

Public Meeting of Council

Wed 15 July 2026, 10:45 - 17:00

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

Members are kindly reminded to declare any interests against agenda items.

Agenda

10:45 - 10:45

0 min

1. Welcome and apologies

Information

Joanna Clift

For information

 Public Agenda - July 2026 - FINAL.pdf (3 pages)

10:45 - 10:45

0 min

2. Questions from observers

Information

Joanna Clift

10:45 - 10:45

0 min

3. Minutes of the 131st public meeting of Council

Decision

Joanna Clift

For approval

 Public Item 3 - Unconfirmed Minutes of the Public Meeting of Council - May 2026 - FINAL.pdf (12 pages)

10:45 - 10:55

10 min

4. Matters arising/Action Log

Information

Matthew Redford

For noting

 Public Item 4 - Matters Arising and Action Log - FINAL.pdf (3 pages)

10:55 - 11:05

10 min

5. Chair's Report

Information

Joanna Clift

For noting

 Public Item 5 - Chair's Report July 2026 - FINAL.pdf (1 pages)

11:05 - 11:25

20 min

6. Chief Executive and Registrar Report

Decision

Matthew Redford

For decision

 Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (9 pages)

11:25 - 11:40

15 min

7. Annual Report and Accounts 2025-26

Decision

Darren Pullinger

For decision

 Public Item 7 - Annual Report and Accounts - FINAL.pdf (6 pages)

7.1. Draft Annual Report 2025-26

Councillor Lorna
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Decision *Darren Pullinger*

 Public Item 7 - Annex A - GOsC draft Annual Report 31.03.2026 - FINAL.pdf (61 pages)

7.2. Audit Findings Report (Private - Council members only)

Discussion *Darren Pullinger*

 Public Item 7 - Annex B - Audit Findings Report 2026 - FINAL.pdf (20 pages)

7.3. Letter of representation

Decision *Darren Pullinger*

 Public Item 7 - Annex C - GOsC Letter of Representation 2026 - FINAL.pdf (3 pages)

11:40 - 12:00 8. Reserves Policy

20 min

Decision *Darren Pullinger*

For decision

 Public Item 8 - Reserves policy - FINAL.pdf (12 pages)

12:00 - 12:40 9. Registration Fee consultation

40 min

Decision *Matthew Redford*

For decision

 Public Item 9 - Registration fee consultation - FINAL.pdf (8 pages)

 Public Item 9 - Annex A - Registration fee consultation - FINAL.pdf (32 pages)

12:40 - 13:10 Lunch break

30 min

13:10 - 13:25 10. Patient Partner Programme evaluation

15 min

Decision *Fiona Browne*

For decision

 Public Item 10 - Patient Partner Evaluation - FINAL.pdf (18 pages)

 Public Item 10 - Annex A - Patient Partner evaluation report (3, 6 and 9 data summaries) - FINAL.pdf (24 pages)

 Public Item 10 - Annex B - Patient Partner Programme Engagement Points Grid - FINAL.pdf (16 pages)

13:25 - 13:45 11. Scheme of Delegation

20 min

Decision *Lorna Coe*

For decision

 Public Item 11 - Scheme of Delegation - Final.pdf (9 pages)

 Public Item 11 - Annex A - Scheme of Delegation V5 - Further Delegations.pdf (13 pages)

 Public Item 11 - Annex B - Extract From Governance Handbook July 2026 - Changed Delegations.pdf (15 pages)

13:45 - 14:05 12. Communications and Engagement Framework update

20 min

Discussion *Liz Niman*

For discussion

 Public Item 12 - Communications and Engagement Framework Progress Paper.pdf (20 pages)

14:05 - 14:25 13. Equity, Diversity, Inclusion and Belonging Annual Report 2025-26 **

Coe, Lorna
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20 min

Report to follow**

Decision

Matthew Redford

For decision

14:25 - 14:40

Break

15 min

14:40 - 15:00

14. Assurance reporting

20 min

Information

Matthew Redford

For noting

 Public Item 14 - Assurance reporting - FINAL.pdf (1 pages)

14.1. Business Plan monitoring report to 30 June 2026

Information

Matthew Redford

For noting

 Public Item 14 - Annex A - Business Plan Monitoring - 30 June 2026 - FINAL.pdf (24 pages)

14.2. Financial report to 31 May 2026

Information

Darren Pullinger

For noting

 Public Item 14 - Annex B - Finance Report - May 2026 - FINAL.pdf (13 pages)

15:00 - 15:20

15. Fitness to Practise report and dataset

20 min

Information

Sheleen McCormack

For noting

 Public Item 15 - FTP quarterly report (Q1 2026-27) - FINAL.pdf (7 pages)

15.1. FtP dataset

Information

David Bryan

For noting

 Public Item 15 - Annex A - FTP dataset - FINAL.pdf (9 pages)

15.2. Revised FtP dashboard

 Public Item 15 - Annex B - FtP dashboard - FINAL.pdf (5 pages)

15:20 - 15:30

16. Annual Report to the Welsh Language Commissioner 2025-26

10 min

Decision

Matthew Redford

For decision - presented by Senior Communications Officer

 Public item 16 - Annual Report to the Welsh Language Commissioner - FINAL.pdf (8 pages)

15:30 - 15:45

17. Committee Annual Reports

15 min

Information

Matthew Redford

For noting

 Public Item 17 - Committee Annual Reports - FINAL.pdf (34 pages)

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- 15:45 - 15:50 18. Minutes of public Policy and Education Committee meeting - June 2026**
5 min
Information Patricia McClure
For noting
 Public Item 18 - Unconfirmed Minutes of the Public Policy and Education Committee - June 2026 - FINAL.pdf (11 pages)
- 15:50 - 16:00 19. Update from Committee Chairs**
10 min
Information Joanna Clift
For noting
- 16:00 - 16:05 20. Any other business**
5 min
Information Joanna Clift
Reflections on meeting aligned with the GOsC Charter
- 16:05 - 16:15 21. Questions from observers**
10 min
- 16:15 - 16:15 22. Date of next meeting Thursday 19 November 2026**
0 min
- 16:15 - 17:00 23. Council Private Time**
45 min



The 132nd meeting of the General Osteopathic Council to be held in public on Wednesday 15 July 2026 commencing at 10:45 and concluding at 16:15, with a private session for Council members only to follow.

	Item description	Purpose	Executive lead	Timing
	Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.			
1.	Welcome and apologies		-	10:45 - 10:55
2.	Questions from observers		-	
3.	Minutes of the 131 st public meeting of Council	For approval	-	
4.	Matters arising/Action Log	For noting	Chief Executive and Registrar	
5.	Chair's Report	For noting	Chair of Council	10:55 - 11:05
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	11:05 - 11:25
7.	Annual Report and Accounts 2025-26 A. Draft Annual Report 2025-26 B. Audit Findings Report (<i>Private - Council members only</i>) C. Letter of representation	For decision	Head of Resources and Assurance	11:25 - 11:40
8.	Reserves Policy	For decision	Head of Resources and Assurance	11:40 - 12:00
9.	Registration Fee consultation	For decision	Chief Executive and Registrar	12:00 - 12:40

	Item description	Purpose	Executive lead	Timing
Lunch break				30 mins
10.	Patient Partner Programme evaluation	For decision	Director of Education, Standards and Development	13:10 - 13:25
11.	Scheme of Delegation	For decision	Governance Manager	13:25 - 13:45
12.	Communications and Engagement Framework update	For discussion	Head of Communications	13:45 - 14:05
13.	Equity, Diversity, Inclusion and Belonging Annual Report 2025-26	For decision	Chief Executive and Registrar	14:05 - 14:25
Comfort break				15 mins
14.	Assurance reporting: A. Business Plan monitoring report to 30 June 2026 B. Financial report to 31 May 2026	For noting	Chief Executive and Registrar, Head of Resources and Assurance	14:40 - 15:00
15.	Fitness to Practise report and dataset A. FtP dataset B. Revised FtP dashboard	For noting	Director of Fitness to Practise	15:00 - 15:20
16.	Annual Report to the Welsh Language Commissioner 2025-26	For decision	Senior Communications Officer	15:20 - 15:30
17.	Committee Annual Reports	For noting	-	15:30 - 15:45
18.	Minutes of the Policy and Education Committee, June 2026	For noting	-	15:45 - 15:50

	Item description	Purpose	Executive lead	Timing
19.	Update from Committee Chairs	For noting	-	15:50 - 16:00
20.	Any other business • Reflections on meeting aligned with the GOsC Charter			16:00 - 16:15
21.	Questions from observers			
Date of next meeting: Thursday 19 November 2026				
Council private time - from 16:15				

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General
Osteopathic
Council

Meeting of Council

**Minutes of the 131st Meeting of Council held in public on Wednesday
13 May 2026 at the General Dental Council, 37 Wimpole Street,
London W1G 8DQ and via online platform Zoom**

Unconfirmed

Chair: Jo Clift

Present: Dr Daniel Bailey
Harry Barton (Chair, Audit Committee)
Sandie Ennis
Professor Patricia McClure (Chair, Policy and Education Committee)
Professor Debra Towse (Chair, People Committee)
David Probert
Katie Oswell
Caroline Guy

Non-Voting Members

Present: Arwel Roberts (Council Associate)
Stephanie Jenkins (Council Associate)
Amanda Cheesley (Patient Partner)
Reena Ainscough (Patient Partner)

In attendance: Fiona Browne, Director of Education, Standards and Development
Lorna Coe, Governance Manager
Sheleen McCormack, Director of Fitness to Practise
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar
Nerissa Allen, Executive Assistant
Steven Bettles, Head of Policy and Education (online)
Liz Niman, Head of Communications (online)
Ben Chambers, Registration Manager (online) [Item 7]
David Bryan, Head of Fitness to Practise (online) [Item 8]

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Observers: Graham Mockler, Director of Regulation and Accreditation
Professional Standards Authority
Collette Byrne, Scrutiny Officer, Professional Standards
Authority (online)
Dr Jerry Draper-Rodi, NCOR
Dr Alison Robinson Canham, Chief Executive, Institute of
Osteopathy (online)
Darren Mephram (online)
Ayorinde R Olivia John (online)
Samantha Peters (online)

Declaration of Conflicts of Interest

The Chair reminded members of their obligation to declare any conflicts of interest in relation to items on the agenda.

Item 1: Welcome and Apologies

1. The Chair welcomed all attendees to the meeting and extended a special welcome to Stephanie Jenkins attending her first meeting as Council Associate.
2. The Chair also welcomed observers Graham Mockler, Director of Regulation and Accreditation Professional Standards Authority, Collette Byrne, Professional Standards Authority, Dr Jerry Draper-Rodi, NCOR, Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy.
3. No apologies were received.

Item 2: Questions from observers

4. The Chair welcomed all other observers and asked if there were any questions. There were none.

Item 3: Minutes of the previous meeting

5. The minutes of the 12 February 2026 Council meeting were agreed as a true and accurate record of the meeting.

Item 4: Matters arising

6. Council received updates on actions arising from the previous meeting.

- a. The Executive confirmed that documentation relating to the research framework with the amendments from PEC would be circulated promptly via Admincontrol following the meeting.
- b. A query was raised regarding a previous action relating to the website programme and associated budget reporting.

The Executive clarified that this item would be reported in detail to Audit Committee in June.

Decision: Council noted the Matters arising and Action Log.

Item 5: Chair's Report

- 7. Council noted the Chair's report.

Item 6: Chief Executive Report

- 8. The Chief Executive introduced the report and highlighted key developments since February.
- 9. Council noted extensive engagement activity across professional networks, interested parties and external bodies, including podcasts, events and international collaboration.
- 10. The Chief Executive drew attention to ongoing work relating to external consultations including DEFRA, in relation to veterinary services.
- 11. The website redevelopment project was highlighted and some visuals of what the new website would look like were shared. Council noted the intention to move from a static, dated site to a modern, user-focused and accessible platform.

Council welcomed the proposed direction and recognised its importance for engagement with registrants and patients.

- 12. The Chief Executive also provided a comprehensive overview of the Professional Standards Authority (PSA) Performance Review process to assist Council's understanding of the work the Executive undertook to ensure the

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standards were met. The three-year review cycle, evidence submission requirements and scrutiny process were shared.

13. Council noted that all regulatory activity contributed to the PSA standards and noted that the forthcoming changes to the standards (reducing from 18 to 16) included a new standard on governance.

14. The Executive advised that they did not have concerns about the new governance standard as they were confident GOsC demonstrated all points. However, there was shared concern amongst all regulators regarding the PSA potentially asking for private minutes and this was planned to be raised at the upcoming PSA workshops.

Item 7: Assurance Reporting

15. The Chief Executive presented the Business Plan monitoring report to 31 March 2026.

- a. Members queried the timing of a joint statement with insurers, with the Executive confirming that this remained under review.

16. The Financial report to 31 March 2026 was introduced by the Head of Resources and Assurance.

- a. Council discussed reserves levels and sought assurance that the target level of between £300k - £700k compared favorably with operating costs. It was agreed that the Head of Resources and Assurance would keep this under review noting that figures remained subject to audit and that a revised reserves policy would be required following the building sale.
- b. It was noted the revised Reserves Policy would be presented at the July Council meeting.

17. The Six-month Registration Report: 1 October 2025 to 31 March 2026 was introduced by the Registration Manager.

- a. Council noted that register numbers remained stable and continued to show gradual growth.

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- b. Members discussed trends relating to graduates seeking to practise overseas and the potential implications for the profession.

Decision: Council noted the assurance reports.

Item 8: Fitness to Practise Report and Dataset

18. The Director of Fitness to Practise introduced the report and noted that Annex B, the dashboard, had two figures missing:
 - a. page 1 left hand side box 'awaiting IC consideration' was blank - it should have said 43 as in the dataset (Annex A).
 - b. page 1 left hand side box 'PCC/HC part-heard' it said 5 but it should have said 4 – dataset is correct at 4.
 - c. The Governance Manager advised that the changes had been made and the correct version would be uploaded to Admincontrol following the meeting.
19. There were 43 cases awaiting consideration by the Investigating Committee (IC) which was higher than previously experienced. Reasons for this were:
 - a. A higher volume of cases being screened.
 - b. A greater proportion of cases being referred onwards for investigation.
 - c. IC were not considering as many cases as they did previously during a day- they would have considered 5/6 cases in a day now they do 2/3 cases a day mostly due to having to stop whilst the legal assessor drafts the decision.
 - d. As a result of this the team were piloting using SharePoint which meant that IC could continue to look at cases while the legal assessor would populate the shared, online draft of the decision to see if it would improve efficiency and use time better.
20. The Head of Fitness to Practise introduced the FtP dataset and dashboard.

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a. Recent PCC hearings had been some of the most complex experienced to date due to:

- i. The extensive use of special measures put in place to support witnesses and registrants.
- ii. A rise in legal challenges at the last minute and late evidence being presented had a significant operational impact disrupting scheduled hearings, delays in completion and increased costs as a result (cancellation fees need to be paid).
- iii. Several hearings had to be adjourned and became part-heard as a result and this has an impact on vulnerable witnesses' wellbeing.

21. Council was advised that findings from a cross-regulatory 'Witness to Harm' project examining witness experience across healthcare recognised GOsC specifically as performing strongly in supporting witnesses during the FtP process.

22. Council discussed the use of AI in generating submissions to the FtP team and the impact that it had on screening and investigations processes. Other regulators are experiencing the same issues in this regard.

23. Council was advised that there was active consideration across the regulators regarding whether AI tools should be used to triage or assess AI-generated complaints but that we were not yet at the stage of using AI for decision-making.

24. Council discussed whether it would be possible to attribute financial costs to cases to support the planning and resources decisions.

Decision: Council noted the Fitness to Practise report and dataset.

Item 9: Investment Management

25. The Head of Resources and Assurance introduced the paper noting that at the previous Council meeting in February 2026 the move to Cambridge Investments had been approved in principle; however Council had asked whether the proposed tracker fund aligned with the organisation's risk appetite and financial strategy.

