

**General
Osteopathic
Council**

**Research Framework
2025-30**

Introduction

1. On 1 April 2024, the General Osteopathic Council (GOsC) published a new Strategy, through to 2030. The Strategy has three key priority areas being:
 - Strengthening trust
 - Championing inclusivity
 - Embracing innovation
2. The Strategy sets out key areas of work under each priority area and actions we need to take in order to progress the strategy. Research is a key thread which runs through the Strategy.
3. Therefore, to underpin our approach to strategic delivery, a Research Framework has been developed to describe the types of research activities GOsC may wish to undertake or support in order to progress and implement the Strategy.
4. This framework sets out:
 - Our governance around how research opportunities are identified and commissioned
 - Our current position in relation to research
 - Future research activities we anticipate happening
 - How we evaluate research and bring learning back into the identification and commissioning of future research.
 - How we make decisions on whether to disseminate other stakeholders' research out to the osteopathic profession

Our Strategy: Vision and Priorities

5. Our vision and priorities include:

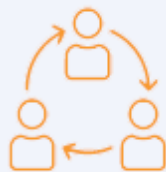
Our Vision: to be an inclusive, innovative regulator trusted by all.

Our Priorities:

- **Strengthening Trust:** We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.
- **Championing Inclusivity:** It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so
- **Embracing Innovation:** We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

Our Values

6. Our values underpin the way we work now and in the future.
7. This includes how we work with patients and the public, osteopaths and stakeholders and how we work within our organisation in and across our teams.
8. We work **collaboratively** to be an **influential** and **respectful** regulator with an **evidence-informed** approach.



Collaborative

We work with our stakeholders to ensure patients and osteopaths are at the centre of our approach to regulation.



Influential

We seek to support and develop those we work with to enhance public protection.



Respectful

We seek to hear, understand and consider the views of the people with whom we engage.



Evidence-informed

We use a range of evidence to guide our work to ensure the best outcomes for patients and the public.

What do we mean by research?

9. Research is a systematic, purposeful, and creative inquiry that involves collecting and analysing data through carefully designed procedures to discover new facts, verify or refine existing knowledge, and achieve reliable solutions or interpretations through a planned, empirical, and critical examination.
10. Types of research can be broadly categorised by methodology (quantitative, qualitative, or mixed method approaches) or sources (primary or secondary). When we refer to research in this Framework, both commissioned and in-house research activities are included.
11. As an evidence-informed organisation, research underpins the work we do, to ensure that the best outcomes are reached. We also undertake work including data insight and data capture activities that inform our policy work through evidence such as:
 - a. Consultation data analyses
 - b. Ongoing evaluations
 - c. Call for feedback reviews
 - d. Equality, Diversity, Inclusion and Belonging (EDIB) data collations
 - e. Data mapping activities
12. As a regulator whose primary purpose is to protect patients and the public, we recognise the importance of involving patients in research activity. Patient engagement helps ensure that research is relevant, inclusive and focused on outcomes that matter to those who receive osteopathic care. We will seek to incorporate patient perspectives, where appropriate, into both in-house and commissioned research and will make use of established mechanisms, including our Patient Involvement Forum, to support this work.

Our governance around how research opportunities are identified and commissioned

Our governance: to ensure research helps with the delivery of our Strategy, there are governance arrangements which sit around how GOsC undertakes, supports and commissions research.

Research principles

13. The GOsC has a set of funding criteria for research proposals which need to be met before any commitment to externally commissioned research is considered.

These are:

- a. **Developmental:** the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare in accordance with our statutory responsibilities. Any subsequent publications should be funded for open access to ensure that they are available to support osteopathic development.
- b. **Public and patient benefit:** the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care. Any subsequent publications should be funded for open access.
- c. **Patient engagement and involvement:** Research should, where appropriate, demonstrate meaningful patient and public involvement throughout the research lifecycle. This may include helping to identify research priorities, informing research questions, contributing to study design and methodology, advising on participant materials, providing insight into findings, and supporting dissemination of outcomes. Meaningful involvement helps ensure that research addresses issues that matter to patients, reflects lived experience of osteopathic care, and maximises public benefit and relevance.

