



General
Osteopathic
Council

General Osteopathic Council
Annual Report and Accounts 2013-14

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

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1. About the General Osteopathic Council

The General Osteopathic Council (GOSc) has a statutory duty to develop and regulate the osteopathy profession in the UK in order to ensure public protection.

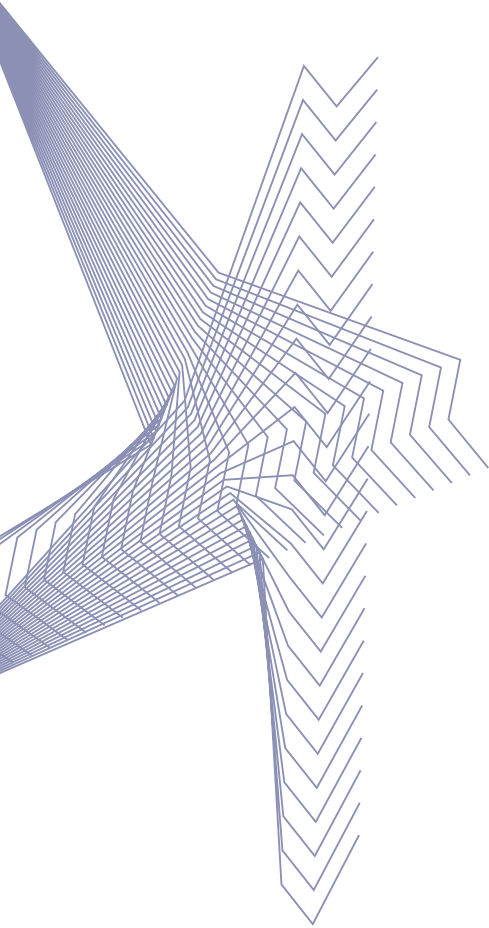
Our aim as a regulator is:

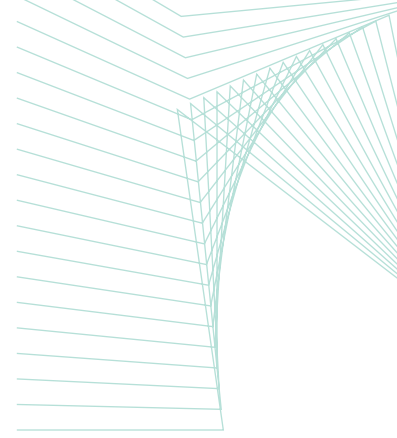
To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.

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.

We currently register just over 4,800 osteopaths.





2. Chair's statement

It has been an important year for the General Osteopathic Council as we launched the implementation of our new Corporate Plan for 2013-16. I am pleased to be able to report once again that the GOsC has made excellent progress throughout the year.

I was particularly pleased that the Professional Standards Authority (PSA) identified that 'the GOsC has maintained its effectiveness as a regulator and is meeting all the Standards of Good Regulation across its regulatory functions'. The PSA also commended us for identifying good practice from other regulators and incorporating this into our own work.

We have also been able to make a further reduction in the annual registration fees paid by osteopaths. Over a three-year period, the main rate of fee has been reduced by 24%. However, we are far from complacent, and we will continue our drive to be even more effective and cost efficient in everything we do.

A key theme of our Corporate Plan is 'working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice'. It is impossible for any regulator to be able to do everything to protect the public on its own, and, for a small regulator, this idea of partnership working is especially important.

A good example of how we can work effectively with others is the relationship that we have built with the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and the National Council for Osteopathic Research. Following the six regional conferences held in 2012, which I chaired, all our organisations are now committed to working together on a range of projects for the development of the osteopathic profession. These projects have a critical role in improving patient safety and patient experience.

In the past year, we have continued to reflect and act upon the recommendations of the Francis Inquiry and the importance of placing patients at the centre of everything we do. Council discussed the findings of the report on two separate occasions and is committed to ensuring that we apply a 'Francis lens' when considering our regulatory priorities.

As Chair of the General Osteopathic Council, I would also like to take this opportunity to say how proud Council is of the small but dedicated staff team that serves the organisation, osteopaths and their patients so well.

Alison J White

Chair

23 July 2014



3. Chief Executive and Registrar's introduction

One of the things that always strikes me as we prepare our Annual Report is the breadth of the work that we undertake with limited resources. Although this report explains much of this in more depth, I wanted to use my introduction to highlight a few significant areas and, within that, the role of many individuals who support our work.

We particularly value our work with the faculties of the osteopathic educational institutions and the opportunities they give us to interact with students – the osteopaths of tomorrow – around issues such as professionalism and professional practice. Meeting as many students as possible during their courses and in their place of study helps us cement what we intend will be a positive, lifelong relationship.

We also have a growing Patient Partnership Group which, along with our relationships with other patient groups and individual patients, is helping us to better understand patients' needs and expectations. In turn, we think that this results in better policy making focused on the interests of all patients and osteopaths.

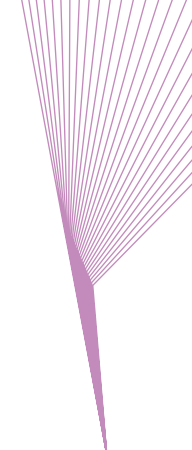
Interacting with osteopaths face-to-face and understanding 'what makes them tick' is an essential component of effective regulation for the GOsC. That is why we hold regular meetings with groups of osteopaths around the UK and also invite local representatives to meet us in London. Local groups of osteopaths are playing an essential role in helping us to fine-tune our proposals for continuing fitness to practise, which will result eventually in a scheme that enhances safety and quality in osteopathic practice.

Some of our most important functions, for example registration assessments and fitness to practise hearings, rely on a dedicated group of non-executive appointees. As well as the fourteen Council members, there are over 60 individuals – both lay and osteopath – who support the work of our committees and provide expert input to our work in many different ways.

Finally, we also rely on osteopaths themselves to take the message of the importance of regulation to their patients and the general public, through leaflets and posters and our practice Registration Mark.

All of this important work relies on partnership with others and I, along with the whole GOsC team, thank them all for their contribution.

Tim Walker
Chief Executive and Registrar
23 July 2014



4. Our work in 2013-14

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2014.

In 2013 the GOsC Council approved a new three-year Corporate Plan which set out what the organisation hoped to achieve in the period 2013-16. This new Corporate Plan included our revised aim as a regulator:

‘To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.’

This aim was underpinned by three high-level strategic objectives over the course of the three-year planning cycle from 2013-16:

1. To promote public and patient safety through proportionate, targeted and effective regulatory activity.
2. To encourage and facilitate continuous improvement in the quality of osteopathic healthcare.
3. To use our resources efficiently and effectively, while adapting and responding to change in the external environment.

This report sets out what we have achieved in the first year of this three-year plan.

Objective 1: Promoting public and patient safety through proportionate, targeted and effective regulatory activity

Our job as a regulator is to protect the public. Put simply, we do this by ensuring that only appropriately qualified individuals can practise as osteopaths and that they meet the standards expected of them throughout their careers.