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26. The Executive provided additional information that confirmed the risk profile of the new fund was in line with the previous fund and with the risk appetite of the organisation.
27. The information provided in the report from the Investment Manager noted that the GOsC took a more moderate and balanced approach to investing, given that it was not the predominant activity of the organisation.
28. Council discussed cost implications, risk profile, investment horizon and market volatility and it was acknowledged that the proposed fund represented a like-for-like transfer with reduced costs.
29. Council also discussed broader considerations regarding investment strategy, including diversification and future allocation of funds following the building sale.

Decision: Council agreed that the Tracker Balanced fund was the preferred option of the two Cambridge Investment funds.

Break 1350 - 1405

Item 10: CPD Guidance

30. The Director of Education, Standards and Development introduced the item on behalf of the Head of Research, Data and Insight and Senior Policy Officer, thanking them for all their work.
31. The final revised CPD guidance had been considered by the Policy and Education Committee and it was content to make the recommendation to Council to approve the documents.
32. Council noted the significant work undertaken to improve accessibility, including development of detailed and concise versions.
33. Council discussed the introduction of mandatory CPD elements and recognised positive feedback received through the consultation.
34. Members raised questions regarding patient feedback mechanisms, safeguarding and demonstration of practical competence.

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35. Council commended the quality of the work presented.
36. Council raised the question of safeguarding training and whether safeguarding should be a requirement of CPD given many other health professionals must complete that training every three years.
37. The Executive confirmed that there are many parts to the Osteopathic Practice Standards that relate to safeguarding but would consider, as part of the review, whether they were clear enough.
38. Council also discussed how practical competence is assessed, particularly from the patient's perspective and were advised that there were several templates and methods to capture patient feedback contained in the Patient feedback workbook. The Executive would look at adding these materials to the CPD resources to support registrants.

Decision: Council agreed the revised CPD guidance and templates for publication.

Item 11: Education – BCNO Programmes

The Chair of Council had a conflict of interest on this item and left the room at 1537 with the Chair of the Policy and Education Committee chairing this item.

39. Council considered the recommendation to renew recognition of BCNO programmes. This was the first visit report undertaken in-house by GOsC.
40. It was recommended by the Policy and Education Committee that Council recognise the programmes subject to the conditions specified, from 1 September 2026 to 30 September 2030, subject to the approval of the Privy Council.
41. Members noted that the programmes were in a teach-out phase and that conditions were being actively monitored.
42. Council confirmed that appropriate oversight arrangements were in place.

Decision: Council agreed to recognise the following programmes awarded by the BCNO Group subject to the conditions set out in

paragraph 17, from 1 September 2026 to 30 September 2030 subject to the approval of the Privy Council:

- **Masters in Osteopathy (MOst)**
- **BSc (Hons) Osteopathy (modified attendance)**
- **BSc (Hons) Osteopathic Medicine.**

Item 12: Board Effectiveness Review

43. The Governance Manager presented a revised Scheme of Delegation in table format which provides clear lines of delegations, avoiding possible confusion, reducing the risk of decisions being made where authority was not in place and shows clear accountability.
44. The version reported to Council in May 2026 did not make any changes to the current delegations within the Governance Handbook and Committee Terms of Reference and remained in line with the Osteopath Act 1993 and relevant rules.
45. The addition of the Financial Delegation was to keep all delegation and decision-making limits in one document for easy reference. There were no new financial delegations suggested, rather the current limits presented in a table format rather than a written one.
46. Members noted that no substantive changes were proposed at this stage and that the new format provided improved clarity of roles and responsibilities.
47. Discussion highlighted the importance of adding in the escalation processes and alignment with charity governance requirements. These will be included in the next version.
48. The Chair requested that when the proposed changes are made, that Council also see a version of the word version from the governance handbook) with the proposed changes marked up, to make the changes clear, even though we are moving to the table version.
49. The Chief Executive introduced the Strategic Priorities and Operational Measures which provided more specific measurements and targets, to assist Council in monitoring progress against the strategy These would be in place

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for a period of 12-18 months to allow a sustained period of reporting and meaningful judgement on efficacy.

50. Council suggested the Strategic Priorities and Operational Measures should include something on AI under Embracing Innovation. The Executive agreed with this suggestion.

51. The Observers Guidelines were provided in response to a request for clarification from Chair of Council.

Decision: Council agreed:

a. The Scheme of Delegation.

b. Strategic priorities and operational measures.

Council Noted the role of observers at meetings.

Item 13: Artificial Intelligence

52. The Chief Executive presented the paper which outlined GOsC's current cautious and controlled approach with a planned rollout of the Microsoft Copilot licences next month. Controls were in place to ensure restricted access to sensitive data (e.g. payroll, fitness to practise).

53. Copilot had been chosen due to integration with Microsoft suite where all GOsC data currently sat and the effectiveness of it will be reviewed over time.

54. The Chair of Audit Committee noted the approach was sensible and that the appointment of the new independent members of Audit would assist with governance of AI.

55. Discussion covered risks including data security, bias and inappropriate use, as well as opportunities for efficiency and innovation.

56. Members highlighted the increasing use of AI externally, including in fitness to practise processes and recruitment.

57. Council emphasised the importance of guidance, training and governance arrangements to support appropriate use. It was noted that professional

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judgement and clarity was key in the approach with accountability remaining with individuals.

58. The Acceptable Use of Artificial Intelligence (AI) Policy for Members of the Governance Structure provided a framework for all members use of AI, including Fitness to Practise.

59. Council suggested sharing training with members and potentially a FAQ.

Decision:

Council noted the progress made in the safe and responsible use of AI across the GOsC.

Council discussed the proposed direction for expanding AI use.

Council provided initial views on the governance, assurance and risk management approach to inform the next phase of AI development but suggested further discussion at the September Strategy Day.

Council agreed the Acceptable Use of Artificial Intelligence (AI), Policy for Members of the Governance Structure and requested FAQs and training be shared with Members.

Item 14: DHSC Consultation

60. A consultation on the General Medical Council (GMC) Order 2026 has been issued by the Department of Health and Social Care and the paper outlined the broad direction of how the GOsC planned to respond.

61. The GOsC was supportive overall of the draft order but highlighted points in relation to governance, education and training, registration and fitness to practise.

62. Discussion focused on changes to Fitness to Practise:

- a. Grounds for action which included registrants with a health condition. Discussions centered around the opinion that those individuals should not be 'labelled' with misconduct or competence allegations.
- b. Automatic removal for sexual offences including those with no custodial sentence – the Executive would reflect on the nuances and respond accordingly.

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63. Members explored implications for governance structures (a move to a unitary board) and policy approach.

64. Council noted that the Executive would finalise the response, taking into account the discussion and ensuring alignment with organisational values.

Decision: Council noted the broad direction of the GOsC consultation response to the Draft GMC Order.

Item 15: Committee Updates

65. Chairs of Committees provided updates.

- a. Policy and Education Committee highlighted CPD guidance approval and ongoing quality assurance activity.
- b. People Committee noted the discussions were held in a private session and therefore could not report in public meeting of Council.
- c. Audit Committee confirmed appointment of a new independent member and progress on audit planning, as well as oversight of IT and AI developments.

Item 16: Any other business

66. Council noted feedback from appraisal discussions indicated a need for additional training and development opportunities for members and associates. The Executive was asked to consider themes and bring forward proposals in line with our financial position.

67. Members reflected positively on the meeting, noting the quality of discussion, strong engagement and the value of diverse perspectives.

68. Practical considerations for future meetings, including layout and logistics, were also discussed.

Meeting closed at 1537

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Council
15 July 2026
Matters arising/Action Log

Classification	Public
Action	For noting
Purpose of the paper	To update Council on matters arising from the previous meeting.
Strategic Priority implications	Delivering on agreed actions will ensure trust is maintained.
Standards of Good Regulation implications	There are no direct links to the PSA Standards of Good Regulation.
Communications implications	None arising.
Financial, resourcing and risk implications	None arising.
Patient perspectives	None arising.
Diversity implications	None arising.
Welsh language implications	None arising.
Annex(es)	None
Author	Lorna Coe
Background reading	13 May 2026 Public minutes of Council.

Recommendation(s)	To note the content of the report.

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Background

1. This paper addresses any matters arising from the 131st public minutes of Council not covered elsewhere on the agenda. The matters arising and actions are set out below.

2. Key: **Green = completed**

Amber = not yet due

Red = outstanding

No.	Action	Owner	Due Date	Status
1.	Circulate updated research framework documentation (including PEC amendments) via Admincontrol	Executive (inferred: Director of Education / Governance Team)	Post-meeting (May 2026)	✓
2.	Develop revised Reserves Policy following building sale	Head of Resources & Assurance	July 2026 Council	✓
3.	Upload corrected Fitness to Practise report/dashboard to Admincontrol	Governance Manager	Post-meeting (May 2026)	✓
4.	Update Scheme of Delegation to include escalation processes and charity governance alignment	Governance Manager	July 2026 Council	✓
5.	Provide tracked-change version of Governance Handbook (word format) alongside revised Scheme of Delegation	Governance Manager	Next Council meeting July 2026	✓
6.	Incorporate AI considerations into Strategic Priorities and Operational Measures	Executive Team	Next iteration of measures	Not yet due
7.	Hold further Council discussion on AI direction at Strategy Day	Executive / Chair	September 2026 Strategy Day	Not yet due
8.	Finalise GOsC response to DHSC consultation (GMC Order 2026)	Executive Team	Consultation deadline (not specified)	✓

No.	Action	Owner	Due Date	Status
9.	Identify themes from appraisal feedback and bring forward training & development proposals	Executive Team	Future Council meeting (date not specified)	Not yet due
10.	Circulate updated Research Framework with PEC amendments	Director of Education, Standards and Development	Before next Council meeting.	✓
11.	Business plan 2026-27 to be amended to use terminology 'target date' rather than 'timeline'	CE / Head of Resources and Assurance	For next monitoring report in business cycle	✓
12.	Revise Reserves Policy to distinguish usable vs non-usable reserves	Head of Resources and Assurance	Council July 2026	✓
13.	Make it more explicit in notes for budget that any deficit would have to be funded from reserves/investment portfolio	Head of Resources and Assurance	Next budget report - November 2026	Not yet due
14.	Add psychological safety session to Council development programme	CE / Governance Manager	November 2026 Council Meeting	Not yet due

Recommendation: To note the content of the report.

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Chair's Report to Council July 2026

Recruitment

Interviews for the new lay Council member took place in June (verbal update).

Shortlisting for a new Chair of the Investigating Committee will take place in September.

Appraisals

Council appraisals are now completed.

Stakeholders & external groups

I attended the PSA Health regulators Chairs' group on 14th May.

I chaired the Institute of Regulators Chairs' group on 1st July.

September Board development day

This year we will focus on team building, the role of Council member/trustee, and (tbc) AI.

**Council
15 July 2026
Chief Executive and Registrar Report**

Classification	Public
Action	For decision
Purpose of the paper	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Strategic Priority implications	Activities within this report will align with all three of the GOsC strategic priorities around trust, inclusivity and innovation.
Standards of Good Regulation implications	The report has a specific section related to our interactions with the Professional Standards Authority and the Standards of Good Regulation.
Communications implications	Engagement activities with osteopaths, patients and partner organisations are referenced in the report.
Financial, resourcing and risk implications	Specific matters related to finance and/or risk not covered under previously agreed business plans or budgets will be identified in the report.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report will include any updates on our work related to equity, diversity, inclusion and belonging not covered elsewhere on the Council agenda.
Welsh language implications	Where relevant, these will be identified within the paper.
Annex(es)	TBC
Author	Matthew Redford
Background reading	PSA Standards of Good Regulation (current Standards)

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Recommendation(s)

1. To note the content of the report.
2. To agree that a closed reappointment process be operated for two members of Council who are eligible for reappointment from 1 April 2027.

Key messages

- The Mann Review is an independent government-commissioned review which examined antisemitism and other forms of racism across the NHS and the UK healthcare regulatory system.
- There are a number of recommendations which we are considering, notably the need to provide training to staff and non-executives.
- We have formed a stakeholder reference group to help us review the Osteopathic Practice Standards.
- We have worked with the Council for Osteopathic Education Institutions to develop an Educators workshop, which is being held on 4 July.
- The website development project has continued to progress smoothly with the launch planned for w/c 6 July 2026. The project will be delivered on time and within the budget envelope.
- We submitted the GOsC response to the GMC Order consultation.
- We have two members of Council who are eligible for reappointment from 1 April 2027. The People Committee recommend to Council that a closed reappointment process is followed. This will ensure continuity of Council membership following recent turnover.

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Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the previous Council meeting, which are not reported elsewhere on the agenda.

Mann Review

2. [The Mann Review](#) is an independent government-commissioned review led by Lord John Mann, published on 4 June 2026. The review examined antisemitism and other forms of racism across the NHS and the UK healthcare regulatory system. Its purpose was to assess how effectively the NHS, employers, and health regulators identify, report, investigate, and respond to racist behaviour - with a particular focus on anti-Jewish racism, which the review describes as a national emergency.
3. The review concluded that:
 - Anti-Jewish racism is widespread and worsening, with evidence of routine ostracism, hostility, and serious race-hate incidents.
 - Jewish patients sometimes avoid seeking care, and Jewish staff report feeling unsafe or unwelcome.
 - Responses to racist behaviour are inconsistent, slow, or insufficient across NHS organisations and regulators.
 - Leadership action is uneven, and reporting mechanisms are often unclear or ineffective.
4. The review sets out a comprehensive set of reforms, including:
 - Strengthening accountability for racist behaviour across NHS organisations.
 - Improving reporting and investigation processes, ensuring they are clear, consistent, and trusted.
 - Embedding anti-racist culture through leadership, training, and organisational expectations.
5. We are working through the recommendations and will be identifying appropriate and relevant training for staff, Council, Fitness to practise panel members and other decision-makers. The General Chiropractic Council (GCC) are keen to collaborate with us on meeting the recommendations and we welcome this suggestion of joint working.
6. We will be required to provide a headline report back to the Department of Health and Social Care (DHSC) within 6 months of the Mann Report to demonstrate progress with a fuller response required within 12 months.

7. Within our submission of evidence to the Mann Inquiry, we highlighted that training provided to healthcare practitioners within the NHS shuts out those practitioners who work in independent practice, such as osteopaths and chiropractors.
8. We are pleased to see Recommendation 33 of the Mann Review specifically address this point, recommending that the DHSC convene a meeting to address anti-racism and cultural competence training for staff outside standard NHS training. I followed up on this specific recommendation at a recent Chief Executives meeting and the DHSC have committed to contacting regulators soon.

Patients

9. Since 1 April 2026 we have been continuing to actively engage with members of our patient involvement forum and they have continued to provide input into our work.
10. Forum members have taken part in an Advanced studies workshop on shared decision making in health professional education. Two patients are playing an active role in our review of the Osteopathic Practice Standards (OPS) through their membership of our OPS review stakeholder group. In addition, forum members have been significantly involved in user testing for our new website - providing their insights to help us develop a website that not just meets the needs of the profession, but also patients and the public.

Value of regulation

11. We continue to take every opportunity to raise awareness about the value of regulation, be that through our social media activity (corporate and individual accounts), through meeting with and presenting to osteopaths, or through engaging with alternative media sources.
12. We reported at the May 2026 Council meeting that we had undertaken filming with Blackrook Media. The video clips are being edited and we will be able to share them with Council members shortly.

Review of the Osteopathic Practice Standards

13. Over the winter we undertook a call for feedback from the sector to understand stakeholder views of the current Osteopathic Practice Standards (OPS). Following the conclusion of the call for feedback, we have formed a stakeholder reference group to help us review the standards.
14. The reference group is chaired by Professor Patricia McClure and includes membership from the Institute of Osteopathy, National Council of Osteopathic Researchers, the Council of Osteopathic Education Institutions, the Osteopathic Alliance and the Sutherland Cranial College of Osteopathy. The group's membership also includes student and patient representation.