The GOsC recognises that the patient voice is essential in developing evidence that supports safe, effective and inclusive osteopathic care. Researchers should therefore explain how patient perspectives have informed, or will inform, the project. The GOsC's Patient Involvement Forum may be available, where appropriate, to support the development, review and dissemination of both commissioned and in-house research activities.

- d. **Profession wide applicability:** the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
- e. **Collaboration:** initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
- f. **Clarity of outcome:** projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.

14. Proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which the lead osteopathic organisations will oversee project management. An application for funding should identify the process by which any agency or other organisation will be selected.

Governance oversight

15. Research opportunities may be planned or may be opportunistic in nature. However, any research activity we commit to will help progress the work of the GOsC. Specifications for the research will be developed which are proportionate and pragmatic to the outcomes (see below).
16. For research activities which require investment of funds over £35k, we will follow the procurement policy outlined in the Governance Handbook. This research will be set out in a specification should outline:
- Purpose of research
 - What is known currently
 - What we want to know: the research questions
 - Patient engagement and involvement requirements, including any expectations regarding how patients or members of the public should contribute to the design, delivery, interpretation or dissemination of the research and any opportunities to engage with the GOsC Patient Involvement Forum¹
 - The intended deliverables of the project (including process for gaining ethical approval where appropriate)
 - How we envisage the research will be taken (the resources that GOsC will provide to facilitate the project (eg advertising for participants through our ebuletin)
 - Desired timeline for the research
 - The maximum budget available for the research
 - Evaluation criteria for the proposal:
 - Background and experience of the researcher or team
 - Evidence that the researcher understands the project
 - Goals / objective: will the proposal deliver the requirements
 - Appropriate methods and disciplines
 - Timely and sufficient proposed timescales that ensure:
 - The quality of the work is not compromised
 - The work is delivered in a reasonable period of time
 - Value for money

¹ We seek to incorporate patient perspectives, where appropriate, and make use of established mechanisms, including our Patient Involvement Forum, to support our work.

- Commitment to inclusivity, belonging, diversity and equity
- Patient engagement and involvement: evidence of how patients or the public have been involved in the development of the proposal and how they will be engaged throughout the project where appropriate
- Indication of ability to comply with our terms and conditions (normally annexed to the invitation to tender)
- Instructions to parties: proposals should clearly identify:
 - Previous, relevant experience, professional information and publications where relevant and set out in a concise CV for each member of the team
 - The proposed methods to be used to ensure that each of the deliverables is met
 - The proposed approach to patient and public involvement, including how patient perspectives will be captured, considered and reflected in the research outputs²
 - A detailed work plan with milestones and schedules (including dates)
 - The basis of the proposed budget (not to exceed the maximum)
 - The management responsibility for the project indicating clearly the person who will be accountable for delivery of the project.
 - Details about who will be responsible for attending meetings of GOsC Committees and presenting on work undertaken
 - A single point of contact for all correspondence relating to the project.
- Contract timetable

17. These proposals for research will be taken through the GOsC Governance structure with consideration normally, but not exclusively, by the Policy and Education Committee ahead of a recommendation to Council, who are the final decision makers. Such proposals are likely to involve tender processes, or if there is a preferred supplier, the rationale for this and a request not to tender.

NB: depending on the nature of the research it may be that the Audit Committee or the People Committee consider the research proposal instead of the Policy and Education Committee.

18. For research activities which do not reach the threshold for requiring the decision to be approved by the governance structure, we will follow the procurement policy which will allow sign-off at the Executive level.

19. Such proposals will still be reported to Council via our usual reporting mechanisms, including the Chief Executive and Registrar report and/or Business Plan monitoring report.

² We seek to incorporate patient perspectives, where appropriate.

Our current position in relation to research

Our current position: by articulating our current position we will know the baseline from which we can build.

20. The annex to this Framework summarises our current position in relation to research activities and how they have informed our work. By articulating our current position, we will understand the base from which future research might be undertaken.

Future research activities we anticipate happening

Future activity: by describing the future research activity we wish to undertake we give the delivery of our Strategy the best possible chance of success whilst ensuring we have the right level of resources allocated for this work.

21. The annex to the Framework articulates the future research activity we wish to undertake against the three key strategic priorities.

How we evaluate research

Evaluation: so that we always improve on how we undertake, support or commission research, we will evaluate whether the research delivered its intended aims and the success of the research in terms of its impact for osteopaths, patients or other interested parties and will draw out learnings.

