit of cases closed at the investigating stage in 2011. The next such audit will take place in 2012-13.

Time taken for fitness to practise cases to be considered

The GOsC has set targets for the three main stages of an investigation. Service level agreements with our external legal team assist us in meeting these targets. The table below shows performance against targets during the period under review. We will continue to strive to meet these targets in the year to come and, where possible – without compromising fairness to all parties concerned, we aim to exceed them.

Time taken for fitness to practise cases to be considered

Stage	Target time from receipt of complaint	Median time for cases considered during 2011-12
Screened (20 cases)	3 weeks	7 days
Considered with decision by the Investigating Committee (18 cases)	4 months	4 months
Heard with decision by the Professional Conduct Committee (10 cases)	13 months	15.5 months*

* This was affected by availability of all parties to the hearing; the shortest case took six months to conclude, the longest took 26 months.

Appeals

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

The 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 Professional Conduct Committee that it considers were too lenient.

One appeal was made by a registrant during 2011-12 and is awaiting hearing.

6 Engaging with patients, the public and professionals

We work 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.

To this end, in 2011 we embarked on the recruitment of a new Patient and Public Partnership Group to bring into our public communications this vital perspective. We have already used this group to inform the development of new leaflets to provide patients and healthcare professionals with essential information about the standards of osteopathic training and practice.

To improve our understanding of registrants' opinions and communications needs, we undertook a survey of registrants which will feed into our future communication plans.



We also surveyed registrants on their use of the online research resource – the *International Journal of Osteopathic Medicine* and other journals – provided by the GOsC to all registrants.

Effective regulation relies on clear understanding between the regulator and the registrant. We continue to communicate with registrants through our bimonthly magazine, *The Osteopath*; our dedicated registrant website, the **o** zone; monthly e-bulletins; and an additional fitness to practise e-bulletin produced three times a year.

A considerable part of this year's communications efforts have been devoted to raising awareness among registrants of the new *Osteopathic Practice Standards* and the GOsC-commissioned research on patients' expectations and on adverse events.

Osteopaths value face-to-face meetings, and during the course of the year we participated in 14 regional osteopathic society meetings attended by over 600 osteopaths. We also held two meetings of our Regional Communications Network, which supports the work of regional osteopathic societies and CPD groups across the UK.

We continue to promote professionalism to undergraduate students, delivering presentations to students as they embark on their clinical training and towards the end of their training. These pre-registration presentations outline the purpose of statutory regulation, the role of the GOsC and the requirements for entry on the Register. Final-year students also have access to the **o** zone to assist their transition into practice.

7 Equality and diversity

The GOsC is committed to equality and diversity. In our work with the profession, patients and the public, our objectives are to:

- > Ensure our regulatory framework is fair and free from discrimination.
- > Promote professional values that protect a diverse public.
- > Promote equality of opportunity and access to the osteopathic profession.
- > Ensure a system of governance for the GOsC that supports equality and diversity.
- > Ensure high standards in the recruitment and employment of our staff.

In recognition of our new duties under the *Equality Act 2010*, including the public sector equality duty, we revised our Equality and Diversity Policy and action plan which are available on our website: www.osteopathy.org.uk.

We are required under the *Welsh Language Act 1993* to publish a Welsh Language Scheme. Our scheme, which provides that in the conduct of public business in Wales we will treat the English and Welsh languages equally, was approved by the Welsh Language Board in 2011.



8 Responding to change

In early 2011, the Government published *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. This document set out the Government's approach to regulation for the coming years and set a number of challenges for healthcare professional regulators such as the GOsC, including:

- > Reducing the costs of regulation while maintaining effectiveness.
- > Giving regulators more independence while at the same time ensuring effective accountability.
- > Developing a proportionate and effective approach to ensuring the continuing fitness to practise of registrants (i.e. revalidation).

In response to the cost savings agenda, the GOsC has looked carefully at its operating costs and has identified both immediate and future savings. In 2012, we have been able to reduce the full registration fee by £75 (10%). We hope to make further savings in 2013 and also pass these on to registrants. In our work to identify savings we have been mindful that we must always be able to meet our statutory obligations and also that any savings must be sustainable and allow for a prudent level of reserves.

Enabling Excellence was followed by a review undertaken by the Law Commission of the legislative framework for all the health and social care regulators. Their comprehensive report was published in March 2012 and sets out detailed recommendations for reforms to healthcare regulation. For the GOsC this presents both an opportunity and a challenge. The opportunity is to ensure that our rules and associated processes are modernised and simplified to ensure effective and cost-effective regulation. However, should Parliament approve the Law Commissions' proposals – which it is hoped will happen in 2015 – it will be a major task to draft, consult on and implement new rules.