15. The group has met three times, where we have been discussing the issues raised via the call for feedback, considering to what extent the issues raised should be addressed in the standards or supplementary guidance and whether any of the current standards and guidance could be consolidated or refined. Further meetings are planned for July and September and we plan to consult on a set of revised standards during the Winter 2026-27. We aim to bring the draft consultation to Council for approval in November.

Advanced Practice

16. The Head of Policy and Education continues to attend the National Advancing Practice Professional and Regulatory Bodies Engagement Group. The latest meeting was on 10 June. One key issue discussed was the response to the survey into Advanced Practice Practitioner roles within the NHS conducted by the BMA, and the subsequent BMA [campaign](#) calling for action on the basis that doctors are being substituted by advanced practice AHPs, and that this compromises patient safety.
17. The underlying premise was disputed, and the group acknowledges the very positive work undertaken by advanced practitioners across multi-disciplinary teams for the benefit of patients. The NMC issued a [statement](#) in March in response to the BMA. The NMC remains the only regulator looking to introduce additional regulation of advanced practice for its registrants.
18. We collaborated with the HCPC in the development of some further resources around advanced practice following the series of webinars that we took part in with them last year. These were led by their Clinical Fellow, Dr Stephanie Tempest. The resources have now been [published](#) and are also available on our [website](#).

Educators

19. Arrangements are progressing for the planned Recognised Qualification reviews of:
 - University of Derby: planned for October 2026. This will be a review of the continued delivery of the BOST programme formerly delivered by The College of Osteopaths as it is taught out.
 - Liverpool John Moores University: planned for December 2026. This will be the initial review of a new full time integrated Masters in Osteopathy programme due for delivery from September 2028.
20. Continuing with our work to support and develop educators, we have worked with the Council for Osteopathic Education Institutions to develop an Educators workshop to be held on Saturday 4 July at the London School of Osteopathy.

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21. This is aimed at educators from all institutions, and as well as LSO faculty. At the time of writing, we have participants coming from HSU and Swansea. There is a diverse agenda planned including:
- Boundaries and shared decision making
 - Shared approaches to reducing inequalities in education
 - The Use of AI in Education
 - Graduate Outcomes, quality assurance and calibration
 - Inclusivity in the workspace, classroom and clinic
 - Reconceptualising Osteopathic Palpation
22. Further versions of this event, either in-person at other OEIs or online, will be planned for 2026-27.

Website development project

23. The website development project has continued to progress smoothly with the launch planned for w/c 6 July 2026. The project will be delivered on time and within the budget envelope.
24. The project will transform our websites and how we can interact and communicate with osteopaths, patients and key partners. We are delighted with the way the website is shaping up and we are excited to show the GOsC as the modern, accessible regulator we are.

GMC Order: consultation

25. At our May 2026 Council meeting we discussed our proposed response to the consultation on the GMC Order. We can confirm that we submitted the GOsC response before the deadline of 23 June. Our response will be published on our website.

International matters

26. Our work in the international space is important. Raising awareness of our standards supports workforce quality and growth and enables us to continue to raise standards and to break down potential barriers that prevent mobility between jurisdictions.

Irish College of Osteopathic Medicine

27. We have been in discussions for some time with the Irish College of Osteopathic Medicine based in Cork, Ireland regarding pathways to registration in the UK for its graduates. The process for osteopaths who train outside of the UK to register with GOsC is a multi-layered process, involving an evaluation of their training programme, a submission of a portfolio of evidence and an assessment of their clinical performance. This is a long process, costing in total around £2,300.

28. Plymouth Marjon University (an existing RQ provider in the UK) deliver a BSc conversion course for ICOM graduates in Ireland. In conjunction with Marjon

and ICOM, we are running a pilot whereby the existing portfolio that ICOM students complete as part of their BSc, and their final clinical assessment (seeing two new patients) are aligned with our registration processes, and Marjon osteopathic staff then act as Registration Assessor, providing confirmation to us of the outcome. If successful, ICOM BSc graduates undertaking this process would then be eligible to apply to join the register.

29. We are running the pilot from 2026 to 2027, to cover two cohorts. Assessments are being overseen by an existing GOsC Registration Assessor as well to provide objective oversight and assurance. Once complete, the pilot will be evaluated and reported to the Policy and Education Committee.
30. It is hoped that the scheme will provide a smoother, less costly and more integrated pathway to UK registration for ICOM graduates that aligns to our existing process. It will provide a pathway to registration for Irish trained osteopaths also seeking to practise in Northern Ireland.

Osteopathy Europe (OE)

31. The Chief Executive and Registrar attended an online members network meeting which had a specific focus on the Autumn (OE) conference that will be held in Malta. The Chief Executive will attend and represent the GOsC at this conference which will include ongoing discussions on the revision of the CEN Standard.

Professional Standards Authority (PSA)

32. Our [Performance Review Report 2025-26](#) has been published. We have judged to have met 17 out of 18 Standards of Good Regulation maintaining our culture of high-performance. We have [issued a statement](#) about the decision of PSA that we did not meet Standard 3, Equality, Diversity and Inclusion.

Molinari Institute of Health

33. On 3 July I attended the graduation ceremony for the students of the London Women's Health Course of the Molinari Institute of Health as Guest of Honour at the invitation of Professor Renzo Molinari.
34. I made a short speech congratulation the graduates on their commitment to continuous learning and patient safety.

Pride in London, 2025

35. We have attended Pride in London for the fourth year in succession, bringing together members of the osteopathic LGBTQIA+ community and allies from across our sector to celebrate inclusion and belonging. In particular, we were pleased to walk with Health Sciences University, who were marching under their own banner at Pride in London for the first time.

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Appointments and Reappointment activity

Appointments

36. We have a number of non-executive appointment campaigns underway:
- Lay Council member: interviews (x5 applicants) being held (start ASAP)
 - Investigating Committee: x2 osteopath positions and x1 lay position (start from 1 April 2027) [We have received 138 lay applications and 8 osteopath applications]
 - Investigating Committee Chair: x1 lay position (start from 1 April 2027) [We have received 38 applications]
 - People Committee independent member: x1 position (planning underway; start ASAP)
 - Audit Committee independent member: x1 position (campaign opens later 2026, to start from 1 April 2027)

Reappointments

37. We have two members of Council who are eligible for reappointment from 1 April 2027. The People Committee met in June 2026 and considered whether there should be an open recruitment process or a closed reappointment process.
38. The Committee concluded, after consideration of the pros/cons of both approaches, to recommend to Council that a closed reappointment process is followed. This will ensure continuity of Council membership following recent turnover.

External engagement – bringing insight into our business

39. Other meetings, which have not been referenced elsewhere in the report, include:
- Chief Executives of the Regulatory Bodies forum
 - GMC Parliamentary Reception: UK Medical Workforce
 - PSA stakeholder meeting: revision to Standards of Good Regulation
 - Inter-regulatory forums including education, communications and engagement, research, EDI, governance and performance, Alliance UK Regulation in Europe and artificial intelligence and meetings with regulators on a variety of topics
 - Institute of Osteopathy Education and Practice Committee Meeting
 - Institute of Osteopathy Equity, Diversity, Inclusion and Belonging Reference Group
 - Meeting of the Regulator and Education Liaison Group (RELM)
 - Meetings with individual existing osteopathic educational providers

- Meetings with prospective osteopathic educational providers
- Regular supervision meetings with Dr Emma Harris, Professor Louise Wallace and Professor Gemma Blackwell-Ryan for our PhD student Kathryn Parkin
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Osteopathic Alliance meeting
- Martin Chaney, IT Consultant (website development)
- Dinah Cobbinah, newly appointed Independent Audit Committee member
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Katie Griffiths, GOsC acting as host organisation for completion of her MBA
- Ongoing engagement with patients including contributions to consultations
- Ongoing meetings with students in different osteopathic educational institutions
- All staff meetings and workshops.

Executive view

40. We are continuing as a staff team to engage proactively with the profession across a range of topics. We welcome the opportunity to further engage with the profession and sector organisations and would encourage individuals and organisations to reach out to the team if opportunities present.

Recommendations

1. To note the content of the report.
2. To agree that a closed reappointment process be operated for two members of Council who are eligible for reappointment from 1 April 2027.

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Council
15 July 2026
Annual Report and Accounts

Classification	Public
Action	For decision
Purpose of the paper	To Approve the publication of the Annual Report and Accounts for the financial year 2025-26.
Strategic Priority implications	Maintaining high quality financial records and having an annual audit carried out by an independent auditor links in to the aims of strengthening trust.
Standards of Good Regulation implications	There is no direct Standard of Good Regulation but having an annual financial audit ensures that the Executive and the Committee are being held to a high standard when it comes to financial and accounting records.
Communications implications	The Annual Report and Accounts are a public document and will be published on the GOsC website.
Financial, resourcing and risk implications	The Annual Report and Accounts have been typeset for publication on the website, but not produced as a printed document.
Patient perspectives	Our work to protect and build relationships with patients is covered in the Annual Report and Accounts.
Diversity implications	The Annual Report and Accounts sets out work we have undertaken on equality, diversity and inclusion.
Welsh language implications	A Welsh language version of the annual report is produced each year.
Annexes	A. Draft Annual Report and Accounts 2025-26 B. Audit Findings Report C. Letter of Representation
Author	Darren Pullinger
Background reading	None in relation to this paper.



Recommendation(s)	1. To note the Audit Findings Report. 2. To note the Letter of Representation to be e-signed by the Chair of Council. 3. To approve the Annual Report and Accounts for e-signing by the Chair of Council. 4. To note the annual reporting requirements associated with the Charity Commission.
Key messages • Financial audit completed in May and June 2026; this year was a better process overall. • No management control points were identified for the third year in succession. • The Audit Findings Report prepared by the auditors provided assurance to the Audit Committee that the internal financial controls and operational processes continue to be robust. • One adjustment to income was suggested by auditors, however this will not be adjusted in the accounts, as agreed with Audit Committee and the auditors. • Draft annual report attached for review by Council members and sign off by the Chair of Council. • Letter of representation also to be signed by Chair of Council.	

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Introduction

1. The financial audit was conducted by HaysMac LLP in May and June 2026. Following the conclusion of the audit, the audit partners met with the Head of Resources and Assurance to discuss the key audit issues.
2. The Executive have developed the Annual Report (Annex A) which details the activity we have undertaken in the year across our three strategic goals, our narrative around our areas of risk and our financial report, which again includes the Value Proposition, our articulation of where our regulatory approach adds value.
3. The Audit Committee met in June 2026, and are happy to recommend the Annual Report and Accounts to Council for final approval.

Discussion

4. The audit ran smoothly for the most part, except for a proposed change which was brought to our attention by the auditors quite late in the process. Further information is in the paper. To confirm, we are not making the suggested change to the accounts. Audit Committee members discussed this with both the auditors and the Executive, and agreed this option.
5. No new control points were identified for the third year in succession.
6. Audit Committee considered information provided by the Executive on whether the GOsC was a going-concern. The Executive and Audit Committee concluded that the GOsC remained a going-concern.
7. Council will be asked to approve the Letter of Representation (Annex C) which will be signed by the Chair alongside the Annual Report and Accounts.
8. The Annual Report and Accounts need to be laid before both Houses of Parliament by 30 September 2026, and we also need to submit the accounts to the Charity Commission within nine months of our year end (December 2026).
9. The General Osteopathic Council (GOsC) publishes its accounts as soon as reasonably practicable after they have been audited and provides copies to the Privy Council to be laid before Parliament.
10. The 2025-26 accounts are the ninth set of accounts produced since the GOsC became a registered charity. The accounts will also be submitted to the Charity Commission alongside a charity Annual Return.
11. The financial audit was conducted by HaysMac in May and June 2026.
12. The audit was carried out remotely, in line with the hybrid working model adopted by the GOsC. Following the conclusion of the audit, HaysMac produced

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an Audit Findings Report (AFR) which highlighted the key issues affecting the results of the GOsC and the preparation of the financial statements.

13. The AFR was presented to the Audit Committee by Adam Halsey; Partner, Head of Charities; on 18 June 2026 and is attached at Annex B for Council members only. At the request of HaysMac, the AFR will not be made publicly available online, and this is in line with normal auditing practice.
14. The audited accounts are accompanied by an Annual Report setting out the activities of the GOsC over the previous twelve months.
15. If a member of Council identifies a significant problem with the Annual Report and Accounts, this should be brought to the attention of the Chief Executive and Registrar and Head of Resources and Assurance in advance of the meeting. This will ensure that the Annual Report and Accounts can be signed electronically by the Chair of Council post the July Council meeting.

Audit Findings Report

16. A summary of the issues outlined in the AFR, and considered by the Audit Committee, are set out below:

Potential for significant risk	Conclusion
Presumed risk in revenue recognition	No significant issues were identified. In addition, the previous issues surrounding potential duplication of income arising from the system's treatment of direct debits and debtor/accrued income postings has been satisfactorily addressed
Presumed risk of management override	No significant issues were identified.
Deferred income	No anomalies which would suggest material misstatement in deferred income recognition. An amendment to the deferred income calculation has been suggested which if amended for, will result in deferred income increasing by £152k, and reducing income by the same amount.

17. Overall, the AFR provided assurance to the Audit Committee that the internal financial controls and operational processes continue to be robust.
18. The proposed late adjustment relates to deferred income. The auditors have suggested an alternative method of treating income from direct debits which removes one of the adjustments that they had included in their revised calculation last year.

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19. Members will recall the auditors made a late change to the accounts last year which was on the same calculation, and as a result, we are hesitant that this will be the final amendment to the method. Their suggestion for 2025-26 actually aligns more with what we had in the calculation before we made last year's changes.
20. We would prefer to work with Hays following the conclusion of the audit to perform a thorough reworking of the figure, and to determine what the actual figure for this should be, and to have an agreed calculation method going forward.
21. At the Audit Committee meeting in June 2026, the auditors agreed with this approach, and were happy for us to keep the accounts as they stand, with no further adjustments. Audit Committee members were in agreement with this having scrutinised the auditors and discussed the matter with the Executive.

Signing the accounts

22. Audit Committee are content to recommend to Council that the Annual Report and Accounts be signed electronically by the Chair of Council.

Letter of representation

23. The letter of representation from Council to HaysMac is attached at Annex C. The letter sets out responsibilities and representations made by Council to the auditors to confirm that certain matters have been undertaken, and to confirm the responsibilities of Council to ensure there is no misunderstanding between the two parties.

Annual Reporting requirements

24. Once the Chair of Council has signed the Annual Report and Accounts electronically, the steps below will be followed:
 - The Annual Report and Accounts emailed to HaysMac for e-signing by the Audit Partner during the afternoon of 15 July 2026.
 - Once signed by both parties, the Annual Report and Accounts are presented to Privy Council for pre-laying approval.
 - Privy Council agree the Annual Report and Accounts and confirm the number of copies required for laying in front of both Houses of Parliament; the number of copies required for the Welsh Assembly and the number of copies required for the Votes Office of the House of Lords.
 - The Annual Report and Accounts are laid before both Houses of Parliament by 30 September 2026.

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- The GOsC publish the Annual Report and Accounts on our website after the document is laid before both Houses of Parliament.
- The Annual Report and Accounts are filed with the Charity Commission along with an Annual Return that covers such things as:
 - Income (including from overseas sources)
 - Senior salaries
 - Payments to trustees
 - Risk management
 - Safeguarding
 - Serious incidents.

Executive view

25. The Head of Resources and Assurance is very happy with the support he has had from various colleagues in the preparation of the financial statements. He has worked closely with the Comms team to prepare the overall Annual Report and Accounts, with regular meetings and updates throughout the last few months.

Recommendations:

1. To note the Audit Findings Report.
2. To note the Letter of Representation to be e-signed by the Chair of Council.
3. To approve the Annual Report and Accounts for e-signing by the Chair of Council.
4. To note the annual reporting requirements associated with the Charity Commission

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**Annual Report
and Accounts
2025–26**

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General Osteopathic Council

Annual Report and Accounts 2025-2026

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

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This publication is available from our website: osteopathy.org.uk/annualreport

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1 About the General Osteopathic Council

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and has a statutory duty to regulate and develop the osteopathy profession in the UK to ensure public protection.