Education, training and professionalism

The majority of osteopaths working in the UK qualify from UK-based osteopathic educational institutions (OElS). An important part of our role as a regulator is to ensure that these institutions continue to provide high-quality education and training.

During the year, we undertook four quality assurance reviews at the European School of Osteopathy, the London School of Osteopathy, the London College of Osteopathic Medicine, Oxford Brookes University and Swansea University. We continued to monitor any conditions imposed following previous reviews and reviewed the Annual Reports provided by the OElS to the GOsC.

Osteopathic Educational Institutions offering Recognised Qualifications

British College of Osteopathic Medicine
British School of Osteopathy
College of Osteopaths, Hertfordshire (validated by Middlesex University)
College of Osteopaths, Staffordshire (validated by Staffordshire University)
European School of Osteopathy
Leeds Metropolitan University
London College of Osteopathic Medicine (for medical doctors only)
London School of Osteopathy
Oxford Brookes University
Surrey Institute of Osteopathic Medicine
Swansea University

A major project in the year was the development of draft Guidance for Osteopathic Pre-Registration Education, which will ensure that osteopathic education continues to meet contemporary expectations of multi-professional healthcare. The Guidance, which was prepared by a working group comprising

osteopaths, patients, students and lay people, was published for consultation in the final months of the year.

We have continued to work closely with the OElS on promoting a greater understanding of professionalism among trainee osteopaths. We piloted the use of scenario-based surveys to understand students' values and how they compared with the values of their peers. This work is being used in teaching and learning to promote professional behaviours and to support sharing of knowledge about student fitness to practise issues.

GOsC staff continued their programme of visits to OElS, speaking to students, prior to their clinical training and before graduation, about their responsibilities as clinicians and as future regulated healthcare professionals.

Protecting and promoting registration

Controlling entry to the Register is central to the GOsC's regulatory role. The Register is available online at www.osteopathy.org.uk and is updated daily.

As well as admitting new UK applicants to the Register, a significant part of our work in this area involves assessing new applicants from overseas and those who are returning to practice after a period when they have not been registered.

The number of registered osteopaths in the UK continues to grow. In 2013-14, there were 287 registrants joining the Register, a net growth of 129 or 2.75%. We expect this slight but steady growth to continue for the foreseeable future.

Place of training	Numbers joining Register
British College of Osteopathic Medicine	43
British School of Osteopathy	106
College of Osteopaths	15
European School of Osteopathy	38
London College of Osteopathic Medicine	3
Leeds Metropolitan University	9
London School of Osteopathy	18
Oxford Brookes University	41
Surrey Institute of Osteopathic Medicine	9
Overseas applicants	5
Total	287

As at 31 March 2014, there were 4,816 osteopaths registered with the GOsC. The gender split, and the geographical spread of the registrants is as follows:

Gender	Number
Female	2,397
Male	2,419
Total	4,816

Geographical location of profession	Number
England	4,131
Wales	112
Scotland	149
Northern Ireland	21
Rest of world	403
Total	4,816

Our team of trained registration assessors – all of whom are qualified osteopaths – undertook a total of 55 registration assessments in 2013-14. For the first time, we also undertook annual appraisals of the registration assessors.

Type of assessment	Number
Non-UK Qualification Assessment	15
Further Evidence of Practice Assessment	13
Assessment of Clinical Performance	8
Return to practice interview	19
Total	55

We also seek to protect the public from those individuals who claim to be osteopaths but who are not registered. Unregistered practice is a criminal offence under section 32 of the *Osteopaths Act 1993*. We initiated prosecution against one individual and also issued nine cease and desist notices to those wrongly describing themselves as osteopaths.

We also encourage osteopaths to promote the fact that they are regulated healthcare professionals. We launched a new Registration Mark for osteopaths and a range of supporting materials for osteopaths to promote their registration and to improve patient understanding of osteopathy as a regulated profession.



Ensuring high standards of practice

Once an osteopath is registered with the GOsC, it is important that they remain up to date and fit to practise. At present, osteopaths are required to undertake 30 hours of continuing professional development (CPD) each year (of which 15 hours must include 'learning with others').

We scrutinised just over 20% of all osteopaths' annual CPD summaries to ensure that they complied with our CPD guidelines. Commencing in August 2013, we introduced a new process of providing feedback to all the osteopaths who were audited so that they were aware of the fact that the audit had taken place as well as where we had identified the potential for improvement.

In addition, from these audited returns, we undertook a more in-depth review of 101 osteopaths who were asked to present more detailed evidence in support of their CPD activities.

In the course of the year, 18 osteopaths were removed from the Register for non-compliance with the CPD requirements.

A major part of our work has been on the continued development of a scheme to assure the continuing fitness to practise of registrants (in some regulators this process is referred to as 'revalidation'). This is a new process which will ensure that osteopaths can demonstrate to the GOsC (and to their patients) that they are up to date and fit to practise.

Our work in this area was informed by the analysis of findings from a pilot project we undertook along with a consultation on CPD in the previous year. The GOsC Council approved

a draft framework for continuing fitness to practise comprising the following elements:

- A three-year CPD cycle including learning in each of the four themes of the *Osteopathic Practice Standards* (communication and patient partnership; knowledge, skills and performance; safety and quality in practice; and professionalism).
- A CPD activity in communication and consent.
- One 'objective activity' – examples include patient feedback, peer observation, clinical audit or case-based discussion. This must include analysis and reflection on the outcome of the activity, which should feed into future CPD activities.
- Towards the end of a three-year cycle, osteopaths will undertake a Peer Discussion Review, in which they will discuss and review with a suitable colleague their CPD activities and needs.

Since the publication of the draft framework, we have been engaging with osteopaths, osteopathic organisations, patients and others to explore the suitability and feasibility of this approach. This includes four local groups of osteopaths who have been working as 'pathfinders', testing out elements of the new scheme.

Dealing within concerns and complaints

It is our duty under the *Osteopaths Act* to investigate any concern raised with us about an osteopath. These concerns may be raised by a patient, member of the public, another osteopath or healthcare professional.

We will always discuss such concerns in confidence and help the individual decide whether or not they wish to make a formal complaint. In 2013-14, 35 formal complaints

were made to us (an increase of seven over the previous year) and these were then considered by the GOsC's Investigating Committee (see page 35 for details of the Committee). Of these 35 cases, 27 were referred to a full hearing, and in the other eight it was determined that there was no case to answer.

In the course of the year, the Professional Conduct Committee (see page 36 for details of the Committee) heard 16 new cases (an increase of ten over the previous year). In half those cases, there was a finding against the osteopath. In 2013-14, no cases were heard by the Health Committee (see page 36 for details of the Committee).

Findings in the cases considered by the Professional Conduct Committee 2013-14

Finding	Number
Not proved	8
Admonished	1
Conditions of practice	4
Suspended	0
Removed	3
Total	16

We take great care to ensure that the processes we use for determining fitness to practise complaints are fair and transparent for all parties. We have completed work on new *Indicative Sanctions Guidance* and *Conditions of Practice Guidance* to be used by the Professional Conduct Committee, and *Decision Making Guidance* for the Investigating Committee. We also published a new policy relating to the length of time fitness to practise decisions are published on the GOsC's Register and website.