22. The annex to the Framework describes the process by which we evaluate the research that we have undertaken, supported or commissioned and how we learn from that research, so we are better in the future.

Our current position in relation to research

Type of research activity

This annex provides a description of research activity and, if relevant, why undertaken by that organisation/person/body:

Key independent pieces of research that have been commissioned by the GOsC

- **Warwick Business School (2015 and 2020)** – We commissioned McGivern and colleagues to better understand the most effective ways for a regulator to influence practice in accordance with standards, maintain and enhance the quality of care and patient safety, and provide assurance of continuing fitness to practise. McGivern and colleagues undertook this work for us after a selection process.

Reports:

A collaborative study – [Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice \(2015\)](#):

[Osteopathic Regulation Survey \(2020\)](#)

- **Julie Stone Consultancy (2016, 2022)** - We are continually interested to explore how we might support and enhance good practice in creating and maintaining effective boundaries between healthcare practitioner and patients, as an inherent part of professionalism in healthcare. [Thematic analyses of boundaries education and training within the UK's osteopathic educational providers](#) was commissioned in 2016 and an update in 2022. Julie Stone undertook this work for us as she had done similar work with the PSA and had experience and a connection in that respect.
- **University of Huddersfield (2017)** – We commissioned Dr Michael Concannon and Samuel Lidgley to undertake a [literature review on communication of touch in manual therapy](#), that looked at how touch is communicated in the context of manual therapy and supported the work we are doing to reduce concerns about issues related to maintaining effective boundaries and communication and consent. This research was commissioned alongside the General Chiropractic Council and the University of Huddersfield undertook this work for us, after selection process.
- **Middlesex University (2023)** - We commissioned researchers at Middlesex University to take an independent look at our key registration trends to enrich our understanding of the current patterns within the osteopathic sector in terms of student numbers entering on to osteopathy courses and the numbers of osteopaths joining and leaving the GOsC register. This also included predictive modelling of the osteopathic profession based on secondary source data that the GOsC holds to find out what the osteopathic profession might look like in 3-5 years' time. Middlesex University undertook this work as we required specialist expertise in predictive modelling which is primarily not used within the sector

Reports:

[Tracking the profession](#)

[Predictive modelling](#)

- **Community Research (2023)** - Osteopaths are required to be open and honest if things go wrong. This is known as the duty of candour and is set out in Standard D3 of the Osteopathic practice standards. GOsC aims to support osteopaths to carry out this duty. To help us do this, [we commissioned research with the General Chiropractic Council \(GCC\) to better understand public perceptions of the duty and how it should be implemented in osteopathy.](#) Community Research were chosen to undertake this work, due to their experience of bringing out 'voices' in their research work. We did not commit funds to this project, but instead, we committed expertise in the form of case studies.
- **Report:UCO (now known as HSU (2024)** - We contributed to the funding of the [UrGEnT \(Underrepresented Groups' Experiences in osteopathic Training\) project](#) alongside the Institute for Osteopathy (iO) and the Osteopathic Foundation. This project aimed to assess the cultural humility of osteopathic students and explore the training experiences of those from underrepresented groups. The overarching goal was to understand how to improve the training and support for osteopathic students from diverse backgrounds.
- **Open University Full-Time PhD Studentship (2024)** – Fiona Browne, Director of Education & Standards is on the supervisory team, as the industry specialist for a PhD student at the Open University alongside Professor Louise Wallace and Professor Gemma Ryan-Blackwell of the Open University. The PhD student is currently at literature review stage and currently the literature review question being explored is "What is known about how Osteopaths, Chiropractors and Physiotherapists manage professional boundaries within the therapeutic relationship?". The expected delivery date for this doctoral research is 2028 -29 as it is being undertaken on a part time basis. A literature review which includes interesting theories of boundaries and potentially a language to use when thinking about boundaries from the project has been accepted for presentation at the Professional Standards Authority Research Conference in October 2025 and the Institute of Osteopathy Convention in November 2025.
- **NCOR workforce related research projects (2025)** – We have commissioned NCOR to undertake three projects which build on the findings from the Middlesex University research report. NCOR is undertaking this work due to specialist profession-based knowledge and insight. These include:
 - Student enablers and barriers to studying or completing an osteopathy course (Summer 2025)
 - Qualitative explorations of GOsC register leaver reasons (Winter 2025)
 - Evaluation of GOsC Register resignations (Winter 2025)

