

# **General Osteopathic Council**

**Annual Report and Accounts 2014-15**



General  
Osteopathic  
Council



**General Osteopathic Council  
Annual Report and Accounts 2014-15**

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

© General Osteopathic Council 2015

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as General Osteopathic Council copyright and the document title specified.

Any enquiries about this publication should be sent to us at the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

This publication is available from our website at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

## Contents

1. About the General Osteopathic Council	6
2. Chair's statement	7
3. Chief Executive and Registrar's introduction	8
4. Our work in 2014-15	9
5. Financial report for the year 2014-15	18
6. Key activities for 2015-16	35
7. How we are run	37

# 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.

At 31 March 2015 we registered just under 5,000 osteopaths.

## 2. Chair's statement

This has been the middle year of our current three-year corporate plan: a year in which the GOsC has continued to make steady progress against our objectives as a forward-thinking and proactive regulator. Once again in 2014-15, we were judged by the Professional Standards Authority (PSA) to be one of the few regulators that met all the standards of good regulation.

It has also marked the start of a transition. In April 2014, the Law Commissions published their long-awaited final report of their review of the legislative framework for regulation. Although, disappointingly, we learned shortly after the year-end that reform is not imminent, the hiatus will give us further opportunities to reflect and consider.

Our view, which has underpinned our work during the past year, is that regulation cannot and should not just be the sole preserve of the regulator. It needs to be forged in partnership with patients and members of the profession to ensure that regulation is relevant, patient-centred, proportionate and ensures the confidence of all stakeholders.

In early 2015, we published new academic research that gives important insight into the factors that make standards and regulation effective. This was further enhanced by research we commissioned into the views of osteopathic patients as well as members of the public who have never chosen to visit an osteopath. This research is helping us to answer important questions about what gives patients confidence in osteopaths and how our regulatory approach can continue to be framed in a manner that underpins good practice. The research also demonstrated the benefits of continuing to work in partnership with the leading organisations within the osteopathic profession, to identify and deliver innovative approaches that improve patient safety and the patient experience.



Over the next year we will continue planning for the next stage of our development, as we commence the implementation of the recommendations of our Governance Review for a smaller Council and seek further opportunities to develop and enhance our regulatory approach.

As Chair of the GOsC, I believe that we can face these new challenges with the confidence that our model of active, partnership-based regulation will continue to serve us well.

**Alison J White**  
Chair  
16 July 2015

## 3. Chief Executive and Registrar's introduction



This is my fifth Annual Report as Chief Executive and Registrar of the GOsC, and my introduction offers an opportunity to reflect on some of the changes over the past five years.

The GOsC's Register continues to grow, up 12 per cent from 4,442 five years ago to 4,975 at the year-end. The demographic of registrants is changing too: this year, for the first time, the proportion of women registrants exceeded 50 per cent.

Five years ago we were preparing to launch our revalidation pilot, but now the focus of our work in this area has moved on considerably. This year we commenced our consultation on an enhanced scheme of continuing professional development, which will play the same role originally envisaged for revalidation.

At the same time, five years ago, we had just concluded our consultation on the revised *Osteopathic Practice Standards*; now we are considering how they should evolve in future, including how they might better reflect the common values that are shared by osteopaths and their patients.

How we engage with patients and osteopaths has changed too. We now have a very active Patient and Public Partnership Group, allowing us to bring the osteopathic patient voice into all of our policy development. And our communication now encompasses Facebook and Twitter, with over 1,000 users of each of these services.

Five years ago we had not yet thought about how we might work in partnership with the profession. Now, our work as part of the Osteopathic Development Group and our other partnerships are an essential feature of our work.

We have noted some growth in the number of complaints that we are receiving about osteopaths each year. Although numbers remain low, it is critical we understand why this is happening and seek to identify ways in which high standards of practice prevail so that the trend in complaints is reversed. This will remain an area of priority in our work.

We are also managing to do more for less. Our income this year is 88 per cent of that five years ago, as a result of fee reductions and efficiency savings.

I anticipate the next five years will see equally rapid and significant change. This is an exciting time for the GOsC and for osteopathy, and I and the whole GOsC team are looking forward to the years ahead.

A handwritten signature in black ink, appearing to read 'Tim Walker', with a horizontal line underneath.

**Tim Walker**  
Chief Executive and Registrar  
16 July 2015



# 4. Our work in 2014-15

This Annual Report reflects the work of the General Osteopathic Council in the year to 31 March 2015.

In 2013, the GOsC's Council approved a new three-year Corporate Plan which set out what the organisation planned 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 which set the course of the three-year planning cycle from 2013 to 2016:

- To promote public and patient safety through proportionate, targeted and effective regulatory activity.
- To encourage and facilitate continuous improvement in the quality of osteopathic healthcare.
- 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 second 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. 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. 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, as a result of quality assurance reviews, we renewed our recognition of the qualification of Member of the London College of Osteopathic Medicine awarded by the London College of Osteopathic Medicine, and renewed the recognition of the Master of Osteopathy qualification awarded by Swansea University. We also granted an extension of the recognition of the qualifications of Master of Osteopathy and Bachelor of Osteopathy awarded by Oxford Brookes University. We continued to monitor any conditions imposed following previous reviews, and reviewed the annual monitoring reports which the GOsC requires of all osteopathic educational institutions.

Our education quality assurance activity is supported by a partnership with the Quality Assurance Agency for Higher Education (QAA).

Following a competitive tender process, we renewed our contract with the QAA for a further three years.

In 2014-15, Council agreed new *Guidance for Osteopathic Pre-Registration Education*, which will ensure that osteopathic education continues to meet contemporary expectations of multi-professional healthcare. We also contributed to a working group set up by the QAA to renew its *Subject Benchmark Statement for Osteopathy*.

We work closely with the osteopathic educational institutions on promoting a greater understanding of professionalism among trainee osteopaths. We have continued to use scenario-based surveys to understand students' values and how they compare 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. We have also commenced work on new guidance on student and tutor boundaries, aided by a working group on undergraduate professionalism.

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

### **Osteopathic educational institutions offering Recognised Qualifications**

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



### 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/register-search](http://www.osteopathy.org.uk/register-search) 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 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 2014-15, there were 276 registrants joining the Register: a net growth of 159 or 3.3 per cent. We expect this slight but steady growth to continue for the foreseeable future.

Place of training	Numbers joining the Register
British College of Osteopathic Medicine	9
British School of Osteopathy	99
College of Osteopaths	11
European School of Osteopathy	51
Leeds Beckett University	19
London College of Osteopathic Medicine	0
London School of Osteopathy	19
Oxford Brookes University	35
Surrey Institute of Osteopathic Medicine	10
Swansea University	12
Overseas applicants	11
<b>Total</b>	<b>276</b>

As at 31 March 2015, there were 4,975 osteopaths registered with the GOsC. For the first time, in 2014-15, the number of women registrants exceeded the number of men, reflecting a wider trend in healthcare not just in the UK but across the world.