We commenced the development of a number of Practice Notes for fitness to practise hearings, which aim to formalise areas of procedure that are not laid down in our statutory rules. The first two Notes, agreed following consultation, addressed postponement and adjournment requests, and proceeding in the absence of the registrant.

It is also in the interests of all parties that investigations and hearings are concluded as quickly as possible. Our target for the initial investigation of complaints is four months, and for the conclusion of the entire process, 14 months; these targets are at the shorter end of those set by other healthcare regulators. In 2013-14, the median time for investigating a complaint was 3.2 months and the median time for concluding a hearing by the Professional Conduct Committee was 11.5 months. When a case takes longer than these targets, it is often because of delays outside our control, for example, when the police are involved in an investigation.

We have introduced a new quality assurance process in respect of our fitness to practise work with the intention of ensuring that cases not only proceed quickly but also meet rigorous quality standards.

Responding to the Francis Report

Public discussion about the quality of healthcare and its regulation was dominated by the publication of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, often referred to as the Francis Report.

We recognised that the report had important implications for all health professions and considered the actions required both by itself and within the osteopathy profession.

We concluded that we needed to view all our work through a 'Francis lens' putting the patient at the heart of everything we do. We also agreed a programme of actions including:

- Developing new guidance in relation to candour and reporting of errors.
- Supporting the development and implementation by the National Council for Osteopathic Research and the osteopathic profession of online reporting and learning tools for adverse events.
- Continuing to ensure there is patient input to our consultations and other work, including enlarging our Patient Partnership Group and establishing links with Healthwatch England.
- Seeking to work with systems regulators, relevant professional regulators and others on information sharing in relation to NHS-based osteopaths and dual-registered practitioners.
- Developing and implementing a new policy on whistleblowing.
- Continuing to work with the OEIs to promote patient-centred care and professionalism.

Objective 2: Encouraging and facilitating continuous improvement in the quality of osteopathic healthcare

We pride ourselves on being an active regulator. We believe it is important to engage with the profession we regulate, work in partnership with other organisations in the profession, and support osteopaths to raise standards of practice.

Developing guidance and standards

This was the first full year in which the new *Osteopathic Practice Standards* (2012) were

in operation. We continued our work to ensure that the standards were embedded within the osteopathic profession. To this end, we published two e-learning modules for registrants to test their knowledge of the standards and to explore how they could be applied in practice.

We published new supplementary guidance for osteopaths on gaining consent and patients' capacity to give consent. Three separate versions of the guidance were published for England and Wales, Northern Ireland and Scotland, reflecting the legal position in different parts of the UK.

We have also sought to evaluate the effectiveness of the implementation strategy for the introduction of the *Osteopathic Practice Standards* in order to assess what further actions might be required to support their use.

To inform our future work around standards, we have commissioned research on the effectiveness of regulation in the context of osteopathic healthcare. A grant of £80,000 was awarded to a research team from Oxford, Nottingham and Warwick Universities led by Professor Gerry McGivern. The findings from this year-long project will also be used to inform the development of the continuing fitness to practise scheme mentioned earlier in this report.

Improving quality and patient care

In 2009, we commissioned a range of research intended to improve understanding of risks and potential adverse events arising from osteopathic practice. That work was completed in 2012 and over the past year – in partnership with the National Council for Osteopathic Research (NCOR) and others – we have been

developing a range of information resources on risk issues for use by osteopaths and their patients.

In addition, we awarded a grant to NCOR to complete the development of two websites for reporting and learning from adverse events. One is specifically for patients to feed back on their experiences of osteopathic care. The other is for osteopaths to share their experiences of incidents that have occurred in practice, including both clinical incidents and practice management issues.

We continue to work with, and financially support, NCOR as the umbrella body to promote improvement of the osteopathic evidence base. NCOR does this by fostering research, increasing research capacity and capability within the osteopathic profession, and raising the profile of osteopathic and osteopathic-relevant research findings. A central part of NCOR's work has been the development of tools for the collection and collation of Patient Reported Outcome Measures (PROMs), which could have a powerful role to play in improving quality of patient care.

Developing the osteopathic profession

Our role encompasses the development, as well as the regulation, of UK osteopathy. We have been working with the main groups within the osteopathic profession on a shared agenda intended to further develop the profession. We contribute to this work where we can identify a tangible benefit to patient safety or the quality of patient care.

Along with the GOsC the other members of the Osteopathic Development Group (ODG) are the:



General
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Council of Osteopathic Educational Institutions
Promoting Osteopathic Excellence



- Council for Osteopathic Educational Institutions (COEI), which represents all educational institutions offering osteopathic pre-registration courses;
- Institute of Osteopathy (iO) (formerly the British Osteopathic Association) as the professional association for UK osteopathy;
- National Council for Osteopathic Research (NCOR), the umbrella group which aims to foster research, increase research capacity and raise the profile of osteopathic-relevant research;
- Osteopathic Alliance (OA), which represents most of the independent osteopathic postgraduate development and training colleges.

The ODG began work on eight projects to support the development of the profession, in the following areas:

- Advanced clinical practice
- Career development
- International collaboration
- Leadership development
- Mentoring for recent graduates
- Patient Reported Outcomes Measure (PROM) database development
- Support for regional groups
- Service standards.

We also contributed to a pan-European project to develop common standards for osteopathy using the CEN (Comité Européen de Normalisation) process. Draft standards were consulted on and have received preliminary approval from the 35 European national standards bodies that are members of CEN (see www.cen.eu).

Once finalised, the proposed standards will provide greater clarity across Europe as to the minimum expected standards for osteopathic

training and practice, particularly in those countries where there is no regulation at present.

**Objective 3:
Using our resources efficiently and effectively, while adapting and responding to change in the external environment.**

Making efficiency savings

We have continued to strive to ensure that our resources are used efficiently. Over 97% of our income derives from registrants' fees. Through efficiency savings made in the past year, we were once again able to reduce our fees. This means that the fee paid by most osteopaths has now reduced by 24% over the past three years.

An important component of our efficiency programme was the move to modernise our office technology by judicious investment in a 'cloud' computing environment for all of our IT systems and the procurement of a new telephony system. This approach has not only saved money, but has also allowed for more flexible working and resilience in our services. We also began an overhaul of our websites to improve the user experience, particularly for our online registration and CPD services.

Communicating and engaging with our stakeholders

Communication and engagement play an important role in nearly all our work, not only in explaining what we do but also in helping to ensure that registrants are provided with appropriate support and information. In 2013-14, Council approved a new Communications and Engagement Strategy designed to complement the new Corporate Plan 2013-16.

We continued to expand the membership of our Patient Partnership Group and to use it in the development of new policies and public consultations. Its work was complemented by a series of focus groups with patients and members of the public held around the UK and in partnership with local Healthwatch groups.