Recurring independent pieces of research that the GOsC commissions on a regular basis:

- [NCOR Concerns and complaints \(2013 – to date\)](#) - The GOsC, the Institute of Osteopathy and the providers of osteopathic indemnity insurance have been undertaking a collaborative data collection initiative since 2013, with the aim of better understanding the nature and frequency of concerns raised about osteopaths and osteopathic services. The participating organisations have developed a common system for classifying concerns and apply this classification routinely in their case management. The organisations' aggregate figures are pooled annually and independently analysed by the National Council for Osteopathic Research. Data collected under this initiative are being used to inform osteopathic education and training, and to shape targeted information and guidance for osteopaths, patients and educators. NCOR periodically undertakes this research for us, as they are independent to all the other data contributors but also have specialist knowledge about the profession.
- [Report: Patient/ public perceptions \(2014, 2018 and 2023\)](#) – We commissioned YouGov to explore public confidence in healthcare professionals and the experience of patients when visiting an osteopath. The research aims to provide an understanding and track changes in public and patient perceptions of osteopathic care and regulation over time. YouGov undertook this work after selection process.
- [Registrant's and student's perception study \(2024\)](#) - We commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as the regulator for osteopathy. We wanted to know the extent to which the profession understands our role, and how they think we are performing as the regulator, to identify where we need to focus our resources, and where we need to make changes. We are likely to recommission at some point in time to assess whether perceptions have changed over time. DJS undertook this work for us after selection process. Future work will involve some pulse testing of key questions and then complete rerun of perceptions survey in due course

In-house research that GOsC undertakes, because of staff research expertise:

- [CPD Evaluation surveys \(2016 – to date\)](#) – We undertake this work periodically to assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and to see whether osteopaths are engaging with the scheme and using the Osteopathic Practice Standards (OPS), getting support from colleagues as part of the CPD scheme and creating networks of support and building a professional community. It is also so as to examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.
- [Public and patient engagement in osteopathic education \(2018- 2023\)](#) – Due to the strong evidence demonstrating the many benefits of involving patients, in 2018 the GOsC committed to working with osteopathic education providers to support the further development of patient involvement in education and training and between 2019 and 2023, the GOsC undertook a thematic review to explore the roles patients play in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.

- [Evaluation of GOsC Patient Involvement Forum \(2023\)](#) - In 2020, we developed our Patient Involvement Forum to improve the way that we engaged with patients and to make the patient voice central to our work. The forum is made up of patients from all across the UK who are helping to inform and enhance our work. In 2023, we surveyed forum members to understand their experience and the impact it has had for them. We then reflected on how we use the forum internally and evaluated its contribution to our work.
- [Transition into Practice \(2024\)](#) – This research was undertaken because there is limited information about how best to support newly qualified health professionals training and working in the independent health sector. The purpose of this research was to better articulate the features that need to be in place for a successful transition into practice and to stimulate discussion in the osteopathic sector about how best to implement those features in the sectors where osteopaths work to enhance the experience of newly qualified osteopaths and to ensure patient safety. These research findings have led to commissioning engagement activity through independent facilitator workshop(s)

Future research we anticipate happening

Strengthening trust

- Commissioning and publishing research to help us better understand the impact of regulation on trust via ongoing DJS perceptions work. ([Direct from the published Strategy](#))
- Undertaking and assessing the results of regular osteopath, stakeholder and public/ patient surveys so we can measure the impact of our activities over time and take appropriate action via ongoing DJS perceptions work. ([Direct from the published Strategy](#))
- Section 32 consultation analysis (June 2025)
- Ongoing evaluation of Patient Partners Programme (Post Oct 2025)
- Publish NCOR Concerns and Complaints report (Feb 2026)
- OPS Call for Feedback Survey (ongoing analysis of standards and ethical queries will also help inform this) (June- Mar 2026)
- Staff survey (November 2026)
- CPD Evaluation (early 2027)