Gender	Number
Female	2,504
Male	2,471
<b>Total</b>	<b>4,975</b>

Geographical location of the profession	Number
England	4,244
Wales	123
Scotland	157
Northern Ireland	25
Rest of world	426
<b>Total</b>	<b>4,975</b>

Our team of trained registration assessors, all of whom are qualified osteopaths, undertook a total of 56 registration assessments in 2014-15.

Type of assessment	Number
Non-UK Qualification Assessment	20
Further Evidence of Practice Assessment	8
Assessment of Clinical Performance	10
Return to Practice Interview	18
<b>Total</b>	<b>56</b>

As part of an upgrade of the GOsC's websites and online Register in 2014-15, we developed new, more user-friendly online renewal and CPD tools to assist registrants.

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*. Under our new enforcement policy, we initiated prosecution against two individuals and issued 25 cease and desist notices to those unlawfully describing themselves as osteopaths.



We encourage osteopaths to promote the fact that they are regulated healthcare professionals. Throughout the year we promoted our new Registration Marks (*above*) for individual osteopaths and group osteopathic practices, as well as a range of supporting materials for osteopaths to promote their registration and improve patient understanding of osteopathy as a regulated profession. Since their launch in 2014, more than 1,000 registrants (20 per cent) have been issued with the new Registration Marks.

In 2014-15 we consulted on new professional indemnity rules, which included increased levels of indemnity insurance for osteopaths. The new rules came into effect on 1 May 2015.

**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’).

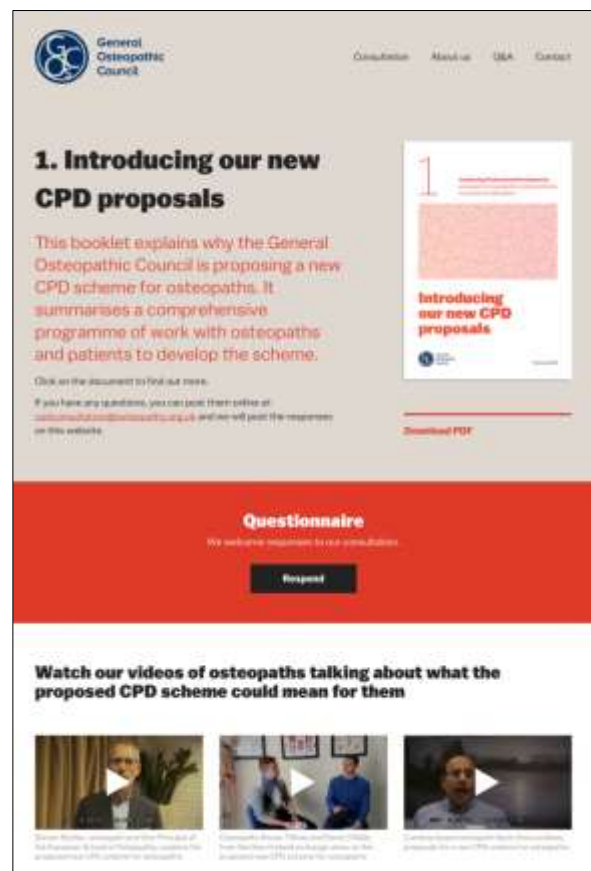
During the course of each year, we aim to scrutinise 20 per cent of all osteopaths’ annual CPD summaries to ensure that they comply with our CPD guidelines, and we aim to undertake a more in-depth review of 2 per cent of osteopaths who are asked to present more detailed evidence in support of their CPD activities. In 2014-15 we did not meet this target, but were on course to clear the backlog of audits by the summer of 2015.

In the course of the year, 15 osteopaths were removed from the Register for non-compliance with the CPD requirements – a small reduction on the previous year.

In 2014-15 we concluded the development of our new CPD scheme for public consultation. This development work was supported by four ‘pathfinder’ regional groups of osteopaths in Cheshire, Cumbria, London and Northern Ireland.

Subject to any changes required following the consultation, we intend to use the new CPD scheme as our principal method for assuring the continuing fitness to practise of registrants, enabling osteopaths to demonstrate to the GOsC and to their patients that they are up to date and fit to practise.

We commenced a major 16-week consultation on the new CPD scheme in February 2015. This included the production of a bespoke website for the consultation documents (*below*), supported by a range of background materials, case-studies and videos. A number of meetings with osteopathic organisations took place during the consultation period.



### **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, a member of the public, or 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 2014-15, 42 formal complaints were made to us (an increase of seven over the previous year), and these were considered by the GOsC's Investigating Committee (see page 40 for details of the Committee). During the course of the year, the Investigating Committee considered 51 cases. Of these, 22 were referred to a full hearing, eight were adjourned and in one case the Investigating Committee was consulted regarding discontinuing a case under rule 19 of the Professional Conduct Committee Procedure Rules. In the remaining 20 cases, it was determined that there was no case to answer.

In the course of the year, the Professional Conduct Committee (see page 40 for details of the Committee) heard 22 new cases – an increase of six over the previous year. In 10 of those cases, there was a finding against the osteopath. In 2014-15, two cases were heard by the Health Committee (see page 40 for details of the Committee).

<b>Findings in cases considered by the Professional Conduct Committee 2014-15</b>	<b>Number of cases</b>
Not proved	7
Admonished	4
Conditions of practice	1
Suspended	2
Removed	3
Discontinued (rule 19)	1
Ongoing	4
<b>Total</b>	<b>22</b>

It is important that our procedures are fair and transparent, and that our fitness to practise committees have access to high-quality advice.

In 2014-15 we recruited a new team of 14 legal assessors to support the work of the Investigating, Professional Conduct, Health and Registration Appeals Committees. We also recruited and trained nine new medical assessors, from a range of specialties, who provide advice in relation to health cases.

An important piece of work during the year was the development of new 'threshold criteria' for Unacceptable Professional Conduct. This new guidance identifies those matters that will not usually be subject to the GOsC's complaints procedure.

In 2014, the provisions of the *Public Interest Disclosure Act 1998* that protect 'whistleblowers' were extended to the GOsC. In response, we consulted on and introduced a new policy on handling whistleblowing concerns.

We also introduced new practice notes on the presentation of evidence before committees (including special measures for vulnerable witnesses) and on the giving of undertakings within the fitness to practise process.