In late 2013, we re-launched our registrant magazine – *the osteopath* – with an improved design and content that was informed by our 2012 registrant survey. We also continued to use regular e-bulletins, Twitter and Facebook to communicate updates to registrants and other stakeholders.

We worked closely with regional groups of osteopaths throughout the year. The Chief Executive spoke at twelve regional group meetings and a further four groups have been engaged in the latter half of the year in testing elements of our proposed continuing fitness to practise scheme.

We held two meetings of our Regional Communications Network, which brings together representatives of all the regional groups to be updated on GOsC activities for feeding back to, and building understanding among, their members.

Promoting equality and diversity

We are 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.

Our Equality and Diversity Policy and an annually updated action plan are available on our website <http://www.osteopathy.org.uk/about/our-work/equality-diversity/>

We are required under the *Welsh Language Act 1993* to publish a Welsh Language Scheme and to report annually to the Welsh Language Commissioner. 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 and we report annually to the Board on its implementation.

Improving governance and performance

We were pleased to receive another very positive annual Performance Review Report from the Professional Standards Authority for Health and Social Care (PSA), which reviews annually the work of all the healthcare professional regulators. Once again, the PSA reported that the GOsC met all the standards of good regulation. The PSA also identified our work around standards to be an area of good practice.

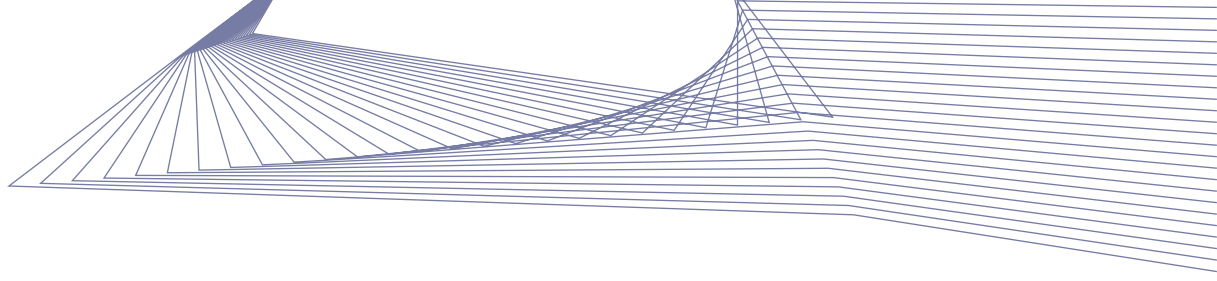
In April 2013, we implemented reforms to our governance structure (the way in which Council and its committees oversee the work of the GOsC). Details of the new committees and their work are set out in Section 7 below.

An important component of governance is the assessment and management of risk within the organisation. Council is guided in this work by the Audit Committee which includes two independent, external members.

The Audit Committee, as well as overseeing arrangements for financial audit, considered an internal audit review of IT services. In addition, it advised Council on an updated risk register and a revised approach to assessing its tolerance of risk.

We have continued to engage with the Law Commission, the Department of Health (England) and other regulators on the proposed reforms to the legislative framework for healthcare professional regulation in the UK.

The final report from the Law Commissions was published just after the end of the reporting year. It remains to be seen how and when this work will have an impact on the regulation of osteopaths.



5. Financial report for the year 2013-14

Financial commentary

Income and expenditure

The GOsC continued to enjoy a steady financial position in 2013-14 while also continuing to reduce fees to registrants.

Income for the year was £2,819,867, of which over 97% came from registration fees. The remaining income derived from advertising sales for the osteopath magazine and bank interest.

Expenditure for the year was £2,811,873 resulting in a surplus of just over £7,994 before designated spending and taxation.

We anticipate a slight but steady growth in registrant numbers and income to continue in future years. However, identified cost pressures may limit the opportunity for further fee reductions.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into four main areas detailed below.

Education and professional standards

The largest element of expenditure in this area continues to be on the quality assurance of osteopathic educational institutions (OEIs). Expenditure this year of £114,476, an increase of £16,658 on 2012-13, reflected a higher number of OEI reviews. Expenditure on continuing fitness to practise and revalidation (£2,935) was significantly lower than in the previous year (£117,389), reflecting the end of the revalidation pilot funded by the Department of Health.

Registration

Registration costs remained steady; the majority of non-staffing costs (£30,094) were incurred for registration assessments and for

the production and distribution of application packs, certificates and identification cards.

Fitness to practise and legal

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of expenditure within the GOsC. The total cost was contained within budget despite a higher number of complaints and hearings in the year.

Communications, research and development

Costs of communications and engagement activities were slightly lower in 2013-14 than the previous year. This reflected savings arising from tendering for a new contract for production of *the osteopath* and lower costs on engagement in the absence of regional conferences with registrants. Website development expenditure was higher in 2013-14, reflecting work to improve the functionality of the public website and **o zone**.

Administration and overhead costs

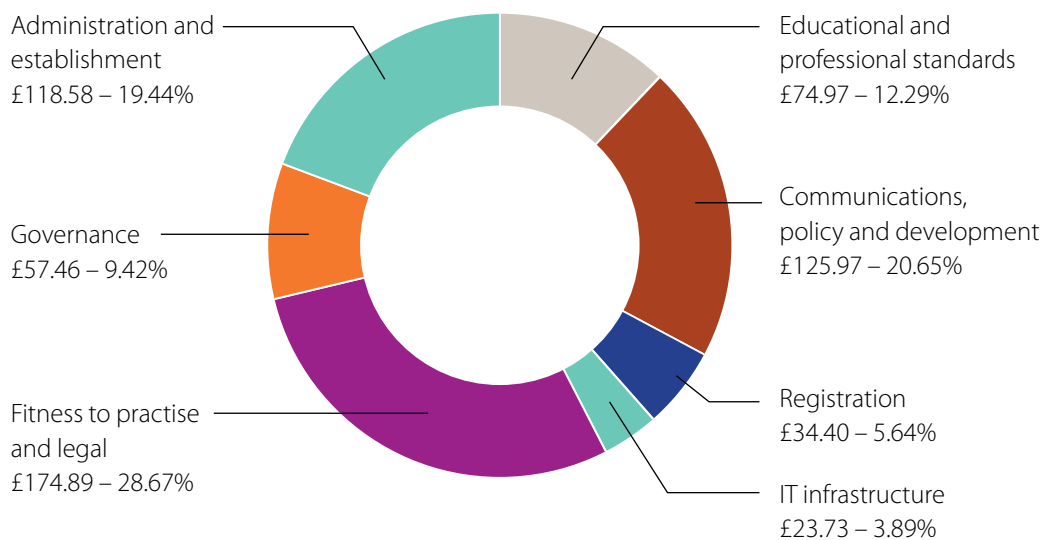
The GOsC's other cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, as well as the GOsC Council and committees, essential for the discharge of our statutory duties.