We work with osteopaths, patients, and partner organisations to support safe, high quality patient care. We also work to maintain public confidence in osteopathy by protecting the reputation of the osteopathic profession.

We do this by keeping our public Register of osteopaths up to date, and by promoting high standards of practice and conduct, setting standards for osteopathic education and training, investigating concerns about osteopaths, and protecting the osteopathic title from misuse.

The value of regulation (see graphic below): is to protect the public through ensuring that osteopaths maintain their knowledge and skills; work within a legal and ethical framework; collaborate with other osteopaths and other healthcare professionals; and help build and maintain public trust.

The value of regulation



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Our role

The General Osteopathic Council (GOsC) is the regulator for osteopaths in the United Kingdom. By law, osteopaths must be registered with the GOsC to practise in the UK.

It is our role to protect the health, safety and wellbeing of the public, and to protect the reputation of the osteopathic profession.

We are responsible for making sure the public continues to have confidence in the profession of osteopathy, and we are responsible for the professional standards that osteopaths and osteopathic students must follow in order to practise safely.

What we do:

- Keep a Register of all those allowed to practise osteopathy in the UK.
- Work with the public, patients and osteopathic profession to decide on, maintain and develop high quality standards of osteopathic practice and conduct.
- Help patients with any concerns they raise about an osteopath and have the power to remove from the Register any osteopaths who do not meet the professional standards and who are unfit to practise.
- Check the quality of osteopathic education and decide on the standards of practice that osteopathic students must demonstrate before they graduate.
- Protect the osteopathic title from misuse by making sure that only those with the correct qualifications and a valid up to date registration are able to call themselves an osteopath.
- Make sure that osteopaths carry out activities to support their continuing professional development.

The statutory objectives of the GOsC are also its charitable objectives. By meeting our statutory objectives as outlined through the activities in this report, the Trustees (who are also members of Council) are able to confirm they have had due regard to the Charity Commission's guidance on public benefit. The GOsC is a charity registered with the Charity Commission for England and Wales and has been since April 2017 (registration number 1172749).

This Annual Report and Accounts has been laid before both Houses of Parliament and submitted to the Charity Commission.

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2 Introduction from Chair of Council

I have found my second year as Chair of the GOsC Council to be both rewarding and challenging, as we have continued to navigate a period of change for the organisation and the wider sector.



This has been a year marked by significant financial pressures. Like many regulators and organisations, we are operating in a more difficult environment, including a

significant growth in our Fitness to Practise caseload. Council has had to make careful decisions to ensure the long term financial sustainability of the GOsC. One of the most important of these has been the decision to sell our headquarter building. This decision was not taken lightly, but Council is confident that it is the right step to strengthen our financial position, even though we recognise that, in isolation, it will not be a panacea.

Much of our engagement with the osteopathic sector continues to be led by the Executive team, who have worked hard to maintain strong relationships with osteopaths, patients, educators and partners. I was delighted to attend the Institute of Osteopathy annual convention in November and to engage with osteopaths across the two-day event.

These engagement opportunities, alongside the insights from our registrant survey, has helped us better understand expectations of the regulator and identify areas where we can build trust and improve how we communicate and support the profession.

As Chair, my focus has been on ensuring that Council provides clear strategic oversight during this period of transition, and that we remain grounded in our core purpose: protecting the public while supporting a confident, trusted profession. And so finally, a reminder that anyone with an interest is welcome to attend our Council meetings in person or online. Please register in advance via council@osteopathy.org.uk - we would be pleased to see you.

Jo Clift

Chair of Council

15 July 2026

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3 Introduction from Chief Executive and Registrar

The business year of 2025-26 represents the second year of the new GOsC Strategy.



In our role as a single profession regulator, aiming to support osteopaths to deliver high-quality care and give patients confidence in their osteopath, we need to

ensure our ongoing evolution, improvement and sustainability.

Financial sustainability has featured prominently in our discussions this year. The decision taken by Council to place the headquarter building up for sale represents a significant development but it is one which reflects the need for change.

As mentioned, being a single profession regulator, we can better understand the needs of osteopaths and the demands placed on them as independent, autonomous healthcare professionals delivering high-quality care to patients. With all registration fees paid by osteopaths reinvested back into the profession through the regulation and development of the profession, we continue to be well placed to serve osteopaths and patients.

An example of this reinvestment has seen the quality assurance of osteopathic education move in house. This means we can provide a robust but bespoke process, underpinned by our independent visitor teams. Over a five-year period, will also bring about savings of around £250k.

As one of the leading bodies within the osteopathic sector, we also have a convening and role within engagement. In January 2026, we facilitated a sector development day that brought together leaders from across the profession and focused on collaboration, dialogue and working together to overcome challenges.

Making our information and guidance more visible and providing easier access is something we will do more of in the year ahead. With a new website that will launch in the summer of 2026, users will see a more modern and more approachable GOsC. We intend to work more regionally with Council meetings for the first time being held around the country so that Council members can better engage with osteopaths across the UK.

We will continue to hold weekly drop-in sessions where osteopaths and students can log into a Zoom live chat and speak directly to GOsC staff, and we will be further promoting our WhatsApp channel which is proving popular with osteopaths who have used this, all of which provides easier access to the GOsC.

Finally, I would like to offer my thanks to all those who have contributed to our work this year, particularly my staff team, whose efforts are reflected in the successful year we report on in this Annual Report and Accounts.

Matthew Redford

Chief Executive and Registrar

15 July 2026

4 Our strategic aims

This Annual Report reflects the work of the General Osteopathic Council (GOsC) in the year to 31 March 2026.

Our **Strategy, taking us from 2024 through to 2030**, sets out our commitment to continuing to perform as a highly effective healthcare regulator, increasing our understanding of how our actions might impact upon or improve trust between the GOsC – as the regulator for osteopathy – and the profession and patients.

The purpose of our Strategy is to:

- describe what the GOsC's Council wishes the organisation to achieve
- set the direction of the GOsC's work, led by the Chief Executive and Registrar
- provide a framework for the monitoring of the GOsC's performance by Council

Our Strategy sets out our three strategic aims:

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.

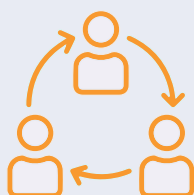
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Our vision and values

Our strategic aims are built from our vision and values.

Our vision is to be an inclusive, innovative regulator trusted by all.

Our values underpin the way we work now and in the future. This includes how we work with patients, the public, osteopaths and stakeholders, and how we work within our organisation. 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.

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5 Our governance, management and risks

The General Osteopathic Council (GOsC) consists of a Council, committees, and a small executive team. The GOsC identified principal risks in a number of areas in 2025-26 along with key mitigating actions.

Council

The GOsC Council consists of 10 members – five osteopath and five lay. Council is supported in its governance work by nearly 40 lay and osteopath members of our statutory and non-statutory committees, as well as registration assessors, education visitors, legal assessors, medical advisers and others. Council members are also charity trustees, responsible for ensuring that the GOsC is meeting its statutory duties under the Osteopaths Act 1993 and other legislation.

Brief biographies of current Council members are available on the GOsC website at: osteopathy.org.uk/council

Committees of Council

Council is supported in the delivery of its objectives by statutory and non-statutory committees. There are three committees of Council: the Policy and Education Committee (PEC); the Audit Committee; and the People Committee.

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

Information about our committees, including the membership of each, is available on our website: osteopathy.org.uk/committees

Council members’ attendance at Council and committee meetings

Individual members also attend working groups, training and development days, ad hoc meetings and appraisals throughout the year.

Name	Council	PEC	Audit	People
Jo Clift	5/5			
Daniel Bailey	4/5	4/4		
Harry Barton	5/5		3/3	3/4
Gill Edelman*	4/4	1/2		
Sandie Ennis	5/5		2/3	3/4
Caroline Guy**	3/5	1/1**	3/3	
Patricia McClure	5/5	4/4		
Debra Towse	5/5	3/4		4/4
David Probert	3/3	2/3		
Katie Oswell***	1/1			1/1

* Gill Edelman stepped down from 31 December 2025.
** Caroline Guy was co-opted to PEC on 10 June 2025 to ensure the minimum number of members were in attendance due to conflicts of interests of other Committee members.
*** Katie Oswell’s term of office started 1 February 2026

Independent fitness to practise committees

Our overarching statutory duty is the protection of the public. This includes maintaining public confidence in the osteopathic profession and upholding professional standards. One of the principal ways we ensure public protection is through our fitness to practise processes.

We investigate and determine concerns (also known as allegations) about the professional conduct and fitness to practise of osteopaths, following a process set out in the Osteopaths Act (the Act).

Osteopaths and lay people, independent of the GOsC Council, supported by a legal assessor (a qualified and experienced lawyer) are appointed to make fitness to practise decisions in a process that is laid out in the Act.

There are three statutory committees that support the GOsC's fitness to practise functions:

- the Investigating Committee
- the Health Committee
- 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, which typically have three or five members to consider concerns and reach decisions on allegations.

The committee members are appointed by Council following a public recruitment process and under the guidance of the People Committee.

Information about the independent Fitness to Practise Committees, including the membership of each, is available on our website. See information about all of the GOsC's committees:

osteopathy.org.uk/committees

The GOsC Executive Team

GOsC operations are managed day-to-day by the Chief Executive and Registrar, Senior Management Team and other staff.

The GOsC Senior Management Team comprises:

- Matthew Redford, Chief Executive and Registrar
- Fiona Browne, Director of Education, Standards and Development
- Sheleen McCormack, Director of Fitness to Practise and General Counsel

GOsC advisers

Auditors

HaysMac LLP
10 Queen Street Place
London EC4R 1AG

Bankers

Royal Bank of Scotland
62-63 Threadneedle Street
London EC2R 8LA

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Our risks

The principal risks identified in 2025-2026 by the GOsC continue to be as described last year. However, we have strengthened our risk management approach through the appointment of an independent internal audit firm, TIAA.

In the reporting year TIAA have audited the following four areas of GOsC activity:

- Registration
- Fitness to Practise
- Risk Management
- Financial and Budgetary Control

TIAA set out the following four levels of assurance:

Assurance level	Narrative
Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

TIAA reported to Audit Committee the following:

Audit area	Assurance level
Registration	Substantial assurance
Fitness to Practise	Reasonable assurance
Financial and budgetary control	Reasonable assurance
Risk Management	Reasonable assurance

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The key areas of risk identified for this report are consistent with those set out last year.

Risk area	Mitigating actions
Strategic ambitions undermined by pressures on financial sustainability	A Financial and Asset Framework 2026-30 was agreed by Council which ensures the close monitoring of income and expenditure allowing Council to consider strategic priorities and make longer term plans around the deployment of resources. In year, Council agreed to place the headquarter building up for sale and to explore registration fee levels. We work closely with the osteopathic education providers as we recognise the higher education sector is under significant scrutiny and pressure, with student numbers down on previous years. The closure of one provider in the reporting year was disappointing and we are continuing to work with the current awarding body to support the students to continue to complete their osteopathic education. We see potential future green shoots with a new provider due to open in 2028 and the development of an apprenticeship standard which is being led by the Institute of Osteopathy.
IT infrastructure not able to support GOsC activity and/or future transformation programme	A new CRM system was implemented in the reporting year which allows GOsC to operate more efficiently and with significantly less manual processing and interventions, including the collection of in-depth equality monitoring data. A new modern, accessible website will be launched in the summer of 2026 which better reflects our tone of voice and which will allow us to place a more approachable face to our regulatory activities. We have moved to a cloud based firewall system in preparation for our headquarter building sale and we have plans for independent IT audits to assess our approach to IT security. The rollout of Microsoft Copilot AI across the GOsC from summer of 2026 will gather evidence for how we can use AI to enhance how we regulate and develop the profession. Governance scrutiny of IT has also been enhanced by the appointment of an independent Audit Committee non-executive with IT transformation and digital expertise.
Volume and complexity of fitness to practise cases	With a sharp increase in fitness to practise cases, and with 40% of these related to crossing professional boundaries, there has been a significant increase in the financial resources made available to ensure we discharge our statutory duties in this area. We work across the organisation on 'upstream' activities to raise awareness within the profession to prevent complaints and concerns from happening. Internally, we also have comprehensive and consistent quality assurance review mechanisms alongside a continuous programme of training for panel members.

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Strategic ambitions undermined by pressures on sustainability:

As an organisation with a single main source of income (registrant fees), we recognise our strategic ambitions and our statutory functions as a regulator would be undermined if our resources were insufficient. We have developed a Financial and Asset Framework 2026-30 which highlights that without corrective action we will have ongoing financial deficits. Therefore, Council has agreed to sell the headquarter building, reduce expenditure and explore increases in registration fees.

The development of the Framework helps us mitigate this risk by undertaking longer-term financial planning so that we can make decisions around how we best use our assets, and this includes physical, people and financial assets.

IT infrastructure not able to support GOsC activity and/or future transformation programme:

We have been working to reduce this risk area by updating legacy systems so that we can work more efficiently and effectively, eliminating manual processes and adopting more automation. We have implemented a new registration database and we are already seeing more efficiencies while collecting more robust equality monitoring data. We have also committed to redeveloping our website platforms, which will go live in the summer of 2026 so these are reflective of our modern and inclusive approach to regulation.

Governance scrutiny of IT has also been enhanced by the appointment of an independent Audit Committee non-executive with IT transformation and digital expertise.

Volume and complexity of fitness to practise cases:

Every healthcare regulator has risks associated with the volume and complexity of fitness to practise cases and the potential for appeals against decisions reached. There are risks associated with the efficiency and timeliness of the cases being completed, which is connected to one of our key targets monitored by the Professional Standards Authority for Health and Social Care. And currently our caseload is impacted by delays in third-party reports, such as those from the police or hospitals.

Our fitness to practise caseload has been increasing sharply - compared to 2018 levels, our fitness to practise caseload has increased by 74%. Fitness to practise spend is not linear; it depends greatly on the volume received, and is linked to the complexity of each individual case. We know that cases related to crossing professional boundaries are more complex, take longer and will incur greater costs. At present, we have over 40% of the caseload related to incidents of crossing professional boundaries.

Our legislation is outdated, prescriptive and inefficient. Despite this we have endeavoured to keep costs down as far as possible through paying fees at a fixed rate to Committee members, legal assessors, external legal advice and other professionals. However, the relatively fixed cost of hearings has been impacted by the increase in the volume of cases.

6

How we performed against our strategic aims in 2025-26

Strategic aim one: Strengthening trust

Ensuring educational standards for entry to the Register

Ensuring graduates who enter the profession meet our standards of competence and ethics is an essential part of our role and helps give patients assurance that any osteopath on our Register will meet the same high standards.

We took our Quality Assurance services in house from July 2025. This in house approach enables us to continue to support everyone involved whilst both assuring and enhancing educational standards.

Being able to demonstrate the quality of what we do is a key part of our work and we do this by working closely with our key partners to listen to their feedback, explain and evidence what we do.

Key developments in our Quality Assurance processes include:

- Creating the 'values, culture and behaviour' document for educational providers and visitors and making this a permanent part of the process mechanism to share information and support quality education.
- Appointing an expert Quality Assurance Manager.
- Additional pre-visit meetings to improve clarity around expectations and outcomes.
- Approval of an interim handbook for Quality Assurance.

Quality assurance activity

We undertook three visits, one to the Health Sciences University for delivery of their Master of Osteopathy at a new campus one to the BCNO group for a new three-year compressed BSc (Hons) in Osteopathic Medicine, and a second later in the year to renew recognition of its existing qualification. These visits enable us to assess the delivery of the curriculum in practice against our Graduate Outcomes and Standards for Education and Training, cross referencing to see clinical teaching in person.

In house, we analysed seven annual reports from education providers, focusing on their management of risk and enhancement of practice. This included analysis of data along with evidence on how they demonstrated our Standards of Education and Training in their curricula, and student enrolment and progression data. Specific recommendations were made to maintain and enhance the quality of the education they offered.