Championing inclusivity

- Increasing the quality of equality monitoring data held across the organisation and taking appropriate actions as a result. ([Direct from the published Strategy](#))
- Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics. ([Direct from published 2025-26 Business Plan](#))
- Publish EDIB information, throughout the year, including but not limited to:

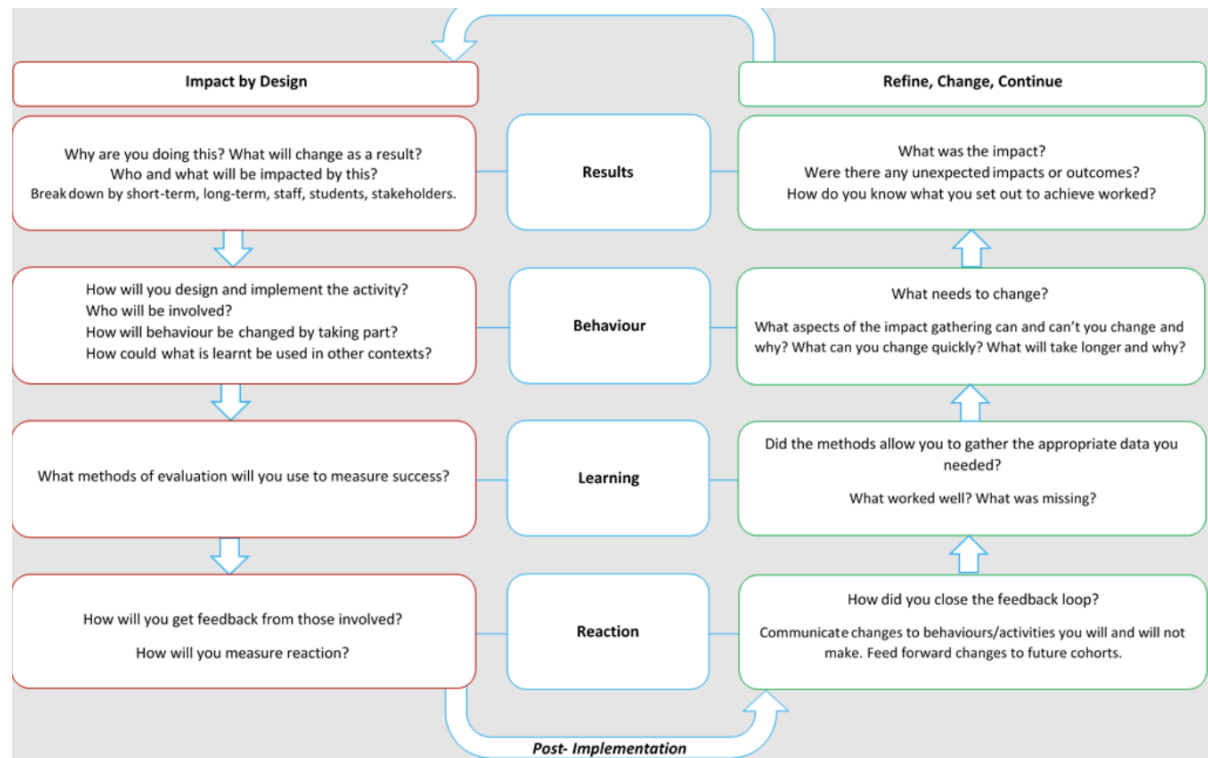
- Registration renewal
- Governance and appointments
- Fitness to practise - registrants and complainants
- Policy development and consultations.
- Complete consultation and analysis of results on updated CPD scheme strengthening communication and consent requirements through a focus on mandatory EDI and boundaries activities (June 2025).
- Ongoing support and resources for implementation of EDIB and layered CPD approach based on CPD consultation findings (Post June 2025).
- Collect data on awareness and use of health and disability guidance for students and publish evaluation of implementation of this guidance (March 2026).
- Begin initial discussions with NCOR about conducting a cultural humility survey with the profession

Embracing innovation

- Commissioning research to enhance the development of our work in education and training, standards and fitness to practise. ([Direct from the published Strategy](#))
- Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation. ([Direct from published 2025-26 Business Plan](#))
- Implement more streamlined approach to data mapping, collection, insight and analysis and actions. ([Direct from published 2025-26 Business Plan](#))
- Analysis of feedback on use of AI and agreement to statement about expectations and use of AI in education and practice (if possible, in collaboration with health professional regulators). (June 2025)
- Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice. (July 2025)
- Collate comprehensive data map across organisation and update privacy policy and collection notices. (May 2025)