It is 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, 12 months: targets that are at the shorter end of those set by other healthcare regulators. In 2014-15, the median time for investigating a complaint was 2.5 months and the median time for concluding a hearing by the Professional Conduct Committee was 11.75 months. When a case takes longer than these targets, this is often the result of delays outside our control (for example, the involvement of the police in an investigation).

## 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 osteopathic organisations, and support osteopaths to raise standards of practice.

### **Developing guidance and standards**

We have developed new materials for osteopaths to help embed the *Osteopathic Practice Standards*, including e-learning materials and scenario-based guidance on capacity and consent.

Although the *Osteopathic Practice Standards* were only introduced in 2012, we have started the process of considering how they might develop in future. Research commissioned from Oxford, Nottingham and Warwick Universities, led by Professor Gerry McGivern – *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice* – was published in early 2015 and gives important insight into the factors that make standards and regulation effective.

We have started working with Professor Bill Fulford of the Collaborating Centre for Values-based Practice in Health and Social Care at St Catherine's College, Oxford, and Professor Stephen Tyreman of the British School of Osteopathy, on values-based practice in osteopathy and how values inform standards.

In partnership with seven other healthcare professional regulators, we have produced and published a consistent position on the professional duty of candour and the reporting of errors. We have commenced work with patients and osteopaths to identify how the duty should apply in osteopathic practice.

### **Improving quality and patient care**

In 2014-15 we conducted a number of focus groups to develop our insight into patient and public perceptions of osteopathic practice and its regulation. This work was followed by a national survey of osteopathic patients and members of the public who had not received osteopathic treatment. The findings will inform our ongoing work supporting the profession to meet patient expectations and provide high-quality care.

We continue to work with and financially support the National Council for Osteopathic Research (NCOR), the umbrella body promoting osteopathic research development. 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. NCOR has continued to work on 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 the quality of patient care. NCOR has also recently completed 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, while the other enables osteopaths to share their experiences of incidents that have occurred in practice, including both clinical incidents and practice management issues.

Working with NCOR, the Institute of Osteopathy and the major providers of professional indemnity insurance, we completed a report on the incidence of complaints, claims and concerns about osteopathic practice in 2013. This work, which will be continued each year, gives valuable insight for the provision of advice and support to osteopaths on the common problems that arise in practice.

### **Developing the osteopathic profession**

Our role encompasses the development as well as the regulation of UK osteopathy. We continue to work with leading osteopathic organisations on a shared agenda 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 are:

- the Council for Osteopathic Educational Institutions, representing all educational institutions offering osteopathic pre-registration courses
- the Institute of Osteopathy (formerly the British Osteopathic Association), the professional association for UK osteopathy
- the National Council for Osteopathic Research, the umbrella body responsible for fostering osteopathic research development
- the Osteopathic Alliance, representing most of the independent osteopathic postgraduate development and training colleges.

The Osteopathic Development Group is working 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 osteopathic groups
- service standards.

### **International standards**

We also work with osteopathic organisations and regulators internationally, and 2014-15 saw the conclusion of a three-year project to develop pan-European osteopathic standards using the Comité Européen de Normalisation (CEN) process. The standards were approved by the European national standards bodies that are members of CEN (see [www.cen.eu](http://www.cen.eu)) and will be in place from 2016. These standards should provide greater consistency across Europe in 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

### Operational efficiency and effectiveness

We strive to ensure that our resources are used efficiently. The fee paid by the majority of our registrants was reduced to £570 in May 2014. This reduction has meant that we have sought to make savings where possible. While costs in the fitness to practise area increased this year, we were able to make some in-year savings to offset these.

We have undertaken internal business improvement activities around registration and finance, which have largely integrated our transactional services with registrants. This work has been supported by our ongoing work on customer service across the organisation.

In 2014-15 we implemented a new information governance policy to ensure that all of the GOsC's data is retained securely. During the course of the year there were no data security incidents that required reporting to the Information Commissioner's Office.



### Communicating and engaging with our stakeholders

Communication and engagement play an important role in our work, not only in explaining what we do but also in understanding public needs and ensuring that registrants are provided with appropriate support and information.

A key project this year has been the preparation and launch of our extensive public consultation on a new scheme of continuing professional development for osteopaths (see page 12). We also consulted publicly on new policies relating to educational guidance, whistleblowing, enforcement of title, and threshold criteria for investigating complaints (see pages 10, 11 and 13).

Many of these consultations involved focus groups of registrants, the general public, patients and members of our Patient and Public Partnership Group. The work of the group continues to grow, as does its membership, and is complemented by work with local Healthwatch and other patient groups.

We continue to publish our registrant magazine, *the osteopath*, six times each year, along with monthly update e-bulletins for registrants. Social media – Facebook and Twitter – are playing an increasingly important part in our communication work, with each service reaching over 1,000 users in 2014-15.

We worked closely with regional groups of osteopaths throughout the year. This year we held our Regional Communications Network meeting in conjunction with the Osteopathic Development Group, as part of the Annual Convention of the Institute of Osteopathy. Over the course of the year, we attended 11 regional group meetings across the UK to give presentations on the GOsC's work and engage with registrants at a local level.



### **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, which was reviewed by Council during the course of the year, is available on our website at:

[www.osteopathy.org.uk/about-us/our-work/equality-and-diversity/](http://www.osteopathy.org.uk/about-us/our-work/equality-and-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; 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 had met all the standards of good regulation. The GOsC is the only regulator to have done so in each of the last five years.

We worked closely with the Department of Health (England) and other regulators on the proposed reforms to the legislative framework for healthcare professional regulation in the UK, and we were disappointed to learn, shortly after the end of the year, that new legislation would not be considered by Parliament in the near future. The need for new legislation is vital, and we recognise an emerging risk to the GOsC as our legislation becomes increasingly outdated.

Although the GOsC is a small organisation, our staff team has developed and implemented a Corporate Social Responsibility Policy to enhance our approach to our staff, our stakeholders, the local community and sustainability.

# 5. Financial report for the year 2014-15

## Financial commentary

### Income and expenditure

The GOsC experienced a more challenging financial year in 2014-15, ending it with a small deficit.

Registration fee income for the year was £2,651,519, reduced from £2,732,086 in 2013-14 as a result of the further reduction in the main rate of registration fee from £610 to £570.

Registration fees represented approximately 96 per cent of income and remained buoyant at a total of £2,651,519 – approximately 2 per cent higher than anticipated. The remaining income derived from advertising sales for *the osteopath* magazine, bank interest and recovery of costs in respect of successful prosecution activity.

Expenditure for the year was £2,860,822, resulting in a deficit before designated spending and taxation of £88,901.