Sustainability of the sector remains a key topic, so this year there was also a focus on analysis of student protection plans and numbers of education providers. These will continue to be closely monitored.

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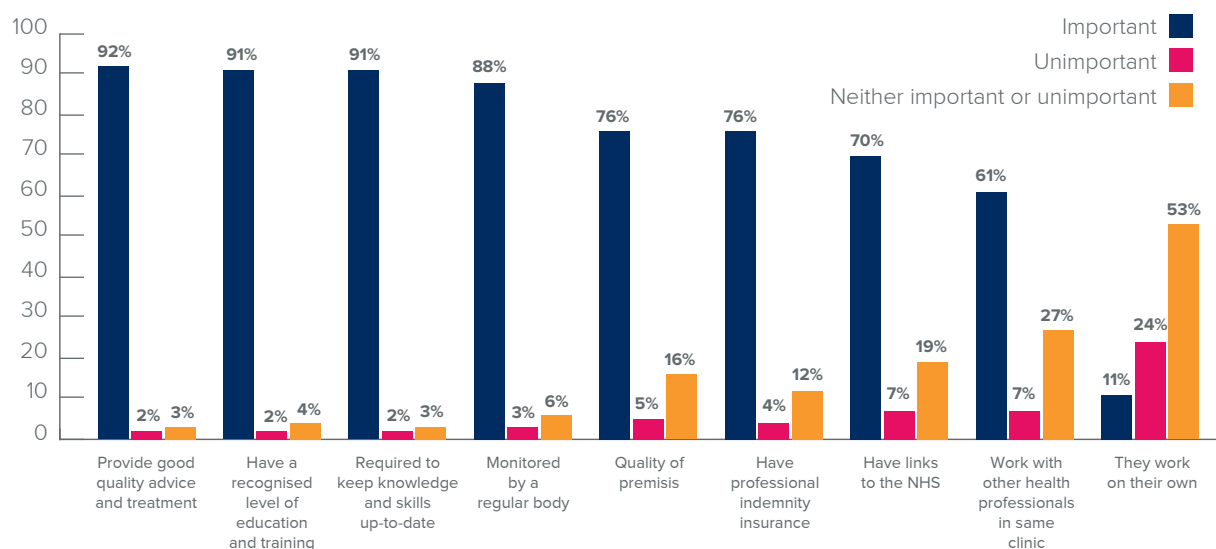
Standards of practice: reviewing the Osteopathic Practice Standards

We began our review of the Osteopathic Practice Standards by launching a call for feedback. These standards sit at the heart of osteopathic practice and set out standards of competence, conduct and ethics that all osteopaths on the Register must meet.

Feedback from our CPD Consultation showed support for the introduction of mandatory CPD in the areas of professional boundaries and inclusive practice: equity, diversity, inclusion and belonging.

Feedback also told us that the guidance needed to be more accessible, particularly for neurodiverse osteopaths, as a result we initiated significant improvements to the accessibility of the guidance which included:

Confidence in Healthcare Professionals



Research conducted by YouGov: Public perceptions survey 2023

Research has shown that providing good quality advice and treatment, a recognised level of education keeping skills up to date were the top factors relating to confidence in visiting an osteopath. Our Osteopathic Practice Standards review, and the initial call for evidence, will help us to ensure that those expectations continue to be met.

Supporting and ensuring that osteopaths keep up to date through continuing professional development

Last year we consulted on changes to our continuing professional development (CPD) scheme to take into account key areas of risk shown in data related to practice.

- Producing layered guidance and peer discussion review forms which vary in detail to meet the individual accessibility needs and learning styles.
- Updating resources to focus on educational principles and making them fully accessible.
- Engaging and working with neurodiverse osteopaths to test our guidance and supporting resources.
- Commissioning an expert in equity, diversity, inclusion and belonging to review and provide advice on our guidance and resources.

In March 2026, PEC recommended updated guidance to Council for agreement which will make CPD in inclusive practice mandatory.

Protecting the osteopathic title

We consulted on whether to seek changes to the Osteopaths Act 1993 to further protect the osteopathic title. We received 372 responses who overwhelmingly supported us seeking changes.

Following this, we have been working with the Department of Health and Social Care to seek changes to the Act. In addition, we have worked with the Advertising Standards Authority (ASA) to develop a **joint statement** highlighting the importance of the osteopathic title. This work also provides a pathway so those wishing to raise concerns can do so directly with the ASA about individuals who are not registered with GOsC but align their advertising to the osteopathic title.

Patient Partnership Programme

We appointed two Patient Partners to sit at the heart of osteopathic governance. Having the patient voice within strategic decision-making is critical, and we are proud to be breaking ground with this initiative. We are aware that a number of other regulators have been looking at our pilot with interest, thinking about how they might adopt it.

Our pilot is being evaluated in the next reporting year, with Council to take a decision on the future of this model in 2026-27.

Financial sustainability

Our Financial and Asset Framework 2026-30 sets out medium term financial planning, and the action to be taken to avoid ongoing financial deficits as during the period from 2023-26, expenditure has outstripped income by over £500k.

This has led to decisions to place the headquarter building up for sale, reduce expenditure and consider registration fee levels. It is important that we are open and transparent with the profession on this matter to continue our work to build trust.

Engagement with osteopaths and partners

Engagement is central to building trust. In the year we have:

- Engaged with osteopaths at regional group meetings and wider osteopathic conventions
- Met with osteopathic students at all stages of their training and education
- Featured in podcasts: Matthew Redford talking about the role of the regulator and the practical support available to osteopaths for Gilly Woodhouse's Osteobiz podcast.
- Consultation exercises: protection of title
- International partners:
 - Osteopathy Europe, OIA – sharing GOsC knowledge and insights.
 - Working with organisations internationally where regulation is either developing/ being sought
 - Australia/New Zealand trilateral meetings. Conversations with New Zealand have led to a streamlined registration pathway for NZ registrants wishing to register with GOsC.
- Engaged with osteopaths via WhatsApp and drop-in sessions.

Strategic aim two: Championing inclusivity

Equality monitoring data

This year we launched an Equity, Diversity Inclusion and Belonging (EDIB) monitoring survey which saw a response rate close to 20% of the profession, significantly enhancing the breadth of data in relation to protected characteristics. We also implemented a new CRM system which means we are now collecting more detailed EDIB monitoring data at the point of the annual registration renewal. This enhanced data will give us more insight into whether our systems and processes create barriers for osteopaths with specific protected characteristics so that we can take steps to eliminate any bias which may exist.

Fairness and equity in decision-making

All decision-makers and legal assessors at the GOsC receive regular and bespoke training on EDIB. While decisions on concerns and cases are made by screeners and panellists, we recognise that EDIB awareness is essential throughout the entire fitness to practise process and therefore we extend relevant training to all case managers within the regulation team.

In light of the recommendations within the judgment in *Meade v Social Work England* (SWE), GOsC commissioned targeted training in 2024 on the European Convention on Human Rights and the Equality Act 2010, including the Public Sector Equality Duty. This training focused on embedding these legal principles into decision-making and was delivered to panellists, legal assessors, and regulatory staff. As part of our response to the judgment, we also conducted a rapid internal review of our complaints handling to identify any shortcomings as highlighted by the court in relation to SWE's investigation.

At the panellist training day in January 2026, further interactive training was provided on managing vulnerable witnesses, the use of special measures, and achieving best evidence. This included practical application of the Equal Treatment Bench Book, which supports decision-makers in understanding the diverse circumstances of individuals appearing before tribunals and hearings.

The training focused on promoting effective communication and inclusive practice, including:

- Increasing awareness of different forms of vulnerability, impairment, and disability
- Providing guidance on reasonable adjustments before and during proceedings
- Supporting participation so that all parties can give their best evidence.

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EDIB referrals in Fitness to Practise

Our data shows us that male osteopaths who are White, over the age of 40 and have been in practice for more than 10-12 years are proportionally more likely to have a concern raised against them, which need to be considered by the Investigating Committee (IC), compared to the total percentage of male osteopaths on the Register as per our EDIB monitoring survey.

We shared this insight with the profession directly through a blog issued in the January 2026 ebuletin.

EDIB data in Education

From the relatively small numbers of people training to become osteopaths, our data shows us that slightly more females are choosing to train to become osteopaths. Typically, students are aged 30+ followed by students under the age of 21. The dominant country of origin is the UK, and the majority of students' ethnicity was reported as White/ White British.

Over time, we've seen a greater diversity in terms of two protected characteristics among student osteopaths. In particular this relates to the minority ethnic characteristic¹ and disability (in terms of declaration of Special Educational Needs or single/ multiple health condition(s)).

Patients

Including the patient voice and moving to a co-production model is important within all aspects of our work. Patient protection can be limited unless the patient voice pervades everything that we do. In addition to our patient partner pilot which is underway this year, we have supported and heard the patient voice through:

- Our Patient Development Day which included expert training on influencing skills to support our patients to be confident to impactfully tell their own story.
- Focus groups and interviews with patients on a number of different topics including the development of and response to our protection of title consultation, our CPD consultation, and the review and update of the Osteopathic Practice Standards.
- Our quality assurance activities where patient perspectives are reviewed within quality assurance visits and annual reporting from education providers.
- Patient involvement in testing the usability of our new website.
- Our strategic development day where patients attended and contributed to discussions.

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¹ This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.

Collaboration in transition to practice

Supporting the transition into practice for recent graduates helps to encourage high quality patient care and sector sustainability.

We held a sector-wide workshop with osteopaths, patients, new graduates and sector leaders in October 2025 to explore support for osteopaths as they make the transition into practice. There is a complex environment related to osteopathic identity, belonging and inclusion which can contribute to positive and less positive transitions.

The independently facilitated workshop aimed to create a safe space with equal voices to share knowledge on challenges faced by recent graduates, explore shared goals, identify meaningful measures of change towards reaching a shared goal and ways of getting there.

The Osteopathic Development Group comprising sector interested parties (Institute of Osteopathy, postgraduate providers, Council for Osteopathic Educational Institutions, patients, osteopaths, National Council for Osteopathic Research) agreed to a future series of workshops with different genres of osteopaths and new graduates in order to develop supporting resources.

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Strategic aim three: Embracing innovation

The GOsC has numerous innovative projects underway, including:

Website development

We have undertaken significant work to redevelop our websites to make them more modern and inclusive channels of communication, and they will be launched summer 2026.

We undertook a website procurement exercise, awarded a contract, completed the discovery phase and are making major inroads into the development phase of the project. Visual design, content migration, user research, testing and configuration will continue through spring/summer.

Artificial Intelligence

Using artificial intelligence (AI) safely, effectively and with accountability is essential to safe high quality osteopathic care. We launched our **interim guidance** on the use of AI in osteopathic practice in May 2025. We are in the process of developing further supporting materials to aid understanding and promotion of the guidance.

We worked with other regulators to produce **a joint statement** on AI use in healthcare professional education which was published in February 2026.

We have developed appropriate governance measures to manage the risk of AI use within the organisation, while also ensuring benefits can be realised. An 'Acceptable Usage Policy' was rolled out to staff and in the coming year we will be adopting a structured use of Microsoft Copilot.

Collaboration in advanced practice

The Nursing and Midwifery Council are taking steps to additionally regulate 'advanced practice' roles in the NHS. We have been collaborating closely with the Health and Care Professions Council to support a better understanding of roles to ensure patient safety in advanced practice, and how existing statutory regulation supports this. Our work shows how the regulatory system enables a proportionate, effective, collaborative regulatory response, ensuring patient safety through proactive input from health professional, manager, employer and regulator.

Webinars were held with around 1000 live views. Linked resources were widely disseminated, feedback rated them at over 4 stars out of 5. We will continue to monitor the impact of this across the next year.

Collaboration in safeguarding

We are currently the only health professional regulator to require all applicants coming on to the Register to undergo an enhanced check for regulated activity which is part of our safeguarding requirements.

This year, we partnered with Disclosure Scotland to raise awareness of important changes to the safeguarding arrangements in Scotland with membership of the Protecting Vulnerable Groups schemes becoming mandatory for all osteopaths in Scotland. We communicated with and held three joint webinars for osteopaths in Scotland.

We have also amended our registration communications to ensure that this important change is flagged to all osteopaths working in Scotland.

Osteopathy Apprenticeship Standards

We collaborated closely with the Institute of Osteopathy, Skills England, osteopathic employers and other key interested parties to support the development and publication of the level 6 degree, 'Osteopathy Apprenticeship Standard'. We agreed that the draft apprenticeship standard aligned with, and is capable of meeting our Graduate Outcomes, noting that this will still be subject to our usual quality assurance processes.

This is a new and important development in osteopathy which will enable different and more accessible ways of qualifying as an osteopath but, more importantly to the same high standards of practice.

Supporting osteopaths to establish and maintain safe professional boundaries

Like many other professions, we are seeing an increase in cases relating to breaches of professional boundaries. The context is particularly challenging in osteopathy because of the intimate nature of osteopathic treatment and the way in which therapeutic touch is experienced and received differently by each patient.

The increase in cases is despite GOsC undertaking a programme of work to reduce concerns in this area including: publication and dissemination of case studies to support CPD, facilitated sessions with osteopaths in regional groups and in the Institute of Osteopathy Convention as well as publication of blogs and articles in professional media

including Osteopathy Today. We are also making CPD in this area a mandatory topic from later in 2026.

Due to this increase in cases, we are collaborating with the Open University, through an innovative model, to jointly fund and supervise an osteopath, Kathryn Parkin to undertake a PhD in this area. Kathryn's research is drawing a theoretically informed approach to explore why these types of concerns are prevalent. To date, her impact has been considerable with presentations and positive feedback and invitations to national and international conferences both within the osteopathic sector and more broadly. This kind of innovative approach blends academic research and practical application from the outset of the study with potential to achieve greater impact in this area.

Sector leadership and development

This year, for the first time, we used our convening role as a regulator to bring together osteopath leaders alongside patients and students across the sector to:

- Reflect on our collective strategic leadership in a context of change and uncertainty.
- Facilitate dialogue, greater understanding, enhanced relationships and to improve trust and inclusivity between people and organisations.
- Listen to each other about current opportunities, challenges and priorities for the sector, and how we work together, in the context of ensuring high quality patient care.
- To reflect on next steps.

Thinking about how we support collective sector leadership and clarity around the proactive roles that we all play to support high quality patient care is an important part of our strategy related to innovation, inclusivity and trust. We asked Leadership and Teamwork Expert Brendan Hall to talk to us about his trust equation and to reflect on how this helps us to drive high quality care forward across our sector.

International work

We continue to engage on the international stage where our knowledge and expertise in regulation enables us to support standards outside the UK and share good practice beyond our national boundaries. Key achievements this year have included:

- Attendance at Osteopathy Europe conferences and member meetings, presenting on matters related to statutory regulation, sharing insights and knowledge with countries seeking regulation.
- Commencing collaborative work with the Institute of Osteopathy and National Council of Osteopathic Research in advance of work, across Europe, to revise the CEN Standard for osteopathy.
- Signing a Memorandum of Understanding with the Osteopathic Council of New Zealand to streamline mobility of registered practitioners between our respective jurisdictions.
- Delivering a presentation on ‘listening, learning, leading: GOsC’s patient engagement journey’ at the joint Osteopaths New Zealand and Osteopathy Australia conference.
- Attendance and engagement at the Osteopathic International Alliance Conference in Toronto. This included a presentation about the GOsC patient engagement journey; a joint-presentation with colleagues from the regulators in Australia and New Zealand about working collaboratively across jurisdictions; and participation in a regulatory panel which closed the OIA event.
- Established new contacts with international colleagues notably from Switzerland and also different provinces in Canada. GOsC is sharing insights with colleagues based in New Brunswick (as they implement regulation) and with Nova Scotia and British Columbia (as they seek regulation).
- Engaged with representatives of Sri Sri University who visited from India and wished to gain insights into regulatory best practice.