The third element – implementing an approach to monitoring and maintaining continuing fitness to practise – already plays a large part in our programme of work in the form of our revalidation pilot and CPD review. We remain committed to ensuring that we have a proportionate means of ensuring that osteopaths can demonstrate to themselves and others that they remain up to date and fit to practise throughout their careers, and that the quality of osteopathic healthcare continues to meet the highest standards.



9 Key projects for 2012-13

Revalidation scheme for osteopaths

- > We will complete our revalidation pilot and, working with our independent consultants KPMG, complete the evaluation of the pilot.

Osteopathic Practice Standards

- > We will continue to support osteopaths and educators with the introduction of the *Osteopathic Practice Standards*, including developing supplementary guidance and e-learning resources.

Transitions into practice

- > We will build on our preparedness to practise research and will scope out the parameters for a review of transition into practice.

Continuing professional development (CPD)

- > We will develop policy proposals on CPD and revalidation for further consultation.

Osteopathic education

- > We will commence the development of guidance for osteopathic pre-registration education.

Research

- > We will apply the findings of the four adverse events projects to promote safe and effective practice in osteopathy.
- > We will support the new management of the National Council for Osteopathic Research to develop research and data collection within osteopathy.

International standards

- > We will continue to work with our European partners and with the European Committee for Standardisation on the development of Europe-wide standards for osteopathy.
- > We will continue to support international regulatory collaboration through the Osteopathic International Alliance.

Breach of title

- > We will continue to pursue, using the courts where necessary, individuals who illegally use the title of osteopath.

Governance

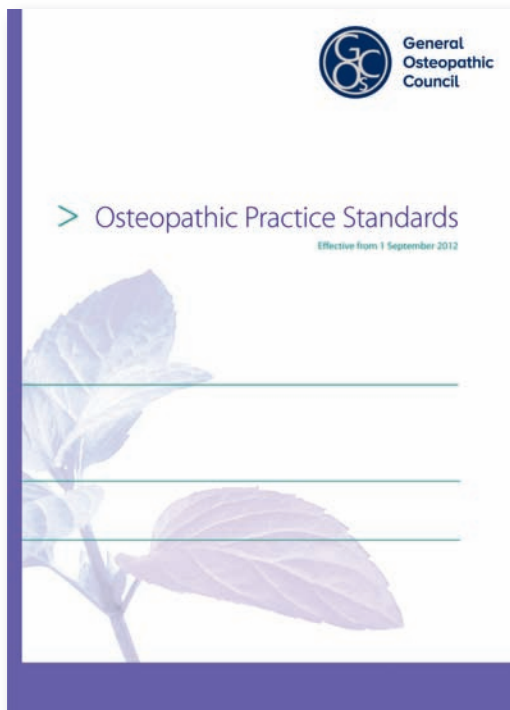
- > We will review our governance structure to ensure that it remains cost-effective and fit for purpose.
- > We will develop a new Corporate Plan for the period 2013-16.

Regulatory change

- > We will continue to seek to reduce the costs of regulation and pass on the savings to registrants.
- > We will contribute to the debate on the future of healthcare professional regulation initiated by the Law Commission.

Communications and engagement

- > We will use the results of our registrants' survey to make improvements to our communications.
- > We will engage with the profession on its future development needs and the role of the GOsC in meeting these.
- > We will use our new Patient and Public Partnership Group to provide effective input to our work



10 Financial report for the year 2011-12

Overview

The financial statements for the year ended 31 March 2012 report a surplus position of £133,029 after designated spending of £7,850 on specific one-off projects and corporation tax. This surplus was greater than forecast, as a planned piece of research into patterns of practice was not commissioned. The £80,000 underspend has been designated in reserves for future use. The surplus further strengthened the Balance Sheet by boosting total reserves (which include the value of Osteopathy House) to £2,207,404. Of this, £266,262 is held in designated funds ring-fenced for specific future activity.

In the year, the GOsC invested £500,000 in order to ensure that the value of the cash held was not eroded by inflation. This investment is shown in the accounts as a fixed asset although it can be matured within a week should the need arise. This classification of the investment means that the cash-flow statement shows a reduction in cash held of £375k.

The activity of the GOsC remained consistent with prior financial periods. In the reporting year, the Executive commenced a structured review of its costs in order to identify significant cost savings that could be passed back to the profession via the form of a fee reduction. The Council approved an expenditure reduction of £275k from April 2012.