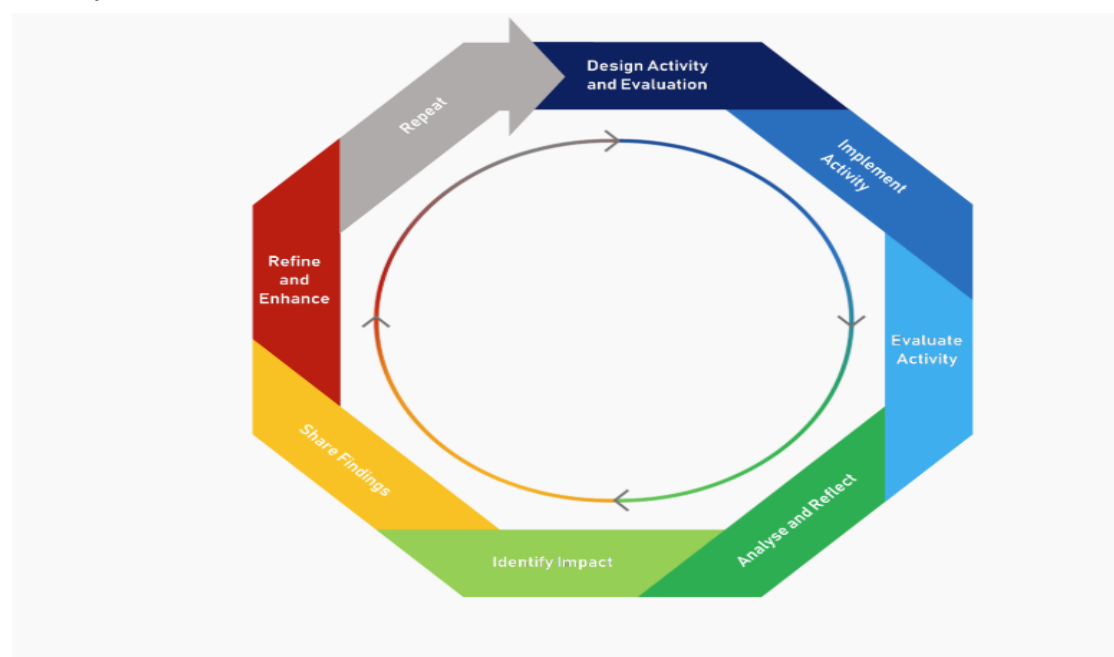
How we evaluate research and bring learning back into the identification and commissioning of future research.

- Our approach to evaluating research is to use an impact by design model, so that assessing impact of what we do is there from the outset:



Source: University of Reading and informed by Kirkpatrick model of evaluation, 1998

- This impact by design is then achieved by a cyclical approach of evaluation and impact:



How we decide to disseminate other stakeholders' research project requests to the wider osteopathic profession

As we are the only body to hold all contact details for all registered osteopaths, we regularly receive requests from students and organisations to disseminate surveys to the profession. The GOsC research project dissemination application form. This form is to be completed by any stakeholder or individual that makes a request for information about their research to be sent out to the wider osteopathic profession for participation. It will be refreshed at regular intervals in line with our privacy policy. This is intended to give us a set of consistent criteria for assessing whether dissemination to the profession is appropriate, transparent and fair.

1. Project title:	
2. Lead researcher(s):	
3. Institution:	
4. Ethical approval:	☐ Received ☐ Pending ☐ Not Required If received, provide approval number:
5. Project type:	☐ Postgraduate ☐ Funded Research ☐ Other:
6. Research focus:	☐ Osteopathy ☐ Patient Care ☐ Healthcare Regulation ☐ Other:
7. Relevance to UK osteopathic practice:	
8. Methodology summary:	
9. Participant information:	Time commitment: Recruitment process:
10. Data handling procedures:	
11. Funding source(s):	
12. Conflicts of interest:	
13. Proposed timeframe:	Start Date: End Date:
14. How does this project align with GOsC's regulatory objectives?	

Declaration:

I confirm that all information provided is accurate and complete.

Signature: _____ Date: _____