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7 Operational efficiency, effectiveness and performance

Fitness to Practise performance

In 2025-26, we received 95 concerns. Over this period, screeners made 97 decisions, with, 56 cases being referred for consideration by an Investigating Committee. During the year, GOsC’s Investigating Committee reached a final decision in 36 cases. Of these, 18 were referred to a full hearing of the Professional Conduct Committee (PCC); in four cases the registrant was issued with advice by the Investigating Committee and in the remaining 14 cases, it was determined that there was no case to answer and no further action was taken.

Patients, osteopaths and witnesses involved in an investigation can access our free Independent Support Service run by the charity Victim Support. This service offers a confidential safe space for people to discuss their feelings about the process and talk through what might be expected of them at each stage. In the period between 1 April 2025 and 31 March 2026, the independent support service have received contact from and supported 12 witnesses and three osteopaths.

Over the year, the PCC concluded 19 hearings; in 11 of those hearings, a sanction was imposed against the osteopath (see table).

Sanctions imposed in cases considered by the Professional Conduct Committee 2025-26	Number of cases
Admonished	5
Conditions	2
Suspended	3
Removed	1
Total	11

In November 2025, we commissioned an external audit of all cases and concerns closed by screeners (a screener is an osteopath member of the Investigating Committee who reviews concerns to determine whether the evidence amounts to an allegation) and the Investigating Committee involving the threshold criteria over the period 1 April 2023 to 30 August 2024. No patient protection concerns were identified but there was some useful learning for the organisation. One learning point being, whilst the tone of our correspondence with participants in the Fitness to Practise process was professional, respectful and helpful, our communications could convey more empathy towards the position of the individual receiving a decision and this is something we have been reflecting on.

During 2025/26, we brought two successful protection of title prosecutions. On 22 May 2025, Gareth Milner was found guilty at City of London Magistrates’ Court of using the osteopathic title breaching section 32 (1) of the Osteopaths Act. Mr Milner was fined £2,000 and ordered to pay costs of £1,080 to the GOsC. Mr Milner was also ordered to pay a victim surcharge of £800.

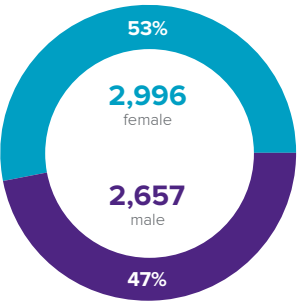
We successfully prosecuted Lilly Iaschelcic for unlawfully using the title ‘osteopath’. On 26 November 2025, Ms Iaschelcic was found guilty at City of London Magistrates’ Court of using the osteopathic title breaching section 32 (1) of the Osteopaths Act. The court imposed a fine of £623, payable within three months. Ms Iaschelcic was also ordered to pay £85 in costs to the GOsC and a £249 Victim Surcharge.

About the Register

As at 31 March 2026, there were 5,653 osteopaths registered with the GOsC.



Gender	Number
Female	2,996 (53%)
Male	2,657 (47%)
Total	5,653 (100%)



The 254 new or returning osteopaths to the Register were trained at the following education providers:

Place of training	Number joining the Register
British College of Osteopathic Medicine ¹	26
College of Osteopaths	31
European School of Osteopathy ¹	27
Health Sciences University (formerly UCO)	83
London School of Osteopathy	30
Oxford Brookes University	1
North East Surrey College of Technology	9
Swansea University	31
The University of St Marks and St John (Marjon)	11
University of Derby	4
Overseas	1
Total	254



4,884 osteopaths in England
164 osteopaths in Wales
158 osteopaths in Scotland
28 osteopaths in NI
419 osteopaths in rest of world

¹ Please note that British College of Osteopathic Medicine (BCOM) and the European School of Osteopathy (ESO) are now part of the BCNO Group and validated by the University of Plymouth.

Our team of Registration Assessors, all of whom are qualified osteopaths, undertook a total of 18 registration assessments in 2025-26, this compares to 34 registration assessments undertaken in the previous year.

Type of assessment	Number
Non-UK qualification assessment	5
Further evidence of practice assessment	2
Assessment of clinical performance	1
Return to practice interview	10
Total	18

Professional Standards Authority
Standards of Good Regulation

Each year we are assessed against the Professional Standards Authority (PSA) Standards of Good Regulation who provide an independent, evidence based judgement of how well each UK health and care professional regulator is protecting the public. The report provides feedback on what we are doing well and how we can improve in the future. Our reporting year runs from 1 April to 31 March and in the current financial year (2025-26) the PSA report relating to the previous performance year (2024-25) was published, which showed we had met all 18 Standards.

In order to ensure transparency, we have decided that in this Annual Report, we will also include the results of our performance for the year 2025-26, even though the published report is not yet available. The PSA have determined that we have met 17 out of 18 Standards, not meeting Standard 3, Equality, Diversity and Inclusion.

We are naturally disappointed not to meet all Standards, although we recognise that our performance in meeting 17 out of the 18 Standards means we remain a high performing regulator and we take pride in that fact.

We strongly disagree with the PSA determination around our performance for Standard 3, and the final report they publish will contain a statement to that effect so this is clear for the readership.

8

Looking ahead to the next year

This year was the second year of our new Strategy, through to 2030. The Strategy sets out our future vision, strategic priorities and our key actions, all of which are underpinned by our new organisational values.

Looking ahead, in 2026-27, we will be delivering against our Strategy through the following activities:

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.

What do we intend to do?

- Evaluate the Strategic Patient Partnership Programme and make recommendations about its future.
- Publish the draft Osteopathic Practice Standards for consultation.
- Evaluate the implementation of our In House Quality Assurance.
- Take long-term financial and asset decisions which support delivery of high quality osteopathic care through our statutory responsibilities and GOsC strategic aims.
- Raise awareness of our role and increase engagement with osteopaths, students, patients and interested parties to improve trust, understanding and implementation of standards.

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.

What do we intend to do?

- 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.
- Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.
- Take the first steps to implementing the shared principles and requirements from the Mann Review in relation to anti-racism
- Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practise in accordance with high standards.
- Strengthen inclusive practice: equity, diversity, inclusion and belonging with the GOsC CPD scheme.

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.

What do we intend to do?

- Implement and launch a new public website which provides scope for more modern, innovative and engaging channels and content.
- Consider the impact on osteopathic standards, regulation and patient care of Artificial Intelligence.
- Seek continuous improvement arising from independent reviews and internal audit activities.
- Develop mechanisms/structures for facilitating sector wide conversations which are built on trust, respect and psychological safety.

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9 Financial report and accounts for 2025-26

Introduction

The 2025-26 financial year was marked by a gradual return to economic stability for the UK. Inflation continued to ease from earlier highs, interest rates fell materially from their post-pandemic peak, and the UK economy avoided recession while returning to modest growth. Despite these improvements, cost-of-living pressures remained elevated and economic sentiment among households and businesses was cautious. Global events and domestic policy developments continued to influence the economic outlook.

For the GOsC, the financial result for the year was a deficit of £266,000, which was worse than budget by around £25,000. We spent around £185,000 from designated funds. Registration fees were over budget by around £85,000, and were supported by an investment gain of around £121,000 (£81,000 higher than anticipated), along with an underspend of around £7,000 on Education and Professional standards and £5,000 in Governance. However, this was offset by some overspends in Fitness to Practise of around £185,000, Central resources and Financing (£30,000), Employment costs (£16,000), and IT and infrastructure (£16,000).

We regularly look at our approach to regulation to ensure we continue to add value. Questions we ask include:

- How can we make our work more streamlined and cost-effective?
- How can we ensure we are listening, engaging, and communicating effectively in a time where face-to-face interactions have diminished?
- How are we ensuring we continue to deliver on our core statutory responsibilities in a measured and appropriate manner?

Five years ago, we introduced our Value Proposition, through which we describe how our work adds value. We have set out in this report where our work in 2025-26 is aligned with this approach.

The Value Proposition

Our approach to regulation is articulated through **Our Strategy: taking us from 2024 through to 2030** and our underpinning business plans which we develop each year.

The activities set out in the annual business plans are designed specifically for:

- **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.

The principles which underpin the Value Proposition

The Value Proposition is underpinned by a set of core values which support how we work and inform the development of our business plans and budgets.

These principles are:

- **Delivery of our core statutory functions:** we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.

- **Hearing the patient voice:** we will allocate resources so that the patient voice informs our current and future work.
- **Look upstream:** we will ensure we identify and fund activities which support upstream regulation, and which are relevant and appropriate for our context.
- **Continuous improvement:** we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.
- **Digital first:** our focus will be on developing a digital first approach to our operation to streamline activities we undertake.
- **Cost efficiency and cost effectiveness:** we ensure we are careful where our resources are deployed to be cost efficient and cost effective.

We consider our value proposition to have three components:

- 1. Ensuring public protection**
- 2. Developing the profession**
- 3. Delivering robust governance**

Component one: Ensuring public protection

This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting, and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

Public protection is central to the work we undertake, and this is reflected by the activities under this component which cover the full range of our business.

In the financial year 2025-26, we spent £1.91m on our activities to ensure public protection (2025: £1.68m).

This was equal to 53% of our total budget (2025: 51%) and means that for every £570 registration fee we receive, we spend £302 of that on ensuring public protection (2025: £290).

Component two: Developing the profession

This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- Supporting the profession to undertake continuing professional development (CPD) activities to maintain and enhance skills and knowledge.
- Contributing funding to the National Council for Osteopathic Research.
- Funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals.
- A range of communication activities with a new emphasis on listening and engaging.

In the financial year 2025-26, we spent £0.76m on our activities to ensure we developed and supported the profession (2025: £0.80m).

This was equal to 21% of our total budget (2025: 24%) and means that for every £570 registration fee we receive we spend £120 of that on developing the profession (2025: £137).

Component three: Delivering robust governance

This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training, and maintaining a governance structure that consists of Council, the Policy and Education Committee, the Audit Committee, and the People Committee
- holding Council meetings in public and making the meeting papers available in advance

- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

In the financial year 2025-26, we spent £0.95m on our activities to ensure we delivered robust governance (2025: £0.84m).

This was equal to 26% of our total budget (2025: 25%) and means that for every £570 registration fee we receive we spend £148 of that on delivering robust governance (2025: £143).

Table showing Value Proposition, expenditure in year, % of total spending and proportion of £570 registration fee

Value Proposition components	Expenditure in year ¹ £	Percentage of total spending %	Proportion of £570 registration fee used £
Ensuring public protection	1.91m (2026)	53 (2026)	302 (2026)
	1.68m (2025)	51 (2025)	290 (2025)
Developing the profession	0.76m (2026)	21 (2026)	120 (2026)
	0.80m (2025)	24 (2025)	137 (2025)
Delivering robust governance²	0.95m (2026)	26 (2026)	148 (2026)
	0.84m (2025)	25 (2025)	143 (2025)

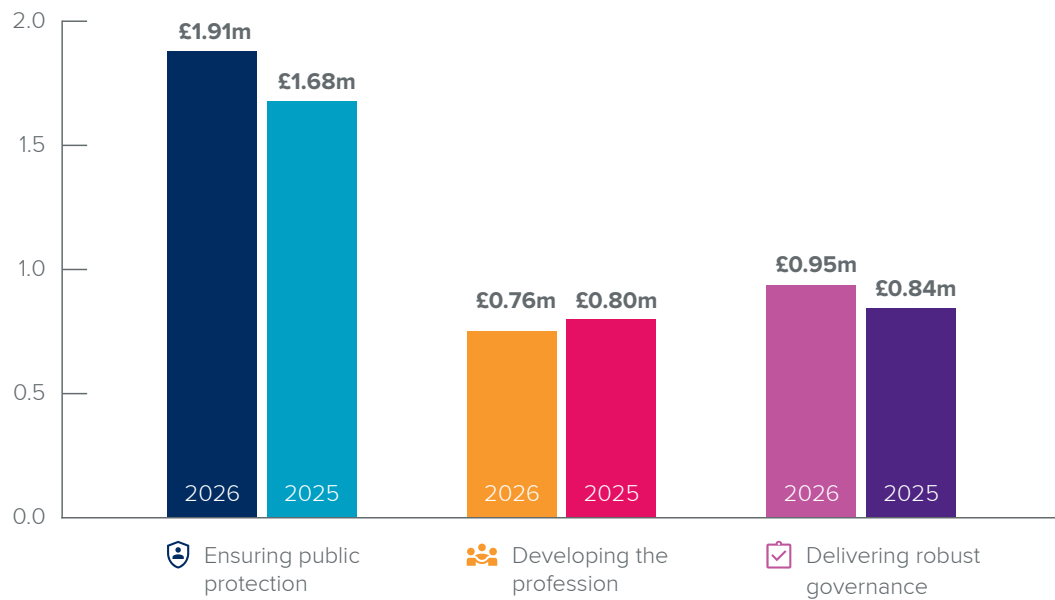
¹ Excluding investment losses and/or charges

² Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts

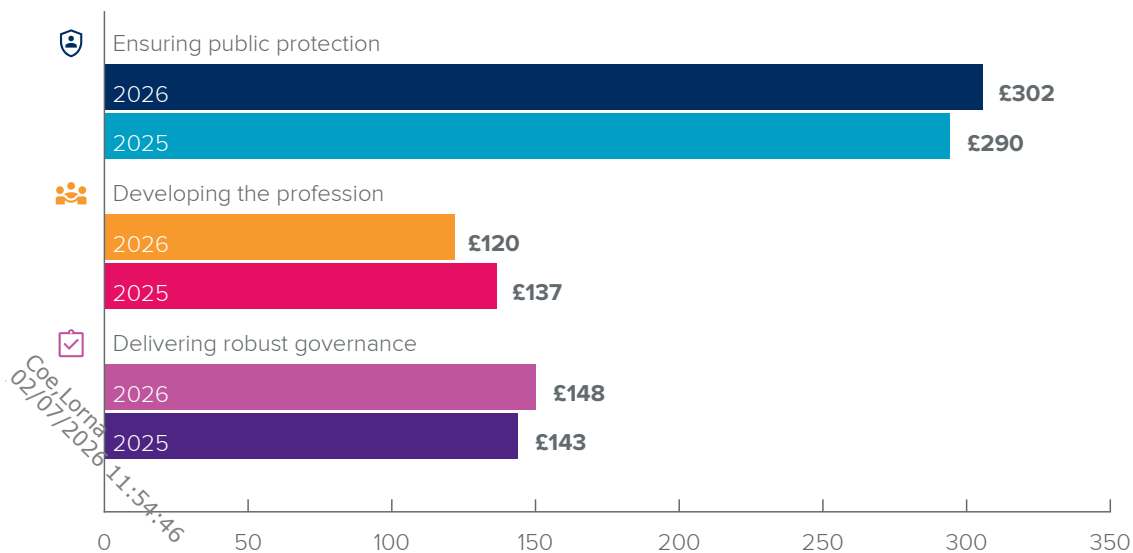
What does the registration fee fund by value proposition?

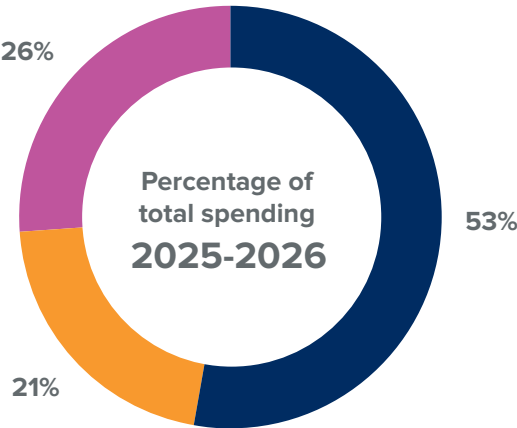
The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2025-26.