Income

Registration fees provide the GOsC with its main income source. Registration fees totalled £3,024,357, representing 94% of income received in the year. The level of the registration fee has not changed since May 2000, although the top-level registration fee has reduced by 10% from 9 May 2012 as the GOsC cost-reduction programme takes effect.

The GOsC has seen its return on cash held in interest-bearing accounts significantly reduced by the decision of the Bank of England to maintain interest rates at a record low of 0.5%. In the financial year, the GOsC earned £10,772 from its cash deposits. Conscious that inflation will erode cash held in low interest bank accounts, the GOsC decided that the best return on cash holdings would be to invest in the stock market in a medium-term (c.5 years) investment via a balanced portfolio. The investment strategy has been at the low end of medium risk and was developed in conjunction with Newton Investment Management, a global thematic investment company.

In the year, £138,282 was used from a grant awarded to the GOsC by the Department of Health for the development of revalidation. The grant is enabling the GOsC to assess the risks and benefits of developing a scheme of revalidation for osteopaths, and to pilot a revalidation self-assessment scheme.

Prudent financial management has ensured that economic pressures arising from low interest rates and high inflation have not adversely affected the delivery of GOsC activities.

Income and expenditure

	Financial year	
	2011-12 £	2010-11 £
Total income	3,206,642	3,063,333
Total expenditure, including corporation tax charge	3,064,733	3,034,747
Total designated spending	7,850	138,870
Surplus/(deficit) after designated spending and taxation	133,029	(110,284)
% of income spent before designated spending	95.57%	99.07%

Expenditure

The financial statements report that £3,064,733 was spent on discharging our statutory duties.

Employment costs

In the reporting year, total employment costs (allocated to departments in the table above) were £1,277,144, representing 41.67% of total expenditure, a reduction of £22k on the previous reporting period. The reduction was primarily a result of reduced recruitment costs in the year.

Professional Standards

Expenditure in this area – £594,239 – was higher than in the previous year (£493,308), an increase of 20.46%. The increase in the year arose through additional expenditure on revalidation (£138,282 from the DH grant) and the use of an independent consultant to conduct research into the transition into practice (£30,410).

Expenditure accrediting Recognised Qualifications (RQs) also increased in the year to £101k from £77k. Over the last five years, accreditation of RQs, conducted on our behalf by the Quality Assurance Agency, has averaged £115,151 per year. This represents 3.97% of the GOsC's total expenditure for the same period, amounting to £29.78 per registrant.

Communications

An increase in expenditure of 7.96% to £561,570 (£520,164 – prior year) is reported in the financial statements. Key communications activities in the year include:

- > GOsC publications (£100,637)
- > GOsC engagement activities (£37,679)
- > Website development, including service contracts (£59,142)
- > UK public affairs and international activities (£26,707).

Breakdown of expenditure

	2011-12		2010-11	
PROFESSIONAL STANDARDS	£594,239	(19.40%)	£493,308	(16.26%)
COMMUNICATIONS	£561,570	(18.32%)	£520,164	(17.14%)
REGULATION	£722,084	(23.56%)	£837,491	(27.60%)
REGISTRATION AND MIS*	£249,294	(8.13%)	£202,526	(6.67%)
RESEARCH	£136,113	(4.44%)	£175,339	(5.78%)
SECRETARIAT	£801,433	(26.15%)	£805,919	(26.55%)

NB: employment costs have been reallocated within the department headings, excluding Research.

* MIS – Management Information Systems

Registration and Management Information Systems (MIS)

Expenditure in the year – £249,294 – was higher than the previous year (£202,526). The increase in expenditure is due in part to two registration appeals heard by the Council this year costing £15,157. Additional expenditure was incurred on a reprint of registration documentation and service contracts to support the GOsC Customer Relational Management (CRM) database.

Regulation (including fitness to practise)

Expenditure reduced significantly in the year by 13.78% to £722,084 (prior year £837,491) in part due to fewer cases being heard by the Professional Conduct Committee and in part due to changes introduced by the Regulation team to limit expenditure on legal fees.

Research

Research-related activities account for an expenditure of £136,113 in 2011-12, a reduction against a prior year total of £175,339. Within the current year, the GOsC committed funds of £71,869 to support the operational costs of the National Council for Osteopathic Research (NCOR) and £56,295 for the provision to all registrants of the quarterly *International Journal*

of Osteopathic Medicine (IJOM). In addition, planned research into patterns of practice was not commissioned, with the underspend designated in reserves for future use.

Secretariat

Total expenditure (including financing and taxation) reached £801,433 against the previous year total of £805,919 – a decrease of 0.56%. Within the expenditure is the cost of governance and also office costs. In addition, contained within secretariat expenditure is the cost of the loan taken out to part-finance the redevelopment of Osteopathy House in 2009.