Governance

Governance costs are those that are incurred in relation to Council members' allowances, committee expenses and the recruitment of new members. In 2013-14 governance costs for Council and committees including reappointments reduced from £59,317 to £46,428, reflecting the streamlining of the processes implemented from 1 April 2013.

What does the registration fee fund?

The headline registration fee of £610 is broken down below to show the amount spent on each GOsC function during 2013-14.



Breakdown of expenditure

	2013-2014		2012-2013	
	£	%	£	%
Education and professional standards	345,676	12.29	475,927	17.73
Communications, research and development	580,512	20.65	552,835	20.60
Registration	158,569	5.64	142,631	5.32
IT infrastructure	109,504	3.89	110,698	4.12
Fitness to practise and legal	806,190	28.67	549,871	20.49
Governance	264,794	9.42	258,839	9.64
Administration and establishment	546,628	19.44	593,300	22.10

IT infrastructure

Expenditure on IT infrastructure – which reflects the cost of the GOsC register, the customer relationship management system and other office services – increased from £14,976 to £33,897. This higher level of expenditure was as a result of the move to a ‘cloud’ system and will be offset in future years by savings in staffing costs.

Administration and establishment

Expenditure in this area reflected the costs of premises, general office administration and travel. It also included audit fees, bank and interest charges, and depreciation.

Staffing costs

Staffing is the biggest single component of the GOsC’s expenditure. In 2013-14 staffing costs, including recruitment and staff development, totalled £1,198,991. This represented 43% of overall expenditure but was a reduction on the previous year.

Reserves and investments

Reserves policy

The GOsC plans to keep its cash reserves (i.e. those funds not designated for specific purposes) at a level no lower than three months’ average annual expenditure, reflecting good business practice.

Reserves position

The Balance Sheet shows total funds of £2,576,431.

General Reserves total £2,406,559. At the start of the year £80,000 was designated for research into the effectiveness of regulation. This reduced to £69,872 at 31 March 2014

because of in-year spending. In June 2013, Council agreed that it would consider providing funding from reserves for projects proposed by the Osteopathic Development Group (see pages 10-11). In addition, Council anticipates that in future years, some element of reserves will need to be designated for the start-up costs of a new continuing fitness to practise scheme and for the transition to new rules should the Law Commissions’ proposals (see page 13) become law.

Investment strategy

The GOsC has an investment of £500,000 in a medium risk, diversified portfolio with the intention of ensuring that the value is not eroded by inflation. The investment is held with Newton Investment Management (part of Standard Life) and can be liquidated in one week if required.

A further £500,000 cash deposit is held with Secure Trust Bank in a 120-day notice account, earning a greater level of interest than it would have earned, had it been held in a standard deposit account.

Statement of Council's 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.

Council is 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 takes reasonable steps to: assess and manage risk; undertake non-financial audit activities of the GOsC's work; and ensure the prevention and detection of fraud and other irregularities. Council has appointed an independently chaired Audit Committee to support it in this work.

Council confirms that:

- as 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 23 July 2014 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 2014, which comprise the income and expenditure account, 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 and auditor

As explained more fully in the Statement of Council’s responsibilities set out on page 17, the Council is 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 Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council’s website at www.frc.org.uk/apb/scope/private.cfm

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 2014 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

23 July 2014

Income and Expenditure account

Year to 31 March 2014

Accounts	Notes	2014	2013
		£	£
Income			
Registration fees		2,732,086	2,913,475
Bank interest		16,502	17,758
Other income	1	71,279	165,772
Total		2,819,867	3,097,005
Expenditure			
Education and professional standards	4	345,676	475,927
Communications, research and development	4	580,512	552,835
Registration	4	158,569	142,631
IT infrastructure	4	109,504	110,698
Fitness to practise and legal	4	806,190	549,871
Governance	4	264,794	258,839
Administration and establishment	4	546,628	593,300
Sub total		2,811,873	2,684,101
Surplus before designated spending and taxation		7,994	412,904
Designated spending		10,128	34,891
Corporation tax charge	5	3,299	3,553
(Deficit)/Surplus for the year	10	(5,433)	374,460

The (deficit)/surplus for the year arises from the Council's continuing operations.

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

No statement of recognised gains and losses is required as there are no recognised gains or losses in the period or prior period other than the deficits for the periods reported.

The notes to the accounts on pages 24-29 form part of these financial statements.

Balance Sheet

Year to 31 March 2014

	Notes	2014 £	2014 £	2013 £	2013 £
Non-Current Assets					
Tangible Fixed Assets	6	1,857,935		1,934,528	
Investments		<u>500,000</u>		<u>500,000</u>	
			2,357,935		2,434,528
Current Assets					
Debtors	7	341,973		275,208	
Cash at bank and in hand		<u>860,224</u>		<u>1,016,041</u>	
		<u>1,202,197</u>		<u>1,291,249</u>	
Creditors:					
Amounts falling due within one year	8	<u>(983,701)</u>		<u>(1,120,700)</u>	
Net Current Assets		218,496		170,549	
Creditors:					
Amounts falling due over one year	8	<u>-</u>		<u>(23,213)</u>	
			<u>218,496</u>		<u>147,336</u>
Total assets less total liabilities			<u>2,576,431</u>		<u>2,581,864</u>
Reserves					
General Reserve	10		2,406,559		2,401,864
Designated Funds					
• Governance arrangements			100,000		100,000
• Effectiveness of regulation research	10		<u>69,872</u>		<u>80,000</u>
Total Reserves	10		<u>2,576,431</u>		<u>2,581,864</u>

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



Alison J White
Chairman

Dated
23 July 2014

The notes to the accounts on pages 24-29 form part of these financial statements.

Cash Flow Statement

Year to 31 March 2014

	Notes	2014 £	2013 £
Cash (outflow)/inflow from operating activities	A	(57,881)	373,530
Returns on investments and servicing of finance	B	14,786	13,993
Taxation		(3,807)	(3,553)
Capital expenditure	B	(25,448)	(2,328)
Financing	C	(83,467)	(81,521)
(Decrease)/Increase in cash		(155,817)	300,121

Notes to the cash flow statement for the year to 31 March 2014

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

	2014 £	2013 £
(Deficit)/Surplus before tax and loan interest paid	(418)	381,778
Interest receivable	(16,502)	(17,758)
Depreciation charge	102,041	111,754
(Increase)/Decrease in debtors	(66,765)	3,270
Decrease in creditors (excluding bank loan and Corporation Tax creditor)	(76,237)	(105,514)
Net cash (outflow)/inflow from operating activities	(57,881)	373,530

B Gross cash flows

	2014 £	2013 £
Returns on investment and servicing of finance		
Investments made in year	-	-
Interest receivable	16,502	17,758
Interest paid on bank loan	(1,716)	(3,765)
Total	14,786	13,993

Capital expenditure

Payments to acquire tangible fixed assets	(25,448)	(2,328)
Total	(25,448)	(2,328)

C Financing

	2014 £	2013 £
Bank loan	(83,467)	(81,521)
Total	(83,467)	(81,521)

D Analysis of changes in net funds

	1 April 2013 £	Cash flows £	31 March 2014 £
Cash at bank and in hand	1,016,039	(155,817)	860,222
Bank loan	(104,679)	83,467	(21,212)
Total	<u>911,360</u>	<u>(72,350)</u>	<u>839,010</u>

E Reconciliation of net cash flow to movement in net funds

	31 March 2014 £
Net funds as at 1 April 2013	911,360
Decrease in cash in the period	(155,817)
Bank loan	83,467
Net funds at 31 March 2014	<u>839,010</u>

Principal accounting policies

Year to 31 March 2014

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 relationship 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 GOsC has invested £500,000 in a medium-risk, diversified portfolio. The investment is held with Standard Life Wealth and can be liquidated within one week if required.