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

### Regulation and development costs

The costs of the GOsC's regulatory activities fall into four main areas:

#### **Education and professional standards**

The quality assurance of osteopathic educational institutions is the largest element of expenditure in this area of our work. Expenditure this year was £62,340, a decrease of £52,136 on 2013-14, reflecting the cyclical nature of reviews of osteopathic courses. The bulk of other expenditure in this area was on policy activity relating to continuing fitness to practise and continuing professional development (£28,947) and student fitness to practise (£4,213).

### Breakdown of expenditure before designated spending and taxation

	2014-15 £	2014-15 %	2013-14 £	2013-14 %
Education and professional standards	<b>305,815</b>	<b>10.7</b>	345,676	12.3
Communications, research and development	<b>467,331</b>	<b>16.3</b>	580,512	20.6
Registration	<b>186,829</b>	<b>6.5</b>	158,569	5.6
IT infrastructure	<b>114,377</b>	<b>4.0</b>	109,504	3.9
Fitness to practise, including legal	<b>992,157</b>	<b>34.7</b>	806,190	28.7
Governance	<b>251,710</b>	<b>8.8</b>	264,794	9.4
Administration and establishment	<b>542,603</b>	<b>19.0</b>	546,628	19.4

## Registration

Registration costs rose slightly; the majority of non-staffing costs were incurred for registration assessments and appeals (£35,143), reflecting the continuing increase in overseas applicants, and for the production and distribution of registration application packs, certificates and identification cards.

## Fitness to practise and legal

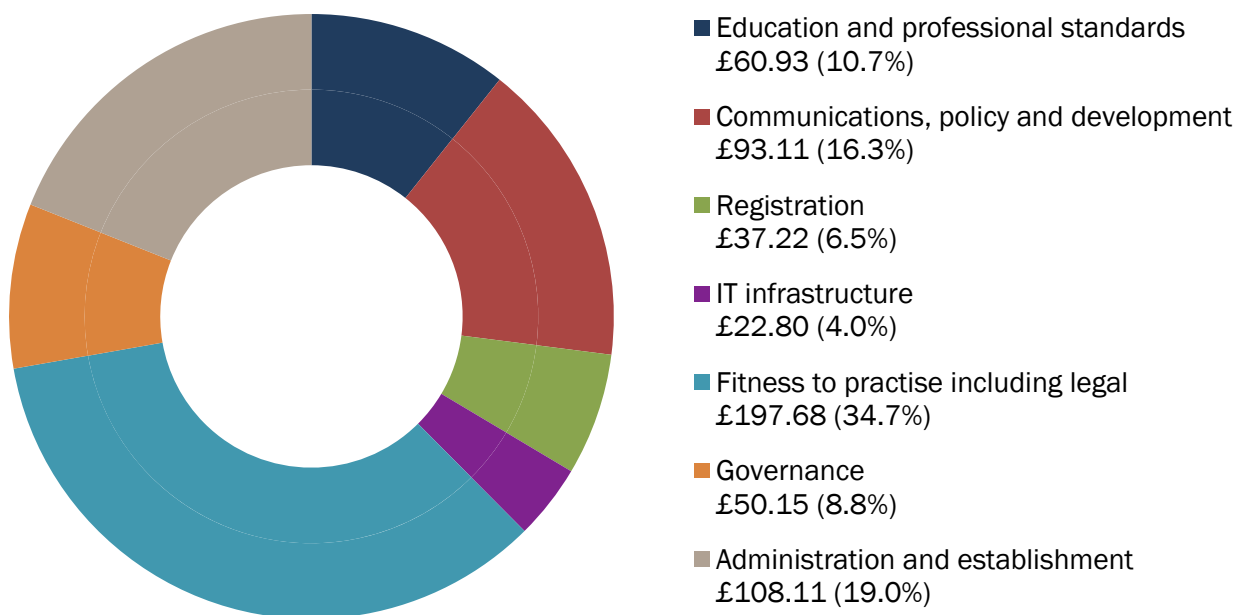
The cost of conducting investigations and holding hearings remains the single largest non-staffing element of GOsC expenditure. The total cost rose considerably in 2014-15, reflecting a higher number of complaints received and a more complex case profile. While the costs of the Investigating Committee decreased slightly from £112,187 to £104,414, the costs of the Professional Conduct and Health Committees rose from £443,542 to £524,550 and from £18,077 to £63,099 respectively.

## Communications, research and development

Costs of communications and engagement activities were lower in 2014-15 than in the previous year. This reflected some savings in areas of public affairs monitoring, and savings arising from a renegotiated contract with the *International Journal of Osteopathic Medicine*. Website development expenditure was considerably lower in 2014-15, as work to improve the GOsC public website and the o zone site for registrants was completed.

## What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount spent on each GOsC function during 2014-15.



## Administration and overhead costs

Other GOsC cost areas are those relating to operating the infrastructure of the organisation, including building and IT costs, and administering the GOsC Council and committees essential for the discharge of our statutory duties.

### Governance

Governance costs relate to Council members' allowances, committee expenses and the recruitment of new members. In 2014-15 (excluding associated staffing costs), overall governance costs for Council and committees, including reappointments, reduced from £184,398 to £174,455.

### IT infrastructure

Expenditure on IT infrastructure reflects the cost of the GOsC Register, the customer relationship management system, and other office services.

### Administration and establishment

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

## Staffing costs

Staffing is the biggest single component of the GOsC's expenditure. In 2014-15 staffing costs, including recruitment and staff development, totalled £1,234,106. This represented 43 per cent of overall expenditure before designated spending, reflecting the deployment of additional staff in the fitness to practise function.

## 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 £2,387,716.

General Reserves total £2,287,716. In June 2013, Council agreed that it would consider providing funding from reserves for projects proposed by the Osteopathic Development Group (see page 15). A total of £25,242 was incurred during the year. A further £71,778 was spent from reserves on research into the effectiveness of regulation. 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 17) 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). The GOsC committed to the investment for five years and, while it can be liquidated in one week if required, it is treated as a long-term investment. Interest earned on the investment is reinvested back into the investment and will not be realised by the GOsC until the end of the five-year period.

A further £500,000 cash deposit is held with Secure Trust Bank in a 120-day notice 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:

- 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 16 July 2015 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 2015 which comprise the income and expenditure account, the Balance Sheet, the cash flow statement, the 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 GOsC's members, as a body, in accordance with the terms of our engagement letter. Our audit work has been undertaken so that we might state to the GOsC's 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 GOsC's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of Council and auditor**

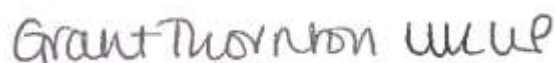
As explained more fully in the Statement of Council's responsibilities set out on page 21, Council is responsible for the preparation of the financial statements which give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable 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/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate)

### **Opinion on financial statements**

In our opinion the financial statements give a true and fair view of the state of the General Osteopathic Council's affairs as at 31 March 2015 and of its deficit for the year then ended in accordance with United Kingdom Generally Accepted Accounting Practice.