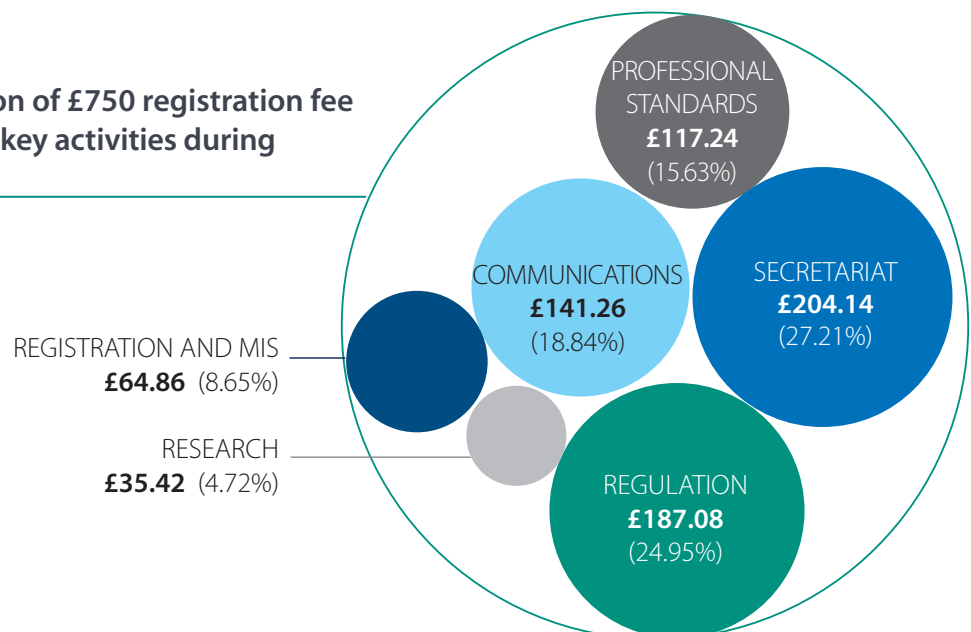
What does the registration fee fund?

The annual registration fee of £750 is broken down below to show the amount spent on each GOsC function during 2011-12.

Reserves policy

Council has maintained its policy of keeping its free reserves (i.e. those funds not designated for specific purposes) at a level not lower than three months' average annual expenditure. Council believes these reserves are adequate, given the organisation's risk profile.

Proportion of £750 registration fee spent on key activities during 2011-12



Reserves position

The Balance sheet shows total funds of £2,207,404.

General Reserves (free reserves not designated for specific purposes) total £1,941,142.

Funds totalling £266,262 have been designated for the specific purposes of:

- > Research into adverse events related to osteopathic practice (£46,262)
- > Future governance structure changes (£100,000)
- > Patterns of practice research (£80,000)
- > *Osteopathic Practice Standards* activity (£30,000)
- > Student fitness to practise activity (£10,000).

These designated funds reflect the GOsC's commitment to investing in the development of osteopathic practice and in the infrastructure required to deliver effective regulation.

Investment strategy

The Council agreed a new investment strategy which saw £500,000 of its cash holdings invested in a medium risk, diversified portfolio. The Council considers the investment to be good stewardship of GOsC funds, ensuring that the value of the cash holding is not eroded by inflation. The investment is held with Newton Investment Management and can be liquidated within one week if required.

Statement of Council members' responsibilities

Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

The *Osteopaths Act 1993* requires Council to prepare financial statements for every financial year. Under that law, Council has elected to prepare the financial statements in accordance with UK Generally Accepted Accounting

Practice (UK Accounting Standards and applicable laws). Council will not approve the financial statements unless it is satisfied that these give a true and fair view of the state of affairs and profit or loss of the GOsC for that period. In preparing these financial statements, Council is required to:

- > Select suitable accounting policies and then apply them consistently.
- > Make judgements and accounting estimates that are reasonable and prudent.
- > State whether applicable UK 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 GOsC will continue in business.

The Council members are responsible for keeping adequate accounting records that are sufficient to show and explain the GOsC's transactions and disclose with reasonable accuracy at any time the financial position of the GOsC and that enable Council to ensure that the financial statements comply with the *Osteopaths Act 1993*. Council is also responsible for safeguarding the assets of the GOsC and will take reasonable steps to ensure the prevention and detection of fraud and other irregularities.