Expenditure

Expenditure is accounted for on a payable basis.

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

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The assets of the scheme are held separately from those of the GOsC 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 member's discretion in furtherance of the objectives of the GOsC. 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 2014

1 Income

The GOsC's income and surplus before taxation were all derived from its principal activity. Other income received in the year was as follows:

	2014	2013
	£	£
Other income		
Department of Health – grant funding	2,868	110,593
Performance assessments	3,510	1,650
Magazine and leaflets	34,062	20,646
Recoverable legal costs	8,622	8,446
FORE secretariat	20,736	15,210
Regional conferences	-	4,445
Miscellaneous	1,481	4,782
Total	71,279	165,772

2 Employees and staff costs

Staff costs during the year were as follows:

	2014	2013
	£	£
Wages and salaries	975,886	977,783
Social security costs	100,585	101,635
Other pension costs (see note 3)	90,893	112,773
	1,167,364	1,192,191
Recruitment	3,071	24,708
Training and Development	18,482	7,415
Other	10,074	10,278
Total	1,198,991	1,234,592

The average number of employees, on a full-time equivalent basis and by department, of the Council during the year ended 31 March 2014 was:

	2014	2013
	number	number
Education and professional standards	3.80	3.80
Communications, research and development	5.00	5.00
Registration	2.50	2.50
IT infrastructure	0.80	0.80
Fitness to practise and legal	4.00	4.00
Governance	2.00	2.00
Administration and establishment	4.40	4.40
Total	22.50	22.50

Executive remuneration

The employment costs of the Chief Executive and Registrar at 31 March 2014 were:

	£
Salary	119,506
Employer National Insurance contributions paid in the year	14,747
Employer pension contributions paid in year	12,292

3 Pension costs

The contributions paid in the year in respect of the Council's pension scheme were £90,893 (2013 – £112,773).

4 Expenditure

Expenditure for each function in the year was as follows:

	2014 £	2013 £
Education and professional standards		
Employment costs	214,572	211,152
OEI meetings	1,608	1,386
Quality assurance	114,476	97,818
Continuing fitness to practise framework	2,935	117,389
Osteopathic Practice Standards	8,392	37,079
Student fitness to practise	624	10,778
Transition research	-	190
Osteopathic pre-registration education	1,102	-
Publications and subscriptions	1,967	135
Total	345,676	475,927
Communications, research and development		
Employment costs	271,193	262,520
Publication production	72,553	74,138
Engagement activities	27,795	86,837
Website	88,724	18,827
Public and international affairs	34,645	25,433
Promoting Registration	7,440	-
Publications and subscriptions	210	1,605
Research		
– <i>National Council of Osteopathic Research</i> (net)	21,927	27,818
– <i>International Journal of Osteopathic Medicine</i>	56,025	55,657
Total	580,512	552,835

	2014	2013
	£	£
Registration		
Employment costs	128,475	129,981
Registration documentation	2,003	26
Appeals	-	2,435
Registration assessments	28,091	10,189
Total	158,569	142,631
IT infrastructure		
Employment costs	43,991	62,370
IT infrastructure provision	33,897	14,976
CRM support	22,658	22,606
Disaster recovery	3,956	4,858
IT sundries	5,002	5,888
Total	109,504	110,698
Fitness to practise and legal		
Employment costs	224,779	206,823
Statutory committee costs		
– Investigating Committee	112,187	78,567
– Professional Conduct Committee	443,542	204,967
– Health Committee	18,077	23,949
– Section 32 cases	1,620	3,413
– General committee legal costs	-	3,073
– Complainant/Registrant research	1,258	1,414
– Law library subscription	4,727	4,921
Other legal costs	-	22,744
Total	806,190	549,871
Governance		
Employment costs	80,396	91,685
Honorariums/responsibility allowances	111,604	124,600
Tax liability on Council expenses	9,751	(20,916)
Council costs including reappointments	24,548	35,625
Other committee costs	21,880	23,692
Internal operations, including training	16,615	4,153
Total	264,794	258,839

	2014	2013
	£	£
Administration and establishment		
Employment costs	203,958	227,660
Non-attributable employment costs	31,627	42,400
Premises	102,564	95,796
Office administration	67,367	74,272
Audit (external)	19,805	21,733
Financing	18,060	18,085
Depreciation	102,041	111,754
Publications and subscriptions	1,206	1,600
Total	546,628	593,300
Total expenditure	2,811,873	2,684,101

5 Taxation

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

	2014	2013
	£	£
Current tax:		
Corporation tax at 21%	3,299	3,553
Tax on surplus for year	3,299	3,553

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.

6 Fixed assets

	Office equipment £	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost					
At 1 April 2013	19,709	167,878	270,919	2,244,172	2,702,678
Additions	16,025	3,780	5,643	-	25,448
At 31 March 2014	35,734	171,658	276,562	2,244,172	2,728,126
Depreciation					
At 1 April 2013	18,435	154,132	177,766	417,817	768,150
Charge for the year	2,904	12,389	41,864	44,884	102,041
At 31 March 2014	21,339	166,521	219,630	462,701	870,191
Net book value					
At 31 March 2014	14,395	5,137	56,932	1,781,471	1,857,935
At 31 March 2013	1,274	13,746	93,153	1,826,355	1,934,528

7 Debtors

	2014	2013
	£	£
Fee debtors	188,439	204,109
Prepayments and accrued income	148,765	66,517
Other debtors	4,769	4,582
Total	341,973	275,208

8 Creditors: amounts falling due within one year

	2014	2013
	£	£
Deferred income	701,591	741,907
Trade creditors	69,745	82,537
Accruals	109,874	128,882
Department of Health – grant funding	38,857	41,725
Building Loan – Osteopathy House	21,212	81,467
Other creditors	7,740	7,452
Income tax and social security	32,090	33,630
Corporation tax creditor	2,592	3,100
Total	983,701	1,120,700

8 Creditors: amounts falling due over one year

	2014	2013
	£	£
Building Loan – Osteopathy House	-	23,213
Total	-	23,213

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.

9 Payments to non-executive members

Council members

In the reporting year the total value of honorariums due to Council members was £110,539 including responsibility allowances. In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £14,359.

Investigating 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 £117,773, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £58,570.

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 £9,135 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £2,891.