Grant Thornton UK LLP  
Statutory Auditor, Chartered Accountants  
London

16 July 2015

# Income and expenditure account

## Year to 31 March 2015

	Notes	2015 £	2014 £
<b>Income</b>			
Registration fees		2,651,519	2,732,086
Bank interest		13,971	16,502
Other income		106,431	71,279
<b>Total</b>	1	<b>2,771,921</b>	<b>2,819,867</b>
<b>Expenditure</b>			
Education and professional standards	4	305,815	345,676
Communications, research and development	4	467,331	580,512
Registration	4	186,829	158,569
IT infrastructure	4	114,377	109,504
Fitness to practise, including legal	4	992,157	806,190
Governance	4	251,710	264,794
Administration and establishment	4	542,603	546,628
<b>Sub total</b>		<b>2,860,822</b>	<b>2,811,873</b>
<b>(Deficit)/Surplus before designated spending</b>		<b>(88,901)</b>	7,994
<b>Designated spending</b>	4	<b>97,020</b>	10,128
<b>Corporation tax charge</b>	5	<b>2,794</b>	3,299
<b>Deficit for the year</b>	10	<b>(188,715)</b>	(5,433)

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

There is no difference between the deficit before taxation and the retained deficit for the period 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 period reported.

## Balance Sheet

### Year to 31 March 2015

	Notes	2015 £	2015 £	2014 £	2014 £
<b>Non-Current Assets</b>					
Fixed Assets	6	<b>1,803,739</b>		1,857,935	
Investments		<b>500,000</b>		500,000	
			<b>2,303,739</b>		2,357,935
<b>Current Assets</b>					
Debtors	7	<b>421,183</b>		341,973	
Cash at bank and in hand		<b>693,667</b>		860,224	
		<b>1,114,850</b>		1,202,197	
<b>Creditors</b>					
Amounts falling due within one year	8	<b>(1,030,873)</b>		(983,701)	
<b>Net Current Assets</b>			<b>83,977</b>		218,496
<b>Total assets less total liabilities</b>			<b>2,387,716</b>		2,576,431
<b>Reserves</b>					
General Reserve	10	<b>2,287,716</b>		2,406,559	
Designated Funds:	10				
• Governance arrangements		<b>100,000</b>		100,000	
• Effectiveness of regulation research		-		69,872	
<b>Total Reserves</b>	10	<b>2,387,716</b>		2,576,431	

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



.....  
Alison J White  
Chair

Dated  
16 July 2015

The notes to the accounts on pages 28-34 form part of these financial statements.



# Cash flow statement

Year to 31 March 2015

	Notes	2015 £	2014 £
Cash outflow from operating activities	A	<b>(143,256)</b>	(57,881)
Returns on investments and servicing of finance	B	<b>13,845</b>	14,786
Taxation		<b>(2,794)</b>	(3,807)
Capital expenditure	B	<b>(34,352)</b>	(25,448)
Financing	C	-	(83,467)
<b>Decrease in cash</b>		<b>(166,557)</b>	(155,817)

## Notes to the cash flow statement for the year to 31 March 2015

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

	2015 £	2014 £
Deficit before tax and loan interest paid	<b>(185,795)</b>	(418)
Interest receivable	<b>(13,971)</b>	(16,502)
Depreciation charge	<b>88,548</b>	102,041
Increase in debtors	<b>(79,210)</b>	(66,765)
Increase/(Decrease) in creditors (excluding bank loan and Corporation Tax creditor)	<b>47,172</b>	(76,237)
<b>Net cash outflow from operating activities</b>	<b>(143,256)</b>	(57,881)

### B Gross cash flows

	2015 £	2014 £
<b>Returns on investment and servicing of finance</b>		
Interest receivable	<b>13,971</b>	16,502
Interest paid on bank loan	<b>(126)</b>	(1,716)
<b>Total</b>	<b>13,845</b>	14,786
<b>Capital expenditure</b>		
Payments to acquire tangible fixed assets	<b>(34,352)</b>	(25,448)
<b>Total</b>	<b>(34,352)</b>	(25,448)

**C Financing**

	<b>2015</b>	2014
	<b>£</b>	£
Bank loan	-	(83,467)
<b>Total</b>	<b>-</b>	<b>(83,467)</b>

**D Analysis of changes in net funds**

	1 April 2014	Cash flows	<b>31 March 2015</b>
	£	£	£
Cash at bank and in hand	860,224	(166,557)	<b>693,667</b>
Bank loan	(21,214)	21,214	-
<b>Total</b>	<b>839,010</b>	<b>(145,343)</b>	<b>693,667</b>

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

	<b>31 March 2015</b>
	£
Net funds as at 1 April 2014	<b>839,010</b>
Bank loan	<b>21,214</b>
Decrease in cash in the period	<b>(166,557)</b>
<b>Net funds at 31 March 2015</b>	<b>693,667</b>

# Principal accounting policies

## Year to 31 March 2015

### **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; however, it is treated as a long-term investment. Interest earned on the investment is reinvested back into the investment and will not be realised by the GOsC until the end of the five-year period.

### **Expenditure**

Expenditure is accounted for on a payable basis.

GOsC 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 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 members' 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.

### **Going concern**

In the financial year ended 31 March 2015, a deficit was incurred. This was a result of additional costs around an increase in fitness to practise activity. Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council continue to adopt the going concern basis of accounting in preparing the financial statements.

## Notes to the accounts

Year to 31 March 2015

### 1 Income

The GOsC's income and deficit before taxation were all derived from its principal activity.