The Council members confirm that:

- > in so far as each of the Council members is aware, there is no relevant audit information of which the GOsC's auditors are unaware; and
- > the Council members have taken all steps that they ought to, to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Approved by Council on 17 July 2012 and signed on their behalf by:



Alison J White, Chair

Independent auditor's report to the members of the General Osteopathic Council

We have audited the financial statements of the General Osteopathic Council (GOsC) for the year ended 31 March 2012 which comprise the Income and expenditure statement, Balance sheet, Cash flow statement, Principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Council members, as a body, in accordance with section 40 of the *Osteopaths Act 1993*. Our audit work has been undertaken so that we might state to the Council members 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 GOsC, and the Council members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Council members and auditor

As explained more fully in the Statement of Council members' responsibilities set out on page 27, the Council members are responsible for the preparation of financial statements which give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the GOsC's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Council members; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

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 GOsC's affairs as at 31 March 2012 and of its income and expenditure for the year then ended; and
- > have been properly prepared in accordance with the requirements of the *Osteopaths Act 1993*.

Grant Thornton UK LLP

Grant Thornton UK LLP

Statutory Auditor,
LONDON

17 JULY 2012

Accounts

Income and expenditure account

Year to 31 March 2012

	Notes	2012 £	2011 £
Income			
Registration fees		3,024,357	2,909,848
Bank interest		10,772	19,829
Other income	1	171,513	133,656
Total		3,206,642	3,063,333
Expenditure			
Staff and related costs	2 and 3	1,277,144	1,299,469
Professional Standards	4	387,618	290,850
Communications	4	300,612	264,830
Registration and MIS	4	109,746	62,411
Regulation (including fitness to practise)	4	522,702	637,638
Research	4	136,113	175,339
Secretariat	4	310,705	280,134
Financing (bank charges and loan interest)	4	20,093	19,906
Subtotal		3,064,733	3,030,577
Surplus before designated spending and taxation		141,909	32,756
Designated spending		7,850	138,870
Corporation tax charge	6	1,030	4,170
Surplus/(Deficit) for the year	11	133,029	(110,284)

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

There is no difference between the surplus before taxation and the retained surplus/(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 surplus/(deficit) for the periods reported.

Balance sheet

As at year to 31 March 2012

	Notes	2012 £	2012 £	2011 £	2011 £
Non-current assets					
Fixed Assets	7	2,043,954		2,159,334	
Investments		500,000		-	
			2,543,954		2,159,334
Current assets					
Debtors	8	287,601		369,786	
Cash at bank and in hand		706,797		1,082,352	
		994,398		1,452,138	
Creditors: Amounts falling due within one year	9	(1,224,162)		(1,238,691)	
Net Current (Liabilities)/Assets			(229,764)		213,447
Creditors: Amounts falling due over one year	9		(106,786)		(298,406)
Total assets less total liabilities			2,207,404		2,074,375
Reserves					
General Reserve	11		1,941,142		1,920,263
Designated Funds	11				
Adverse events research			46,262		54,112
Governance arrangements			100,000		100,000
Patterns of practice research			80,000		-
Osteopathic Practice Standards			30,000		-
Student fitness to practise			10,000		-
Total reserves	11		2,207,404		2,074,375

* Notes to the accounts available on pages 33-37

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



Alison J White
Chair
17 July 2012



John Chuter
Treasurer

Cash flow statement

Year to 31 March 2012

	Notes	2012 £	2011 £
Cash inflow/(outflow) from operating activities	A	46,991	(51,657)
Returns on investments and servicing of finance	B	(495,022)	12,092
Taxation		(1,030)	(4,170)
Capital expenditure	B	(5,919)	(119,337)
Financing	C	79,425	77,476
(Decrease) in cash		(375,555)	85,596

Notes to the cash flow statement for the year to 31 March 2012

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

	2012 £	2011 £
Surplus/(deficit) before tax and loan interest	139,853	(98,377)
Interest receivable	(10,772)	(19,829)
Depreciation charge	121,299	106,312
Decrease in debtors	82,185	34,123
Decrease in creditors	(285,574)	(73,886)
Net cash inflow/(outflow) from operating activities	46,991	(51,657)

B Gross cash flows

	2012 £	2011 £
Returns on investments and servicing of finance		
Investments made in year	(500,000)	–
Interest receivable	10,772	19,829
Interest paid on bank loan	(5,794)	(7,737)
Total	(495,022)	12,092
Capital expenditure		
Payments to acquire tangible fixed assets	(5,919)	(119,337)
Total	(5,919)	(119,337)

C Financing

	2012 £	2011 £
Bank loan	79,425	77,476
Total	79,425	77,476

D Analysis of changes in net funds

	1 April 2011 £	Cash flows £	31 March 2012 £
Cash at bank and in hand	1,082,352	(375,555)	706,797
Bank loan	(265,625)	79,425	(186,200)
Total	816,727	(296,130)	520,597

E Reconciliation of net cash flow to movement in net funds

	31 March 2012 £
Net funds as at 1 April 2011	816,727
Decrease in cash in the period	(375,555)
Bank loan	79,425
Net funds at 31 March 2012	520,597

Principal accounting policies

Year to 31 March 2012

Basis of accounting

The accounts are prepared under the historic cost convention and in accordance with applicable accounting standards. There have been no changes to the accounting policies from the prior year.