10 Reserves

	At 1 April 2013	Deficit for the year	Gross transfers between funds	At 31 March 2014
	£	£	£	£
General Reserve	2,401,864	(5,433)	10,128	2,406,559
Designated funds				
• Governance Arrangements	100,000	-	-	100,000
• Effectiveness of regulation research	80,000	-	(10,128)	69,872
Total	2,581,864	(5,433)	-	2,576,431

11 Capital Commitments

Capital commitments that are contracted but not provided for at 31 March 2014 amount to £nil (2013 – £nil).

6. Key projects for 2014-15

In the second year of our three-year Corporate Plan for 2013-16, our Business Plan includes the following activities:

Osteopathic education

- Developing a new framework for quality assurance of Recognised Qualifications
- Commencing a review of our student fitness to practise guidance and continuing to work with osteopathic educational institutions to identify good practice in relation to the teaching and learning of professional behaviours
- Publishing new guidance for osteopathic pre-registration education.

Osteopathic Practice Standards

- Working with other regulators on developing guidance on the duty of candour for healthcare professionals
- Continuing to develop online CPD resources and practical scenarios to embed the *Osteopathic Practice Standards*
- Scoping a review of the *Osteopathic Practice Standards* to begin in 2015-16.

Registration

- Continuing to promote public awareness of the Register, including the new certification mark
- Consulting, agreeing and implementing a new enforcement policy in relation to individuals who illegally use the title of osteopath
- Commencing a review of registration assessments to ensure they remain fit for purpose.

Continuing fitness to practise

- Working with organisations within the osteopathic profession on the development of a revised approach to continuing fitness to practise
- Consulting on a revised continuing fitness to practise scheme and guidance for the osteopathic profession.

Development of the profession

- Continuing to work with the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and the National Council for Osteopathic Research, to support the development of the osteopathic profession.



Fitness to practise

- Implementing and monitoring a new quality assurance framework to ensure that our fitness to practise processes remain fair and efficient
- Developing, consulting and implementing new practice notes on expert witnesses, undertakings and evidence
- Developing, consulting and implementing a new policy on 'whistle blowing.'

Francis report

- Continuing to implement our action plan arising from the publication of the Francis Report.

Research

- Concluding and publishing research on the effectiveness of regulation
- Continuing to support the National Council for Osteopathic Research to develop research and data collection within osteopathy.

Communications and engagement

- Using our Patient and Public Partnership Group to provide effective input to our work
- Engaging with the osteopathic profession on a new continuing fitness to practise scheme and other changes proposed by the GOsC.

Finance and governance

- Exploring the option of the GOsC obtaining charitable status
- Engaging with the Department of Health and Parliament on proposed changes to legislation and commencing a scoping study on the transition to new rules.

7. How we are run

Council

The GOsC Council consists of fourteen members – seven osteopaths and seven lay – responsible for ensuring that the GOsC is meeting its statutory duties under the *Osteopaths Act 1993* and other legislation.

The role of Council includes setting the corporate strategy and objectives, determining key policies for the organisation, and making rules as provided for under the *Osteopaths Act*.

Council approves the annual Budget and Business Plan and holds the Chief Executive to account for the delivery of the Corporate Plan, Business Plan, Budget, risk mitigation, organisational performance and staff leadership, and for external perception.

Members of Council are appointed by the Privy Council. Appointments require the GOsC to follow a recruitment procedure that is scrutinised by the Professional Standards Authority for Health and Social Care (PSA). Each year every Council member (and other non-executives) takes part in a performance appraisal with the Chair of Council or relevant committee chair.

Members of Council in 2013-14

Chair (lay)

Alison J White

Lay members

Geraldine Campbell (until 1 October 2013)

Professor Colin Coulson-Thomas

Mark Eames

Kim Lavelly

Julie Stone

Jenny White MBE

Osteopath members

John Chaffey

Jorge Esteves

Jonathan Hearsey

Nick Hounsfield

Brian McKenna

Kenneth McLean

Haidar Ramadan

Brief biographies of all Council members are available on the GOsC website at:

<http://www.osteopathy.org.uk/about/the-organisation/council/>



Committees of Council

Council is supported in the delivery of its objectives by a number of statutory and non-statutory committees. There are four committees of Council: Audit Committee; Education and Registration Standards Committee; Osteopathic Practice Committee; and Remuneration and Appointments Committee.

Each Committee includes members of Council and appointed external members. External members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

The work of each Committee is set out in more detail below.

Audit Committee

The role of the Audit Committee is to provide assurance that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GOsC's statutory duties, and make recommendations for any actions to Council and the Executive as appropriate. The Committee also considers any matters relating to fraud and loss, or information security breaches.

Members of the Audit Committee 2013-14

Mark Eames *lay*

Kenneth McLean *osteopath*

External members

Jane Hern *lay* (Chair)

David Prince *lay*

Education and Registration Standards Committee

The Education and Registration Standards Committee fulfils the statutory role of the Education Committee under section 1 of the *Osteopaths Act 1993*.

The role of the Committee is to contribute to the development of standards of osteopathic practice and to ensure that only those appropriately qualified are able to register with the GOsC. This includes:

- advising Council on all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration
- advising Council on the recognition of qualifications in accordance with section 14(6) of the Act (or the withdrawal of recognition)
- appointing and managing the performance of visitors to conduct the evaluation of courses under section 12 of the Act
- advising Council on the standards required for initial registration and appropriate means for assessing those standards.

Members of the Education and Registration Standards Committee 2013-14

Geraldine Campbell *lay* (until 1 October 2013)

Professor Colin Coulson-Thomas *lay* (Chair)

Jorge Esteves *osteopath*

Brian McKenna *osteopath*

Alison White *lay*

External members

Jane Fox *lay*

Bernardette Griffin *lay*

Robert McCoy *osteopath*

Liam Stapleton *lay*

Osteopathic Practice Committee

The role of the Osteopathic Practice Committee is to contribute to the development of: standards of osteopathic practice; policies aimed at ensuring registrants remain fit to practise; and policies relating to fitness to practise procedures. This includes:

- Advising Council on all matters relating to standards of osteopathic practice including, where appropriate, post-registration education and training, the requirements for continuing professional development under section 17 of the Act, and any other matters relating to the continuing fitness to practise of registrants.
- Advising Council on appropriate means for ensuring osteopaths remain fit to practise, including the requirements for annual re-registration; assessment of applications before returning to practice; and continuing fitness to practise.
- Advising Council on any questions of policy relating to the management, investigation and adjudication of concerns about the fitness to practise of registrants.

Members of the Osteopathic Practice Committee 2013-14

Jonathan Harsey *osteopath*

Julie Stone *lay* (Chair)

Haidar Ramadan *osteopath*

Alison White *lay*

Jenny White *lay*

External members

Jane Fox *lay*

Manoj Mehta *osteopath* (from 29 January 2013)

Remuneration and Appointments Committee

The Remuneration and Appointments Committee oversees appointment, performance and remuneration policy in relation to Council and other non-

executives, and staff of the GOsC, and makes recommendations to Council (non-executives include all members of Council, and statutory and non-statutory committees).