Other income received in the year was as follows:

	2015 £	2014 £
<b>Other income</b>		
Magazine and leaflets	<b>35,080</b>	34,062
Recoverable costs	<b>22,942</b>	8,622
Grant funding	<b>28,905</b>	2,868
FORE secretariat	<b>15,657</b>	20,736
Performance assessments	<b>1,977</b>	3,510
Miscellaneous	<b>1,870</b>	1,481
<b>Total</b>	<b>106,431</b>	71,279

### 2 Employees and staff costs

Staff costs during the year were as follows:

	2015 £	2014 £
Wages and salaries	<b>966,697</b>	975,886
Social security costs	<b>101,693</b>	100,585
Other pension costs (see note 3)	<b>82,473</b>	90,893
	<b>1,150,863</b>	1,167,364
Recruitment	<b>54,720</b>	3,071
Training and development	<b>19,305</b>	16,718
Competency framework	-	1,764
Other	<b>9,218</b>	10,074
<b>Total</b>	<b>1,234,106</b>	1,198,991

The average number of employees, on a full-time equivalent basis and by department, of the Council during the year ended 31 March 2015 was:

	<b>2015 number</b>	2014 number
Education and professional standards	<b>4.00</b>	3.80
Communications, research and development	<b>5.00</b>	5.00
Registration and resources	<b>3.60</b>	2.50
IT infrastructure	<b>0.60</b>	0.80
Fitness to practise, including legal	<b>5.20</b>	4.00
Governance	<b>2.00</b>	2.00
Administration and establishment	<b>2.80</b>	4.40
<b>Total</b>	<b>23.20</b>	22.50

### ***Executive remuneration***

The employment costs of the Chief Executive and Registrar at 31 March 2015 were:

	£
Salary	121,896
Employer National Insurance contributions paid in the year	15,027
Employer pension contributions paid in year	12,538

### **3 Pension costs**

The contributions paid in the year in respect of the Council's pension scheme were £82,473 (2014 - £90,893).

## 4 Expenditure

Expenditure for each function in the year was as follows:

	2015 £	2014 £
<b>Education and professional standards</b>		
Employment costs	206,519	214,572
Working groups (OEI)	512	1,608
Quality assurance	62,340	114,476
Continuing fitness to practise framework	28,947	2,935
<i>Osteopathic Practice Standards</i>	72	8,392
Student fitness to practise	4,213	624
Osteopathic pre-registration education	225	1,102
Publications and subscriptions	2,987	1,967
<b>Total</b>	<b>305,815</b>	<b>345,676</b>
<b>Communications, research and development</b>		
Employment costs	270,687	271,193
Publication production	72,639	72,553
Engagement activities	34,841	27,795
Website	10,375	88,724
Public and international affairs	13,109	34,645
Promoting registration	-	7,440
Publications and subscriptions	458	210
Research		
• National Council of Osteopathic Research (net)	26,353	21,927
• <i>International Journal of Osteopathic Medicine</i>	38,869	56,025
<b>Total</b>	<b>467,331</b>	<b>580,512</b>
<b>Registration</b>		
Employment costs	148,846	128,475
Registration documentation	2,840	2,003
Appeals	15,991	-
Registration assessments	19,152	28,091
<b>Total</b>	<b>186,829</b>	<b>158,569</b>
<b>IT infrastructure</b>		
Employment costs	29,940	43,991
IT infrastructure provision	54,970	33,897
CRM support	20,487	22,658
Disaster recovery	2,783	3,956
IT sundries	6,197	5,002
<b>Total</b>	<b>114,377</b>	<b>109,504</b>

**Fitness to practise including legal**

Employment costs	<b>264,041</b>	224,779
Statutory committee costs:		
• Investigating Committee	<b>104,414</b>	112,187
• Professional Conduct Committee	<b>524,550</b>	443,542
• Health Committee	<b>63,099</b>	18,077
• Section 32 cases	<b>3,909</b>	1,620
• Complainant/registrant research	-	1,258
• Law library subscription	<b>5,416</b>	4,727
Other legal costs	<b>26,728</b>	-
<b>Total</b>	<b>992,157</b>	806,190

**Governance**

Employment costs	<b>77,255</b>	80,396
Honorariums/responsibility allowances	<b>115,590</b>	111,604
Tax liability on Council expenses	<b>7,713</b>	9,751
Council costs including reappointments	<b>24,730</b>	24,548
Other committee costs	<b>19,951</b>	21,880
Internal operations, including training	<b>6,471</b>	16,615
<b>Total</b>	<b>251,710</b>	264,794

**Administration and establishment**

Employment costs	<b>153,576</b>	203,958
Non-attributable employment costs	<b>83,243</b>	31,627
Premises	<b>112,725</b>	102,564
Office administration	<b>65,224</b>	67,367
Audit (external)	<b>20,160</b>	19,805
Financing	<b>17,790</b>	18,060
Depreciation	<b>88,548</b>	102,041
Publications and subscriptions	<b>1,337</b>	1,206
<b>Total</b>	<b>542,603</b>	546,628

**TOTAL EXPENDITURE**

<b>2,860,822</b>	2,811,873
------------------	-----------

**Spending from Reserves**

Development projects	<b>25,242</b>	-
Effectiveness of regulation research	<b>71,778</b>	10,128
<b>Total</b>	<b>97,020</b>	10,128

**TOTAL RESERVE SPENDING**

<b>97,020</b>	10,128
---------------	--------

## 5 Taxation

The tax charge was as follows:

	2015 £	2014 £
Current tax:		
Corporation tax at 20%	<b>2,794</b>	3,299
<b>Tax on investment income</b>	<b>2,794</b>	3,299

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 £	<b>Total £</b>
<b>Cost</b>					
At 1 April 2014	35,734	171,658	276,562	2,244,172	<b>2,728,126</b>
Additions	-	-	34,352	-	<b>34,352</b>
At 31 March 2015	<u>35,734</u>	<u>171,658</u>	<u>310,914</u>	<u>2,244,172</u>	<b>2,762,478</b>
<b>Depreciation</b>					
At 1 April 2014	21,339	166,521	219,630	462,701	<b>870,191</b>
Charge for the year	5,746	2,025	35,894	44,883	<b>88,548</b>
At 31 March 2015	<u>27,085</u>	<u>168,546</u>	<u>255,524</u>	<u>507,584</u>	<b>958,739</b>
<b>Net book value</b>					
At 31 March 2015	<u>8,649</u>	<u>3,112</u>	<u>55,390</u>	<u>1,736,588</u>	<b>1,803,739</b>
At 31 March 2014	<u>14,395</u>	<u>5,137</u>	<u>56,932</u>	<u>1,781,471</u>	<b>1,857,935</b>

## 7 Debtors

	2015 £	2014 £
Fee debtors	<b>235,821</b>	188,439
Prepayments and accrued income	<b>177,376</b>	148,765
Other debtors	<b>7,986</b>	4,769
<b>Total</b>	<b>421,183</b>	341,973



## 8 Creditors: amounts falling due within one year

	2015 £	2014 £
Deferred income	726,114	701,591
Trade creditors	217,713	69,745
Accruals	39,192	109,874
Department of Health – grant funding	9,952	38,857
Building loan – Osteopathy House	-	21,212
Other creditors	3,306	7,740
Income tax and social security	32,352	32,090
Corporation tax creditor	2,244	2,592
<b>Total</b>	<b>1,030,873</b>	<b>983,701</b>

## 9 Payments to non-executive members

### **Council members**

In the reporting year, the total value of honorariums paid to Council members was £113,854 including responsibility allowances. In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £17,520.