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
(disclosed in 'computer hardware')

Income

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

Grants for specific purposes are included in income to the extent that expenditure is incurred during the

financial year (together with any related contributions towards overhead costs). Deferred credits, which are attributable to subsequent financial years, are included in creditors under the classification of Accruals and Deferred income. Grant income received in the financial year is disclosed under Other income in the Notes to the accounts (see note 1).

Investment

The Council invested £500,000 in a medium risk, diversified portfolio. The investment is held with Newton Investment Management and can be liquidated within one week if required.

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), 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 2012

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:

	2012	2011
	£	£
Other income		
Department of Health – grant funding	138,282	96,400
Performance assessments	5,390	3,040
Magazine and leaflets	16,658	29,648
Recoverable costs (s.32)	3,066	556
FORE secretariat	2,004	–
Miscellaneous	6,113	4,012
	171,513	133,656

2 Employees and staff costs

Staff costs during the year were as follows:

	2012	2011
	£	£
Wages and salaries	1,014,077	988,996
Social security costs	107,595	105,932
Other pension costs (see note 3)	120,367	121,460
	1,242,039	1,216,388
Temporary staff	–	20,337
Recruitment	4,120	36,827
Training and development	11,243	17,273
Competency framework	9,664	–
Other	10,078	8,644
Total	1,277,144	1,299,469

The average number of employees, on a full-time equivalent basis and by department, of the Council during the year ended 31 March 2012 was:

	2012	2011
	number	number
Professional Standards	4.00	4.00
Communications	5.00	5.00
Registration and Management Information Systems	3.00	3.00
Regulation (including fitness to practise)	4.00	4.00
Secretariat	7.40	7.40
Total	23.40	23.40

Executive remuneration

The employment costs of the Chief Executive and Registrar at 31 March 2012 were:

	£
Salary	117,740
Employer National Insurance contributions paid in the year	14,599
Employer pension contributions paid in the year	12,110

3 Pension costs

The contributions paid in the year in respect of the Council's pension scheme were £120,367 (2011 – £121,460).

4 Expenditure

Expenditure for each function in the year was as follows:

	Notes	2012 £	2011 £
Professional Standards			
Quality assurance		101,363	77,491
Revalidation (DH funds)		138,282	96,400
Committees and workshops		12,195	16,840
Standards and Code		21,004	40,484
Registration assessments		12,798	10,285
Transition into practice		30,410	23
Equality and diversity guidance (OEs)		9,325	–
Student fitness to practise		7,548	5,142
Continuing professional development		770	62
Scope of practice		–	450
Publications and subscriptions		–	67
Support costs	5	53,923	43,606
Total		387,618	290,850
Communications			
GOsC publications		100,637	77,673
Committees and workshops		–	1,918
Engagement activities		37,679	38,572
Website activities		59,142	54,675
Media activity		9,252	1,462
Public and international affairs		26,706	32,068
Publications and subscriptions		1,114	3,954
Support costs	5	66,082	54,508
Total		300,612	264,830
Registration and Management Information Systems			
Documentation and postage for registration		21,711	11,678
Management information systems		21,069	5,960
Registration appeals		15,157	1,166
Support costs	5	51,809	43,607
Total		109,746	62,411
Regulation (including fitness to practise)			
Statutory and other committees		449,316	533,507
Legal costs (including s.32)		33,737	60,524
Support costs	5	39,649	43,607
Total		522,702	637,638

Expenditure cont.	Notes	2012 £	2011 £
Research			
National Council for Osteopathic Research		71,868	86,861
<i>International Journal of Osteopathic Medicine</i>		56,295	83,497
Complainant/registrant research activity		7,950	4,981
Total		136,113	175,339
Secretariat			
Council costs		165,907	150,345
Statutory and other committees		8,138	9,796
Equality and diversity		–	786
Independent audit programme		7,200	11,283
Audit fee		21,252	16,140
Other professional fees		2,640	–
Registrar's meetings		3,740	1,361
Publications and subscriptions		4,026	3,210
Support costs	5	97,802	87,213
Total		310,705	280,134
Financing			
Bank charges		5,794	7,737
Loan interest		14,299	12,169
Total		20,093	19,906
TOTAL		1,787,589	1,731,108