Members of the Remuneration and Appointments Committee 2013-14

John Chaffey *osteopath*
Nick Hounsfield *osteopath*
Kim Lavelly *lay*
Alison J White *lay* (Chair)

External member

Ian Muir *lay*

Independent Fitness to Practise Committees

There are three committees that support the GOsC's fitness to practise functions: the Investigating Committee; Health Committee; and Professional Conduct Committee. The GOsC is responsible and accountable for the operation of these committees, but their decision making is independent of the GOsC Council.

The committees operate as panels of typically three or five members to consider particular cases.

The committee members are appointed by Council under the guidance of the Remuneration and Appointments Committee.

Investigating Committee

The role of the Investigating Committee is to carry out the initial investigation of a complaint against an osteopath that may allege unacceptable professional conduct, professional incompetence or matters relating to physical or mental ill health.

Members of the Investigating Committee 2013-14

Claire Cheetham *osteopath*
Miles Crook *osteopath*
Charles Dunning *osteopath*
Gillian Hawken *lay*
Anne Johnstone *lay*
James Kellock *lay* (Chair)
Yvonne McNiven *osteopath*
Abigail Miller *osteopath*
James Olorenshaw *osteopath*
Sarah Payne *lay*
Jacqueline Pratt *lay*
Michael Yates *lay*

Health and Professional Conduct Committees

The role of the Professional Conduct Committee is to hear cases concerning serious unacceptable conduct, incompetence or convictions and, where the committee finds any such case proved, to impose an appropriate sanction on the osteopath concerned.

The role of the Health Committee is to consider cases in which an osteopath is alleged to be in poor physical or mental health and, if the allegation is upheld, to take appropriate action in the interests of the public and the osteopath.

Membership of the Health and Professional Conduct Committees 2013-14

Members are appointed to both the Health and Professional Conduct Committees at the same time although each committee has its own Chair.

Richard Davies *lay* (Chair of Health Committee)

Philip Geering *lay*

Jean Johns *lay*

Anthony Kanutin *osteopath*

Andrew Kerr *osteopath*

Corinna Kershaw *lay*

Colette Neville *lay*

David Plank *lay* (Chair of Professional Conduct Committee)

Jacqueline Salter *osteopath*

Rodney Varley *lay*

Nicholas Woodhead *osteopath*

Judith Worthington *lay*

The GOsC Executive team

The GOsC's operations are managed day to day by its Chief Executive and Registrar, Senior Management Team and other staff.

The average number of full-time equivalent staff in 2013-14 was 22.50.

The Chief Executive and Registrar in 2013-14 was Tim Walker and he was supported through the year by the following Senior Management Team members:

- Fiona Browne, Head of Professional Standards
- Alan Currie, Head of Management Information Systems (until September 2013)
- David Gomez, Head of Regulation (from June 2013)
- Kellie Green, Acting Head of Regulation (until June 2013)
- Matthew Redford, Head of Finance and Administration/Acting Head of Registration (until September 2013) and Head of Registration and Resources (from September 2013)
- Brigid Tucker, Head of Policy and Communications

Remuneration, expenses and attendance

Council members' remuneration and expenses

Name	Position held	Location in UK	Honorarium £	Responsibility allowance £	Expenses £
Alison J White	Chair	Hertfordshire	22,440	Nil	892
Geraldine Campbell	Member	Northern Ireland	3,315	Nil	2,112
		(part year)			
John Chaffey	Member	Hertfordshire	6,630	Nil	514
Professor Colin Coulson-Thomas	Member	Cambridgeshire	6,630	3,224 ¹	1,769
Mark Eames	Member	Buckinghamshire	6,630	Nil	180
Jorge Esteves	Member	Oxfordshire	6,630	Nil	Nil
Jonathan Hearsey	Member	Sussex	6,630	Nil	454
Nick Hounsfeld	Member	Bristol	6,630	Nil	1,137
Kim Lavelly	Member	London	6,630	Nil	Nil
Brian McKenna	Member	Wales	6,630	Nil	2,157
Kenneth McLean	Member	Scotland	6,630	Nil	2,247
Haidar Ramadan	Member	London	6,630	Nil	Nil
Julie Stone	Member	Cornwall	6,630	2,000 ²	2,897
Jenny White	Member	London	6,630	Nil	Nil
Total			105,315	5,224	14,359

¹ Chair of Education and Registration Standards Committee (includes allowance for attendance at meetings with osteopathic educational institutions)

² Chair of Osteopathic Practice 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.

Other non-executive remuneration and expenses

Details of 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 9, Payments to non-executive members, under the Notes to the accounts on page 28-29.

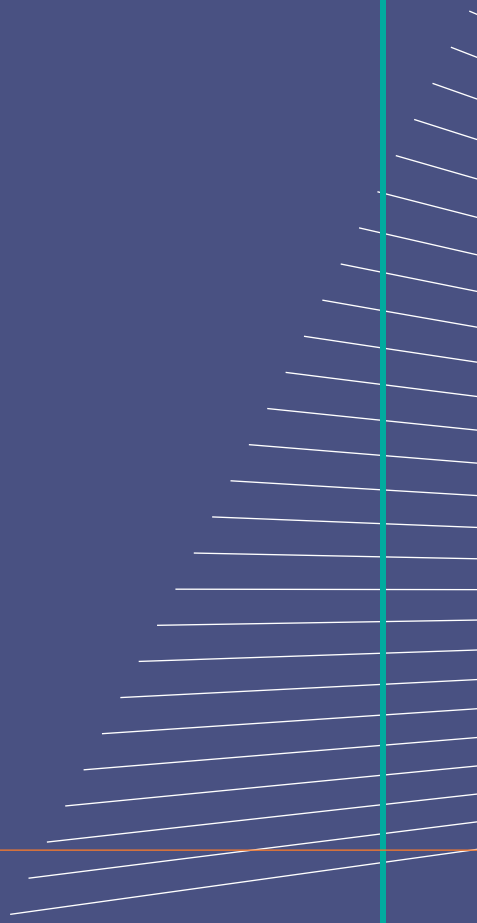
Executive remuneration

The remuneration of the Chief Executive and Registrar is contained in note 2, under the Notes to the accounts on page 25.

Council members’ attendance at Council and committee meetings

Name	Council	Education and Registration Standards	Audit	Osteopathic Practice	Remuneration and Appointments
Alison J White	4/4	3/3		3/3	3/3
Geraldine Campbell	2/2	2/3			
John Chaffey	4/4				3/3
Professor Colin Coulson-Thomas	4/4	3/3			
Mark Eames	4/4		3/3		
Jorge Esteves	4/4	3/3			
Jonathan Hearsey	4/4			2/3	
Nick Hounsfield	4/4				1/3
Kim Lavelly	4/4				3/3
Brian McKenna	4/4	3/3			
Kenneth McLean	4/4		3/3		
Haidar Ramadan	4/4			2/3	
Julie Stone	4/4			3/3	
Jenny White	4/4			3/3	

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



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