### **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 the 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 which totalled £150,000, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £81,895.

### **External members of other committees**

In the reporting year, a daily attendance fee of £306 was paid to external members of the Education and Registration Standards, Osteopathic Practice, Audit and Remuneration and Appointments Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £6,437, with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £1,437.

## 10 Reserves

	At 1 April 2014 £	Deficit for the year £	Gross transfers between funds £	At 31 March 2015 £
General Reserve	2,406,559	(188,715)	69,872	<b>2,287,716</b>
Designated funds:				
• Governance arrangements	100,000	-	-	<b>100,000</b>
• Effectiveness of regulation research	69,872	-	(69,872)	-
<b>Total</b>	<b>2,576,431</b>	<b>(188,715)</b>	-	<b>2,387,716</b>

## 11 Capital commitments

Capital commitments that are contracted but not provided for at 31 March 2015 amount to £nil (2014 - £nil).

## 12 Related party transactions

Tim Walker, the GOsC Chief Executive and Registrar, is Chair of the Board of Trustees of the National Council of Osteopathic Research. This post is unremunerated.

# 6. Key activities for 2015-16

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

## Osteopathic education

- Consulting on a new framework for quality assurance of Recognised Qualifications.
- Reviewing our student fitness to practise guidance, and health and disability guidance.
- Implementing new guidance for osteopathic pre-registration education.

## Osteopathic Practice Standards

- Producing practical guidance for osteopaths on the implementation of the duty of candour.
- Commencing work on the review of the *Osteopathic Practice Standards* through the development of an understanding of the role values play in relation to standards, and evaluating the findings of our research into the effectiveness of regulation.

## Registration

- Promoting public awareness of the Register, including the new Registration Marks.
- Investigating and where necessary prosecuting individuals who incorrectly describe themselves as osteopaths.
- Enhancing our registration assessments to ensure they remain fit for purpose.

## Continuing fitness to practise

- Further developing our proposed new system of continuing professional development (CPD) for osteopaths, based on adjustments suggested by our 2015 public consultation.
- Commencing work on the operational implementation and roll-out of the new CPD scheme.

## Development of the profession

- Working with the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and the National Council for Osteopathic Research to further develop osteopathic practice.

## Fitness to practise

- Monitoring our new quality assurance framework to ensure that our fitness to practise processes remain fair and efficient.
- Developing, consulting on and implementing new practice notes on admission of character evidence and acting in the public interest.
- Seeking to enhance the pool of osteopathic expert witnesses acting in fitness to practise cases.

## Research

- Continuing our work to gain a better understanding of the nature of complaints, claims and concerns raised about osteopaths.
- Continuing to support the National Council for Osteopathic Research to develop research and data collection within osteopathy.

## Communications and engagement

- Continuing to work with our Patient and Public Partnership Group and other patients groups to provide effective input to our work.
- Supporting the communication, consultation and engagement work of our partners in the Osteopathic Development Group.

## Finance and governance

- Exploring charitable status for the GOsC.
- Seeking amendment to the GOsC Constitution Order to reduce the size of Council from 14 to 10 members.

# 7. How we are run

## Council

The GOsC Council consists of 14 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, the Business Plan, the Budget, risk mitigation, organisational performance and staff leadership, and for external perceptions.

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 2014-15

<b>Chair (lay)</b>
Alison J White
<b>Lay members</b>
Professor Colin Coulson-Thomas
Mark Eames
Kim Lavelly
Dr Joan Martin
Julie Stone
Jenny White
<b>Osteopath members</b>
John Chaffey
Dr 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: [www.osteopathy.org.uk/about-us/the-organisation/council/](http://www.osteopathy.org.uk/about-us/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: the Audit Committee; the Education and Registration Standards Committee; the Osteopathic Practice Committee; and the 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 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 2014-15

Mark Eames	<i>lay</i>
Brian McKenna (from July 2014)	<i>osteopath</i>
Kenneth McLean (until July 2014)	<i>osteopath</i>
<b>External members</b>	
Jane Hern (Chair)	<i>lay</i>
Chris Shapcott	<i>lay</i>

### 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 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 2014-15

John Chaffey (from July 2014)	<i>osteopath</i>
Professor Colin Coulson-Thomas (Chair)	<i>lay</i>
Dr Jorge Esteves	<i>osteopath</i>
Dr Joan Martin	<i>lay</i>
Brian McKenna (until July 2014)	<i>osteopath</i>
Alison J White	<i>lay</i>
<b>External members</b>	
Jane Fox	<i>lay</i>
Bernardette Griffin	<i>lay</i>
Robert McCoy	<i>osteopath</i>
Liam Stapleton	<i>lay</i>

## 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 that 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 that 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 2014-15

Jonathan Hearsey (Chair from July 2014)	<i>osteopath</i>
Kenneth McLean (from July 2014)	<i>osteopath</i>
Haidar Ramadan (until July 2014)	<i>osteopath</i>
Julie Stone (Chair until July 2014)	<i>lay</i>
Alison J White	<i>lay</i>
Jenny White	<i>lay</i>
<b>External members</b>	
Jane Fox	<i>lay</i>
Manoj Mehta	<i>osteopath</i>

## 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 2014-15

John Chaffey (until July 2014)	<i>osteopath</i>
Kim Lavelly	<i>lay</i>
Haidar Ramadan (from July 2014)	<i>osteopath</i>
Alison J White (Chair)	<i>lay</i>
<b>External member</b>	
Ian Muir	<i>lay</i>

## Independent fitness to practise committees

There are three committees that support the GOsC's fitness to practise functions: the Investigating Committee, the Health Committee and the 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 complaints and referred 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, which may allege unacceptable professional conduct, professional incompetence or matters relating to the osteopath's physical or mental ill health.

#### Members of the Investigating Committee 2014-15

Helen Bullen	<i>osteopath</i>
Miles Crook	<i>osteopath</i>
Charles Dunning	<i>osteopath</i>
Caroline Guy	<i>osteopath</i>
Gillian Hawken	<i>lay</i>
Anne Johnstone	<i>lay</i>
James Kellock (Chair)	<i>lay</i>
Yvonne McNiven	<i>osteopath</i>
Abigail Miller	<i>osteopath</i>
James Olorenshaw	<i>osteopath</i>
Sarah Payne	<i>lay</i>
Jacqueline Pratt	<i>lay</i>
Dr Michael Yates	<i>lay</i>

### Health Committee and Professional Conduct Committee

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.

#### Members of the Health and Professional Conduct Committees 2014-15

Members are appointed to serve on both the Health and Professional Conduct Committees, although each committee has its own Chair.