5 Support costs

	2012 £	2011 £
Depreciation	121,299	106,312
Rates	40,544	38,854
Service contracts, including building maintenance	36,662	29,231
Utilities	13,700	17,762
Postage, printing and stationery	61,368	45,824
Telephone and fax	13,484	14,762
Insurance	17,528	16,219
Other	4,680	3,577
Total	309,265	272,541
These costs have been apportioned as follows:		
Professional Standards	53,923	43,606
Communications	66,082	54,508
Registration and Management Information Systems	51,809	43,607
Regulation (including fitness to practise)	39,649	43,607
Secretariat	97,802	87,213
Total	309,265	272,541

6 Taxation

The tax charge on the surplus/(deficit) before tax for the year was as follows:	2012	2011
	£	£
Current tax:		
Corporation tax at 20% (2011 – 21%)	1,030	4,170
Tax on surplus for year	1,030	4,170

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

7 Fixed assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold buildings £	Total £
Cost					
At 1 April 2011	18,321	166,909	265,029	2,244,172	2,694,431
Additions	–	969	4,950	–	5,919
At 31 March 2012	18,321	167,878	269,979	2,244,172	2,700,350
Depreciation					
At 1 April 2011	18,321	117,432	71,294	328,050	535,097
Charge for the year	–	22,122	54,294	44,883	121,299
At 31 March 2012	18,321	139,554	125,588	372,933	656,396
Net book value					
At 31 March 2012	–	28,324	144,391	1,871,239	2,043,954
At 31 March 2011	–	49,477	193,735	1,916,122	2,159,334

8 Debtors

	2012	2011
	£	£
Fee debtors	221,346	215,448
Prepayments and accrued income	61,229	147,445
Other debtors	5,026	6,893
Total	287,601	369,786

9 Creditors: amounts falling due within one year

	2012	2011
	£	£
Deferred income	663,759	664,556
Trade creditors	138,488	245,984
Accruals	148,501	24,647
Department of Health – grant funding	152,318	180,350
Building loan – Osteopathy House	79,414	77,469
Other creditors	2,792	–
Income tax and social security	37,066	40,700
Corporation tax creditor	1,824	4,985
Total	1,224,162	1,238,691

9 Creditors: amounts falling due over one year

	2012 £	2011 £
Department of Health – grant funding	–	110,250
Building Loan – Osteopathy House	106,786	188,156
Total	106,786	298,406

A loan of £400,000 was taken out in 2010 through Lloyds TSB at a rate of 1.5% over base rate. Security for the loan is a first charge over the freehold property.

10 Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members was £104,633 including responsibility allowances. In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £35,015.

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £306 was paid to members of the Investigating Committee and Professional Conduct Committee when attending GOsC meetings and hearings. Members of the Investigating Committee also receive a reading allowance of £75 per day. Members of these committees claimed daily attendance fees of £98,997, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £47,434.

External members of other committees

In the reporting year, a daily attendance fee was paid to external members of the Education, Audit and Remuneration Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £5,967, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £2,792.

11 Reserves

	At 1 April 2011 £	Surplus for the year £	Gross transfers between funds £	At 31 March 2012 £
General Reserve	1,920,263	133,029	(112,150)	1,941,142
Designated funds				
> Adverse Events research	54,112	–	(7,850)	46,262
> Governance arrangements	100,000	–	–	100,000
> Patterns of practice research	–	–	80,000	80,000
> <i>Osteopathic Practice Standards</i>	–	–	30,000	30,000
> Student fitness to practise	–	–	10,000	10,000
Total	2,074,375	133,029	–	2,207,404

The designated projects funds reflect the Council's commitment to reinvesting funds back into the profession. For example, the Adverse Events and Standardised Data Collection projects are linked to the need for an evidence-based practice.

12 Capital Commitments

Capital commitments that are contracted but not provided for at 31 March 2012 amount to £nil (2011 – £nil).