Expenditure in year

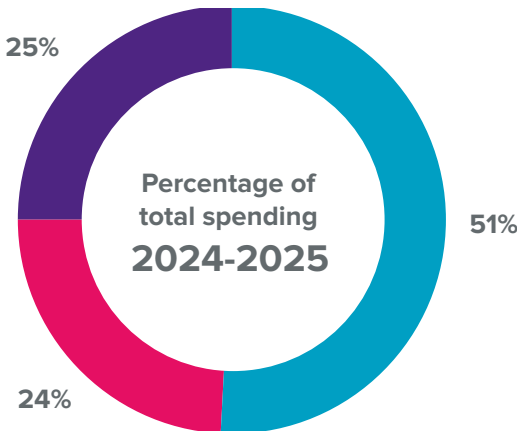


Proportion of £570 registration fee used





-  Ensuring public protection **53%**
-  Developing the profession **21%**
-  Delivering robust governance **26%**



-  Ensuring public protection **51%**
-  Developing the profession **24%**
-  Delivering robust governance **25%**

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Income and expenditure

The accounts, which are set out in more detail over the following pages, are presented in accordance with the Charity SORP (Financial Reporting Standard 102).

The GOsC ended the financial year with a deficit of £266,235; the deficit was reduced by an investment gain of around £121,000.

At the year end, total income was £3,211,595. Registration fee income accounted for 96% of total income. Registration fees have once again been maintained at their current level – the twelfth year in a row, which represents a reduction in real terms. The remaining income came from areas such as investment portfolio gains, bank interest, and registration assessments.

The General Osteopathic Council has no fundraising activity requiring disclosure under S162A of the Charities Act 2011.

Expenditure for the year was £3,598,580 after designated spending; the breakdown of this is shown on the next two pages.

Regulation and development costs

The costs of the GOsC's regulatory activities fall into the following four main areas (note that staffing costs are included within each of these):

- **Education and professional standards**

Quality assuring osteopathic educational providers continues to be a fundamental element of the work undertaken in this area, alongside the development and implementation of the continuing professional development (CPD) scheme. In 2025-26, direct costs incurred in this area were £520,458 in the year, compared to £652,447 in the previous year, a decrease

of 20%. Direct costs in relation to quality assurance were around £90,000 (a decrease of 61% compared to last year following the decision to bring quality assurance work in-house), and we spent around £16,000 on research activities.

- **Registration**

In 2025-26, direct costs incurred in this area were £181,900 in the year, compared to £177,533 in the previous year, an increase of 2%. Total non-staffing costs were around £4,000, which includes registration assessment costs and associated expenditure for the training and appraisal of registration assessors.

- **Fitness to practise and legal**

The cost of conducting investigations and holding hearings remains the single largest non-staffing element of the GOsC's expenditure.

In 2025-26, direct costs incurred in this area were £1,203,539 in the year, compared to £859,657 in the previous year, an increase of 40%. This included costs of the Investigating Committee, which were around £145,000 with the Professional Conduct Committee incurring expenditure of around £381,000. Also included were costs of £55,000 related to the NMC v Somerville judgment which established our Fitness to Practise panel members as workers and are entitled to holiday pay and a voluntary pension scheme.

Communications, research and development

In 2025-26, direct costs incurred in this area were £427,983, compared to £490,415 in the previous year, a decrease of 13%. Costs relating to website development and maintenance, and publications, were around £48,000. In addition, the overall costs include provision of free access to research journals for osteopaths, and an allocation to infrastructure costs for the National Council for Osteopathic Research, which totalled around £65,000.

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, which are essential functions for the discharge of our statutory duties.

• Governance

Governance costs relate to Council members' allowances, committee expenses, appraisals, and the recruitment of new members.

In 2025-26, governance costs were £560,228, compared to £539,819 in the previous year, an increase of 4%. This was predominantly due to some board effectiveness consultancy work which was carried out, internal audit work, offset by reductions in recruitment costs and council meeting costs. Within governance costs was the levy on all healthcare professional regulators for the costs of the Professional Standards Authority for Health and Social Care; the GOsC paid a levy of £15,621.

• IT infrastructure

This year saw a focus on ensuring the GOsC IT infrastructure was secure and fit for purpose, including spend on cyber security and trialling a web-based firewall in anticipation of selling the headquarter building. Expenditure on IT reflects the cost of the GOsC Register, the customer relationship management (CRM) system and other office services and licences.

In 2025-26, direct IT costs were £141,395, compared to £132,879 in the previous year, an increase of 6%. This is predominantly due to an increase in CRM contract costs.

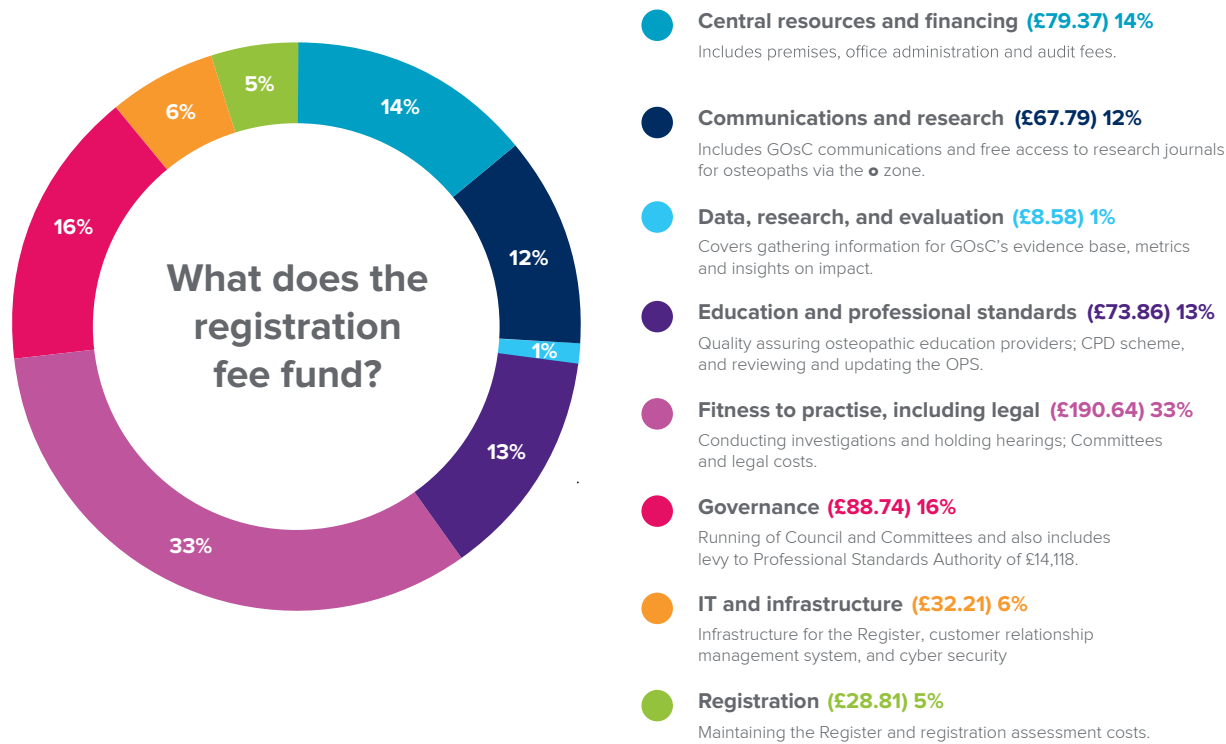
• Central resources and financing

Expenditure in this area reflects the costs of premises, general office administration and travel. It also includes audit fees, bank interest, and depreciation, as well as a centrally-held fund for innovation projects.

In 2025-26, central resources and financing costs were £306,481, compared to £255,340 in the previous year, an increase of 20%. This is predominantly due to spend on the centrally-held fund for innovation projects (£34,000), and around £11,000 spent on marketing costs for the sale of the headquarter building. There was also an increase in bank and payment charges to enable registrants to pay their annual fees via the website.

What does the registration fee fund?

The headline registration fee of £570 is broken down below to show the amount of spend on each GOsC function in 2025-26:



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Reserves and investments

Reserves policy

The GOsC holds reserves as part of good business practice to ensure that it has funds available should unforeseen events materialise, such as an increase in expenditure or a reduction in income. The trustees review the reserves position on an annual basis. The reserves position for 2025-26 is set out as follows.

The Balance Sheet shows total reserves of £2,334,839. All the GOsC reserves are unrestricted.

The trustees have considered the areas in which they feel the GOsC has greatest financial risk, and these are:

- increased volume of concerns
- judicial reviews or legal appeals
- uninsurable losses e.g. data protection fines
- unforeseen increase in quality assurance activity

Having considered these risks and the possible financial impact should they materialise; the trustees have concluded that it would be prudent to hold free reserves within a target range of £350,000-£700,000.

At the end of the financial year 2025-26, the trustees are holding available reserves of £174,120, which has been calculated as follows:

	£
Reserves held	2,334,839
Operational fixed assets	(2,160,719)
Available reserves	174,120

Operational fixed assets consist of the total of the tangible and intangible assets of the GOsC.

Reserves are below the target range, due to increased expenditure on delivering our statutory fitness to practise responsibilities, our investment in IT infrastructure projects and withdrawal from the investment portfolio due to increased cash spending.

During the year Council made the decision to sell the headquarter building following a thorough review of the financial position, in order to ensure financial sustainability, and to provide value for money to osteopaths and the public. The organisation, since the pandemic, has maintained a largely hybrid working model and the building is under-utilised. The reduction in expenditure required to run the building, as well as other expenditure reductions highlighted in our Financial and Asset Framework, will contribute to free reserves increasing in future years. Once the sale has been completed a new reserves policy will be written to better reflect our financial position and in accordance with our charitable duties. As part of this, the trustees will consider the level of reserves and how these may be used in future financial years.

The trustees have concluded that the accounts should be presented on a going concern basis.

Investment strategy

Investments are valued at market value as at the Balance Sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital.

The GOsC has an investment of £845,835 in a medium-risk, diversified portfolio. The fund is managed by Brewin Dolphin and is classified on the Balance Sheet as a non-current asset. The portfolio has performed well this year, with a significant gain on investments in the year of over £120k. Three drawdowns were made in the year to manage the operational cash flow referred to on the previous page.

Statement of Council's responsibilities

Council (whose members are also Trustees of the charity) 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.
- observe the methods and principles in the applicable Charities SORP.
- 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. They should also enable Council to ensure that the financial statements comply with the Osteopaths Act 1993 and the Charities Act 2011.

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. The Chair of the Audit Committee is a member of Council and is able to report on relevant matters at each Council meeting.

Approved by Council on xx July 2026 and signed on their behalf by:

Jo Clift

Chair

15 July 2026

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

Opinion

We have audited the financial statements of the General Osteopathic Council for the year ended 31st March 2026 which comprise the statement of financial activities, balance sheet and cashflow statement, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice). In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31st March 2026 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit

of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report, and the Introduction from Chair of Council. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 41, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of noncompliance with laws and regulations related to regulatory requirements of the Osteopaths Act 1993, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as General Data Protection Regulation (GDPR), taxation legislation, the charities act 2011 and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;

- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

HaysMac LLP

Statutory Auditors
15 July 2026

10 Queen Street Place
London EC4R 1AG

HaysMac LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

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Statement of Financial Activities for the year ended 31 March 2026

	Notes	2026 £	2025 £
Income from			
Charitable activities	2	3,202,256	2,971,497
Investments	3	9,339	21,961
Total		3,211,595	2,993,458
Expenditure on			
Charitable activities	4	3,598,580	3,311,444
Total expenditure		3,598,580	3,311,444
Net expenditure before gains on investments		(386,985)	(317,986)
Net gains on investments		120,750	36,630
Net expenditure		(266,235)	(281,356)
Reconciliation of funds			
Total funds brought forward		2,601,074	2,882,430
Total funds carried forward	13	2,334,839	2,601,074

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

All income and expenditure is unrestricted.

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Balance sheet

As at 31 March 2026	Notes	2026 £	2025 £
Non-current assets			
Intangible assets	8	691,431	213,962
Tangible assets	8	1,469,288	1,503,081
Investment (portfolio)	9	845,835	1,317,560
Total non-current assets		3,006,554	3,034,603
Current assets			
Debtors	10	109,508	193,311
Cash in bank and at hand		19,918	277,969
Total current assets		129,426	471,280
Current liabilities			
Creditors: amounts falling due within 1 year	11	(801,141)	(904,809)
Total current liabilities		(801,141)	(904,809)
Net current liabilities		(671,715)	(433,529)
Net assets		2,334,839	2,601,074
Represented by:			
Unrestricted reserves			
- Designated reserves		161,290	535,689
- General reserves		2,173,549	2,065,385
Total reserves		2,334,839	2,601,074

Approved and authorised for issue by the members of Council on 15 July 2026 and signed on their behalf by:

CoE Lorna
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Jo Clift
Chair

Statement of cash flows for the year ended 31 March 2026

	Notes	2026 £	2025 £
Reconciliation of net expenditure to net cash flow from operating activities:			
Net expenditure for the reporting period (as per the statement of financial activities)		(266,235)	(281,356)
Depreciation		66,050	56,354
Gains on investment		(128,275)	(47,878)
Dividends, interest and rents from investments		1,814	10,712
Decrease/(Increase) in debtors	10	83,803	(59,186)
(Decrease)/increase in creditors	11	(103,668)	109,264
Net cash used in operating activities		(346,511)	(212,090)
Cash flows from investing activities			
Dividends, interest and rents from investments		(1,814)	(10,712)
Purchase of intangible fixed assets	8	(480,927)	(213,962)
Purchase of tangible fixed assets	8	(28,799)	(12,164)
Proceeds from sale of investments	9	600,000	—
Net cash generated/(used in) investing activities		88,460	(236,838)
Change in cash and cash equivalents in the reporting period		(258,051)	(448,928)
Cash and cash equivalents at the beginning of the reporting period		277,969	726,897
Cash and cash equivalents at the end of the reporting period		19,918	277,969
Cash at bank and in hand		19,918	277,969

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Notes to the financial statements – for the year ended 31 March 2026

1. Principal accounting policies

Basis of accounting

The General Osteopathic Council (GOsC) was established under the Osteopaths Act 1993 and is domiciled in the United Kingdom, and the principal office address is Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with ‘The Financial

Reporting Standard applicable in the United Kingdom and Republic of Ireland’ Charities SORP (FRS 102) and the Charities Act 2011.

The financial statements have been prepared on an historic cost basis as modified by the revaluation of investments.

The financial statements are presented in sterling (£). The GOsC meets the definition of a ‘public benefit entity’ under FRS 102.

Critical accounting estimates and judgements

To be able to prepare the financial statements, the GOsC has reviewed its accounting policies, and the amounts recorded in the annual accounts to ensure any estimates and judgements which have the most risk of causing a material adjustment to the accounts are disclosed. In the view of the Council there are no significant estimates or judgements involved in the preparation of the financial statements.

Intangible assets

In accordance with Charities SORP (FRS 102), the cost of cloud-based servers and software (costing more than £750) are treated as intangible assets and will be subject to amortisation. Amortisation is provided on intangible assets, on a straight-line basis, as follows:

CRM system	10 years
Other computer software	5 years

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

Land is not depreciated.

Income

Registration and other fee income is recognised over the period that a service is provided and so the GOsC earns entitlement to the income. For registration fee income this is over the period of one year from the date the individual was first entered onto the Register. Investment income including bank interest income is accounted for as earned.

Investments

Investments are valued at market value as at the balance sheet date. Realised and unrealised gains and losses arising on the revaluation of investments are credited or charged to the Statement of Financial Activities. Investments include cash deposits where monies are not required for short-term working capital and the intention is for that cash to be held to generate a return for more than 12 months.

Provision for liabilities

A liability is measured on recognition at its historical cost and then subsequently measured at the best estimate of the amount required to settle the obligation at the reporting date.

Expenditure

All expenditure is accounted for on an accruals basis. A liability is recognised when the GOsC enters into a legal or constructive obligation to make a payment to a third party. Expenditure directly related to a single activity is allocated to that activity in the notes to the financial statements. Costs attributable to more than one category of expenditure are apportioned on the basis of the estimated amount of staff time attributable to that activity in the year.