Richard Davies (Chair of Health Committee)	<i>lay</i>
Philip Geering	<i>lay</i>
Professor Brian Gomes da Costa (from November 2014)	<i>lay</i>
Jean Johns	<i>lay</i>
Anthony Kanutin	<i>osteopath</i>
Andrew Kerr	<i>osteopath</i>
Corinna Kershaw	<i>lay</i>
Colette Neville	<i>lay</i>
David Plank (Chair of Professional Conduct Committee, until May 2014)	<i>lay</i>
Jacqueline Salter	<i>osteopath</i>
Andrew Skelton (from November 2014)	<i>lay</i>
Rodney Varley (until November 2014)	<i>lay</i>
Nicholas Woodhead	<i>osteopath</i>
Judith Worthington (Chair of Professional Conduct Committee, from November 2014; Acting Chair, June to November 2014)	<i>lay</i>



## The GOsC Executive team

GOsC 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 2014-15 was 23.20.

The Chief Executive and Registrar in 2014-15 was Tim Walker and he was supported through the year by the Senior Management Team:

- Fiona Browne, Head of Professional Standards
- David Gomez, Head of Regulation
- Matthew Redford, Head of Registration and Resources
- Brigid Tucker, Head of Policy and Communications

### 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
John Chaffey	4/4	2/2			1/1
Professor Colin Coulson-Thomas	4/4	3/3			
Mark Eames	4/4		3/3		
Dr Jorge Esteves	4/4	3/3			
Jonathan Hearsey	3/4			3/3	
Nick Hounsfield	3/4				3/3
Kim Lavelly	4/4				3/3
Dr Joan Martin	4/4	2/3			
Brian McKenna	4/4	0/1	2/2		
Kenneth McLean	4/4		1/1	2/2	
Haidar Ramadan	4/4			1/1	2/2
Julie Stone	3/4			3/3	
Jenny White	4/4			3/3	

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

## Remuneration and expenses

### Council members' remuneration and expenses

Name	Position held	Location	Honorarium £	Responsibility allowance £	Expenses £
Alison J White	Chair	Hertfordshire	22,440	Nil	656
John Chaffey	Member	Hertfordshire	6,630	Nil	169
Professor Colin Coulson-Thomas	Member	Cambridgeshire	6,630	3,224 <sup>1</sup>	1,217
Mark Eames	Member	Buckinghamshire	6,630	Nil	254
Dr Jorge Esteves	Member	Oxfordshire	6,630	Nil	Nil
Jonathan Hearsey	Member	Sussex	6,630	2,000 <sup>2</sup>	613
Nick Hounsfeld	Member	Bristol	6,630	Nil	1,242
Kim Lavelly	Member	London	6,630	Nil	Nil
Dr Joan Martin	Member	Northern Ireland	6,630	Nil	5,107
Brian McKenna	Member	Wales	6,630	Nil	3,113
Kenneth McLean	Member	Scotland	6,630	Nil	3,002
Haidar Ramadan	Member	London	6,630	Nil	Nil
Julie Stone	Member	Cornwall	6,630	Nil	2,147
Jenny White	Member	London	6,630	Nil	Nil
<b>Total</b>			<b>108,630</b>	<b>5,224</b>	<b>17,520</b>

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

<sup>2</sup> Chair of the 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

Name	Committee	Location	Fees £	Expenses £
Jane Hern	Audit Committee	London	2,000	27
Chris Shapcott	Audit Committee	London	918	11
Bernardette Griffin	Education and Registration Standards Committee (ERSC)	Worcestershire	612	31
Robert McCoy	ERSC	Kent	612	48
Liam Stapleton	ERSC	Leicestershire	Nil	Nil
Jane Fox	ERSC, Osteopathic Practice Committee (OPC)	Derbyshire	918	280
Manoj Mehta	OPC	Middlesex	Nil	Nil
Ian Muir	Remuneration and Appointments Committee	Berkshire	1,377	116
Helen Bullen	Investigating Committee (IC)	Surrey	3,816	216
Miles Crook	IC	Hampshire	2,517	31
Charles Dunning	IC	Derbyshire	1,605	1,027
Caroline Guy	IC	Republic of Ireland	2,904	2,661
Gillian Hawken	IC	Surrey	5,040	581
Anne Johnstone	IC	Scotland	2,361	1,713
James Kellock	IC	London	6,720	120
Yvonne McNiven	IC	Scotland	3,360	4,220
Abigail Miller	IC	Northamptonshire	3,513	257
James Olorenshaw	IC	East Sussex	2,367	330
Sarah Payne	IC	Belgium	381	292
Jacqueline Pratt	IC	Lancashire	2,973	1,935
Dr Michael Yates	IC	West Yorkshire	5,955	1,796
Richard Davies	Health Committee/Professional Conduct Committee (HC/PCC)	Wales	14,535	2,305
Philip Geering	HC/PCC	London	3,060	100
Professor Brian Gomes da Costa	HC/PCC	London	3,366	6
Jean Johns	HC/PCC	Northern Ireland	11,322	1,552
Anthony Kanutin	HC/PCC	Essex	6,426	529
Andrew Kerr	HC/PCC	Cheshire	6,426	1,667
Corinna Kershaw	HC/PCC	Wales	7,344	1,905
Colette Neville	HC/PCC	West Sussex	5,508	502
David Plank	HC/PCC	Cambridgeshire	3,060	328
Jacqueline Salter	HC/PCC	West Midlands	12,546	1,858
Andrew Skelton	HC/PCC	Nottinghamshire	1,836	1,029
Rodney Varley	HC/PCC	West Midlands	7,038	1,311
Nicholas Woodhead	HC/PCC	Nottinghamshire	6,426	2,016
Judith Worthington	HC/PCC	Leicestershire	17,595	9,861
<b>Total</b>			<b>156,437</b>	<b>40,661</b>

Expenses shown in the table above were paid directly to committee members. Those expenses paid to suppliers to cover travel and accommodation costs total £42,674.

## Executive remuneration and expenses

The remuneration of the Chief Executive and Registrar is contained in note 2, under the Notes to the accounts on page 29.

### **Salary bands of other members of the Senior Management Team**

Salary band	Number of Senior Management Team members
£60,000 – 70,000	1
£70,000 – 80,000	3

### **Expenses claimed by members of the Senior Management Team**

Name	Position	Expenses £
Tim Walker	Chief Executive and Registrar	723
Fiona Browne	Head of Professional Standards	439
David Gomez	Head of Regulation	105
Matthew Redford	Head of Registration and Resources	66
Brigid Tucker	Head of Policy and Communications	491





General  
Osteopathic  
Council

General Osteopathic Council  
Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU

Tel: 020 7357 6655  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)