13 Who we are

The General Osteopathic Council

For the year under report (1 April 2011 to 31 March 2012)

Patron

HRH The Prince of Wales KG KT GCB

Chair (lay)

Professor Adrian Eddleston DM FRCP

Treasurer (lay)

John Chuter OBE

Lay members

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

Osteopath members

Paula Cook (resigned August 2011)
 Jonathan Hearsey
 Nick Hounsfield
 Brian McKenna
 Kenneth McLean
 Robin Shepherd
 Fiona Walsh

Statutory committees:

Education Committee

Paula Cook *osteopath* (resigned August 2011)
 Professor Adrian Eddleston *lay*
 Professor Ian Hughes *lay* (Chair)
 Brian McKenna *osteopath* (from September 2011)
 Julie Stone *lay*
 Fiona Walsh *osteopath*

Co-opted member

Jonathan Hearsey *osteopath* (from September 2011)

External members

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

Health Committee

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

Claire Cheetham *osteopath*
 Fionnuala Cook *lay* (Acting Chair from April to October 2011)
 Miles Crook *osteopath*
 Charles Dunning *osteopath*
 Gillian Hawken *lay*
 Anne Johnstone *lay*
 James Kellock *lay* Chair (from October 2011)
 Yvonne McNiven *osteopath*
 Abigail Miller *osteopath*
 John Mundy *lay* Chair (resigned April 2011)
 James Olorenshaw *osteopath*
 Sarah Payne *lay*
 Michael Yates *lay*

Professional Conduct Committee

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**

Jane Hern *lay* (Chair)
 Kenneth McLean *osteopath*
 David Prince *lay*
 Jenny White *lay*
 Vacancy

Finance and General Purposes Committee

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

Fitness to Practise Policy Committee

Professor Ian Hughes *lay*
 Jonathan Hearsey *osteopath*
 Julie Stone *lay* (Chair)
 Fiona Walsh *osteopath*
 Jenny White *lay*

Remuneration Committee

Paula Cook *osteopath* (resigned August 2011)
 Professor Adrian Eddleston *lay* (Chair)
 Kim Lavelly *lay*
 Brian McKenna *osteopath*
 Kenneth McLean *osteopath* (from September 2011)
 Vivienne Murch *lay* (from July 2011)

Council members' remuneration, expenses and attendance

Payments to non-executive members

Name	Position held	Location in UK	Honorarium £	Responsibility allowance £	Expenses £
Professor Adrian Eddleston	Chair	Cumbria	22,440	Nil	6,226.58
Geraldine Campbell	Member	Northern Ireland	6,630	Nil	2,601.74
John Chuter ¹	Member	Yorkshire	6,630	5,000	2,421.20
Paula Cook ²	Member	Surrey	2,763	Nil	97.30
Jonathan Hearsey	Member	Sussex	6,630	Nil	1,182.70
Nicholas Hounsfeld	Member	Bristol	6,630	Nil	4,700.65
Professor Ian Hughes ³	Member	Yorkshire	6,630	2,000	5,665.71
Kim Lavelly	Member	London	6,630	Nil	47.90
Brian McKenna	Member	Wales	6,630	Nil	3,933.84
Kenneth McLean	Member	Scotland	6,630	Nil	4,414.61
Robin Shepherd	Member	Sussex	6,630	Nil	713.90
Julie Stone ⁴	Member	Cornwall	6,630	2,000	2,999.19
Fiona Walsh	Member	London	6,500	Nil	10.00
Jenny White	Member	London	6,630	Nil	Nil
Total			104,633	9,000	35,015.32

1 Treasurer and Chair of Finance and General Purposes Committee.

2 Resigned 30 August 2011. 3 Chair of Education Committee. 4 Chair of Fitness to Practise Policy Committee.

Expenses shown in the table above include those paid directly to Council members and those paid to suppliers to cover travel and accommodation costs.

Details about the total cost of expenses paid to members of the Investigating Committee, Professional Conduct Committee and external members of other GOsC committees are contained in note 10, Payments to non-executive members, under the Notes to the accounts on page 37.

Council members' attendance at Council and committee meetings

Name	Council	Education	Remuneration	Audit	Finance and General Purposes	Fitness to Practise Policy
Professor Adrian Eddleston	4/5	4/4	2/2			
Geraldine Campbell	5/5				2/2	
John Chuter	5/5				2/2	
Paula Cook	2/2	1/1				
Jonathan Hearsey	5/5	3/3			2/2	2/3
Nicholas Hounsfeld	4/5				2/2	
Professor Ian Hughes	3/5	4/4				2/3
Kim Lavelly	5/5		2/2		2/2	
Brian McKenna	5/5	3/3	2/2			
Kenneth McLean	5/5		2/2	2/2		
Robin Shepherd	5/5				1/2	
Julie Stone	3/5	3/4			2/2	2/3
Fiona Walsh	5/5	4/4				3/3
Jenny White	5/5			2/2		3/3

Individual members also attend working groups, tender panels, appraisals and ad-hoc meetings through the year.

Management

Chief Executive and Registrar: Tim Walker

Senior Management Team

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

Principal office

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Website: www.osteopathy.org.uk

Auditors

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Melton Street, Euston Square
London NW1 2EP

Bankers

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





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