Pension contributions

The GOsC operates a defined contribution pension scheme for qualifying employees. The employer's contribution for the year is charged to the Statement of Financial Activities in the period it is earned by the employee.

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

Reserves have been accumulated over previous financial periods in order to withstand any unforeseen circumstances, and the members of Council (who are also Trustees) continue to adopt the going concern basis of accounting in preparing the financial statements. One of the measures used to determine going concern is the reserves level. Although free reserves are below the target range, Council has concluded that the accounts be presented on a going concern basis, as detailed on page 39 with no material uncertainties.

Financial instruments

The GOsC has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash and bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise accruals, trade and other creditors.

2. Income from charitable activities

Registration fees are the primary source of income, with other income received set out in the analysis below:

	2026 £	2025 £
Registration fees	3,198,646	2,961,625
Other income	3,610	9,872
Total	3,202,256	2,971,497

3. Income from investments

	2026 £	2025 £
Interest from investments (including bank interest)	9,339	21,961
Total	9,339	21,961

4. Charitable activities

Expenditure for each function in the year was as follows:

	Direct £	Support costs £	Total 2026 £	Total 2025 £
Charitable activities				
Education and professional standards	520,458	316,174	836,632	980,550
Registration	181,900	214,999	396,899	392,498
Fitness to practise	1,203,539	417,349	1,620,888	1,187,761
Communications and research	427,986	316,175	744,161	750,635
Total	2,333,883	1,264,697	3,598,580	3,311,444

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5. Support costs

	Management £	Governance £	Central resources and financing £	IT £	Total 2026 £	Total 2025 £
Support costs						
Education and professional standards	140,274	63,931	76,620	35,349	316,174	328,103
Registration	95,387	43,473	52,102	24,037	214,999	214,965
Fitness to practise	185,162	84,388	101,139	46,660	417,349	328,104
Communications and research	140,275	63,931	76,620	35,349	316,175	260,220
Total	561,098	255,723	306,481	141,395	1,264,697	1,131,392

Support costs (Governance, Central resources and financing, and IT) have been recharged across the other areas of business on the basis of staff numbers in those departments.

6. Governance

	2026 £	2025 £
Governance costs		
Council members' fees (including National Insurance)	102,737	106,980
Council associates' fees (including National Insurance)	3,400	4,800
Other governance costs	149,586	129,972
Total	255,723	241,752

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Payments to non-executive members

Council members

In the reporting year, the total value of honorariums paid to Council members (10 in total) was £95,250 including responsibility allowances (2025: £103,700). In addition, expenses paid directly to Council members and to suppliers for travel and accommodation totalled £15,245 (2025: £25,327).

Name	Position	Location	Annual Rate £	National Insurance £
Jo Clift	Chair	London	30,000	3,357
Daniel Bailey	Member	Wolverhampton	7,800	419
Harry Barton ¹	Member	Birmingham	10,050	757
Gill Edelman ²	Member	Dorking	5,850	315
Sandie Ennis	Member	London	7,800	419
Caroline Guy	Member	Isle of Wight	7,800	419
Patricia McLure ³	Member	Northern Ireland	10,050	757
Katie Oswell ⁴	Member	Scotland	1,300	70
David Probert ⁵	Member	London	4,550	245
Debra Towse ⁶	Member	Wales	10,050	729
Total			95,250	7,487

Honorariums shown in the table above are paid directly to Council members.

The Osteopaths Act 1993 allows for the remuneration of Council members.

Council associates

The GOsC Council Associates programme allows for two osteopaths to shadow Council and attend and contribute to meetings to develop their governance and leadership skills. Council associates do not have voting rights.

Name	Position	Location	Annual Rate £	National Insurance £
Gabrielle Anderson ⁷	Council Associate	Plymouth	1,400	-
Arwel Roberts	Council Associate	Wales	2,000	-
Total			3,400	

1. Includes a responsibility allowance of £2,250 paid as Chair of the Audit Committee
2. Resigned December 2025
3. Includes a responsibility allowance of £2,250 paid as Chair of the Policy and Education Committee
4. In position from February 2026
5. In position from September 2025
6. Includes a responsibility allowance of £2,250 paid as Chair of the People Committee
7. Term ended November 2025

Investigating Committee and Professional Conduct Committee members

In the reporting year, a daily attendance fee of £340 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 and a screening fee of £25 per case screened. Members of these committees claimed daily attendance fees which totalled £208,205 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £19,854.

External members of other committees

In the reporting year, a daily attendance fee of £340 was paid to external members of the Policy Education Committee, Audit and People Committees when attending GOsC meetings. Co-opted members of these committees claimed daily attendance fees of £9,974 with expenses paid directly to the committee members and to suppliers for travel and accommodation totalling £7,604.

Net expenditure after charging

	2026 £	2025 £
Net expenditure for the year stated after charging		
Fees paid to HaysMac LLP		
- External audit	26,340	24,960
Depreciation of assets	66,050	56,355

7. Employees and staff costs

Staff costs during the year were as follows:

	2026 £	2025 £
Staff costs		
Salaries	1,518,170	1,402,573
Employer's National Insurance	190,816	146,666
Pensions	150,734	134,315
Total	1,859,720	1,683,554

In the financial year 2025-26, redundancy and severance costs of £nil (2025: £nil) were incurred.

	2026	2025
Average staff numbers		
Chief Executive and Registrar's office	5	5
Communications	6	5
Education and Professional Standards	6	6
Fitness to Practise	8	7
Registration	4	4
Resources	3	3
Total	32	30

Key management personnel remuneration

The key management personnel comprise the Chief Executive and Registrar, Director of Education, Standards and Development, and Director of Fitness to Practise.

The total emoluments for the key management personnel were £416,284 (2025: £402,905) The total number of staff whose taxable emoluments fell into higher salary bands was:

	2026	2025
£60,000-£70,000	2	1
£70,000-£80,000	0	0
£80,000-£90,000	0	0
£90,000-£100,000	0	0
£100,000-£110,000	2	2
£110,000-£120,000	0	0
£120,000-£130,000	1	1

Pension costs

The contributions paid in the year in respect of the Council's pension scheme included contributions payable for the year of £150,734 (2025 - £134,315)

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8. Intangible and Tangible Fixed Assets

Intangible assets

	Intangible assets £
Cost	
At 1 April 2025	233,962
Additions	480,927
Disposals	—
At 31 March 2026	714,889
Amortisation	
At 1 April 2025	20,000
Charge for the year	3,458
Disposals	—
At 31 March 2026	23,458
Net book value	
At 31 March 2025	213,962
At 31 March 2026	691,431

All intangible assets related to Computer Software.

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Tangible Fixed Assets

	Office furniture £	Computer hardware £	Freehold building £	Total £
Cost				
At 1 April 2025	114,970	36,812	2,244,172	2,395,954
Additions	—	28,799	—	28,799
Disposals	—	—	—	—
At 31 March 2025	114,970	65,611	2,244,172	2,424,753
Depreciation				
At 1 April 2025	95,597	21,759	775,517	892,873
Charge for the year	10,161	14,245	38,186	62,592
Disposals	—	—	—	—
At 31 March 2026	105,758	36,004	813,703	955,465
Net book value				
At 31 March 2025	19,373	15,053	1,468,655	1,503,081
At 31 March 2026	9,212	29,607	1,430,469	1,469,288

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9. Investments

	2026 £	2025 £
At the start of the year	1,317,560	1,269,682
Investments sold in the year	(600,000)	-
Income reinvested	24,447	22,466
Investment gain	120,750	36,630
Fees taken	(16,922)	(11,218)
Total portfolio	845,835	1,317,560

Investments are managed by Brewin Dolphin and are held in a medium risk diversified portfolio incorporating a mix of equities (£462,049), bonds (£232,872), and other assets, including cash (£150,914).

10. Debtors

	2026 £	2025 £
Trade debtors	4,025	21,173
Prepayments and accrued income	103,708	170,886
Other debtors	1,775	1,252
Total debtors	109,508	193,311

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11. Creditors

	2026 £	2025 £
Trade creditors	89,535	49,968
Deferred income	442,044	702,322
Accruals	198,724	97,133
Other creditors	10,005	8,134
Other tax and social security	60,833	47,252
Total creditors	801,141	904,809

12. Deferred income

	2026 £	2025 £
As at 1 April	702,322	621,893
Amount deferred during the year	442,044	702,322
Amount released to the financial statements	(702,322)	(621,893)
Total deferred income	442,044	702,322

Income from annual registration fees is deferred and released to the statement of financial activities on a straight-line basis over the period to which the registration fee relates. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year.

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13. Reserves

	At 1 April 2025 £	Income £	Expenditure £	Transfer £	At 31 March 2026
General reserves	2,065,385	3,332,345	(3,413,339)	189,158	2,173,549
Designated reserves					
- General legal	123,031	-	(123,031)	-	-
- Innovation fund	-	-	(33,510)	100,000	66,490
- IO Convention 2023	(2,712)	-	-	2,712	-
- IT investment	152,093	-	-	(152,093)	-
- NCOR infrastructure costs	123,500	-	(28,700)	-	94,800
- Registrant Perceptions	3,772	-	-	(3,772)	-
- Website development	136,005	-	-	(136,005)	-
Total reserves	2,601,074	3,332,345	(3,598,580)	-	2,334,839

The designated reserves relate to a fund to support the ongoing work of the National Council for Osteopathic Research ("NCOR"); five years of infrastructure costs have been ringfenced (£123,500), and a reserve for innovation projects (£100,000 was allocated by Council).

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Prior year comparative

	At 1 April 2024 £	Income £	Expenditure £	Transfer £	At 31 March 2025
Reserves					
General reserve	2,386,217	3,030,088	(3,150,920)	(200,000)	2,065,385
Designated reserve	496,213	–	(160,524)	200,000	535,689
	2,882,430	3,030,088	(3,311,444)	-	2,601,074

14. Related party transactions

Matthew Redford, Chief Executive and Registrar, is a Trustee of the National Council for Osteopathic Research.

Dr Daniel Bailey, Council Member, is a Research Fellow of the National Council for Osteopathic Research.

There are no outstanding high-court cases.

15. Contingent liabilities

There are no contingent liabilities held.

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General
Osteopathic
Council

General Osteopathic Council

info@osteopathy.org.uk

osteopathy.org.uk

The GOC is a charity registered in England and Wales (1172749)

General Osteopathic Council

Audit Findings Report

For the Period Ended 31 March 2026



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HaysMac[★]

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1. Introduction and Executive Summary

This report summarises our key findings in connection with the audit of the financial statements of General Osteopathic Council for the period ended 31 March 2026.

Our audit approach

Our work was planned and performed in order to issue an audit opinion on the financial statements in accordance with International Standards on Auditing (UK) ("ISAs") and the terms of our letter of engagement. Our audit approach is a risk-based approach founded on us gaining a thorough understanding of the entity and its business in order to allow us to identify the risks of material misstatement within the financial statements. To do this, we consider both the risk inherent in the financial statements themselves and the control environment in which the entity operates. We then use this assessment to develop an effective and efficient approach to the audit.

Limitations

Our audit procedures, which have been designed to enable us to express an opinion on the financial statements, have included an examination of the transactions and the controls thereon.

Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

We have included in this report only those matters that have come to our attention as a result of our normal audit procedures and, consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Overall conclusion and opinion

At the time of issuing this report we anticipate issuing an unqualified opinion on the financial statements.

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2. Significant audit risks, and other focus areas identified during audit planning

We set out below the significant audit risks identified at the planning stage and the conclusions of our audit work:

SIGNIFICANT AUDIT RISK AREA / FOCUS AREA	HOW WE ADDRESSED THIS	COMMENTARY
Presumed risk in revenue recognition We have rebutted the risk of fraud in revenue recognition as the main source of revenue is membership income. This income stream is simple to account for and difficult to misappropriate; additionally, the direct link to membership numbers means that any deviation from the correct recognition criteria is easily recognised.	We compared actual income to expected amounts derived from our predictions which were formed by using registrant data posted on the CRM system which is external to finance. We also verified the completeness and accuracy of CRM data by testing from registrant data back to the system.	Our work to recalculate expected income did not reveal any anomalies which would suggest fraud in revenue recognition. In addition, the previous issues surrounding potential duplication of income arising from the system’s treatment of direct debits and debtor/accrued income postings has been satisfactorily addressed.
Presumed risk of management override We are required to consider and respond to the risks arising from management override of controls.	We have reviewed accounting estimates and considered their reasonableness. We have analysed significant, unusual or unexpected journal postings and have investigated risky journals in detail. We have looked at year end journals and analysed the impact these have had on the accounts and whether there is any evidence of misappropriation.	Planned audit work has been completed in this area. We have not identified any evidence of material management override.
Deferred income Deferred income dominates the balance sheet and thus is an area we interrogated thoroughly.	We liaised with management to understand the controls environment surrounding deferred income and also reviewed workings for deferred income.	Our work to recalculate expected deferred income did not reveal any anomalies which would suggest material misstatement in deferred income recognition. A minor amendment to the deferred income calculation has

SIGNIFICANT AUDIT RISK AREA / FOCUS AREA	HOW WE ADDRESSED THIS	COMMENTARY
		been suggested which when amended for will resulted in deferred income increasing by £152k.

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3. Accounting and Audit Matters

3.1 Qualitative aspects of accounting practices and financial reporting

i. Key judgements

Accounting judgements are the use of judgements made by management in the course of the preparation of the financial statements which may lead to estimation uncertainty. The main judgements within the accounts are relating to assets and their useful lives. We have reviewed these and can confirm that these are in line with industry norms and our expectations.

ii. Deferred income and debtors update

In the prior year we highlighted an issue with the accounting of both deferred income and debtors. The issue was caused by the fact that individuals that paid using direct debits are charged on a month-by-month basis for being a member of GOsC. However, despite being charged monthly, GOsC historically recorded a debtor in the accounts for the full yearly amount payable by the member. This meant that individuals that were actually completely up to date with payments were still being recognised as owing GOsC (a debtor within the accounts).

In addition, the cash received from direct debits corresponds to the month that the member has been charged for, however GOsC deferred the cash received each month as if the cash related to the whole membership period. This treatment was incorrect as the payments for each month simply correspond to the month being charged for, and as a result, the amount of income that has been deferred in year is too high.

In the current year, GOsC management have used a year end journal to rectify the issues caused by their accounting system, this journal used is similar to the correction journal recommended in the prior year. While we are happy that management now have a process in place to ensure that the accounts are correct, we have made a slight adjustment to their journal calculations which has lead to the recommended adjustment in section 3.2.

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3.2 Accounting and audit matters

i. Materiality

Materiality was based on revenue for the audit. A threshold of 3% of revenue yielded a materiality of £100k. Our reporting threshold was 5% of this amount, this means that all errors above our triviality threshold of £5k were reported.

ii. Summary of adjusted and unadjusted misstatements

There is a single recommended adjustment (currently unadjusted but we expect an adjustment) this is a result of fine-tuning the calculations for deferred income used by management in year. The revised more accurate calculations result in deferred income increasing by £152k and reducing income in year by the same amount.

iii. Letter of representation

International Standards on Auditing require us to obtain written representations from the directors when you approve the financial statements. The letter contains only standard matters with no additional items specific to General Osteopathic Council.

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3.3 Data Analytics

As part of our audit, we use a technology solution called Info. Info is used to collaborate with your teams on information requests, but we also use all of its functionalities to carry out the detailed fieldwork. As part of our work, we 'ingest' your trial balance and nominal ledger so that our system then has access to every entry within your accounting system and we are able to use the functionalist to help us identify the risk profile of each underlying entry.



TEST: Risk assessing each transaction

The visualisation to the left plots each unique accounting entry posted during the year on a risk spectrum. Transactions are assigned a score based on the number of identical occurrences of the transaction and the impact that each has on the Company's financial result.

The visualisation highlights unusual entries which heavily impact the entity's financial result these are seen at the top of the chart with transactions to the far left and right having the largest positive or negative impact on the statements.

Analysis & conclusion

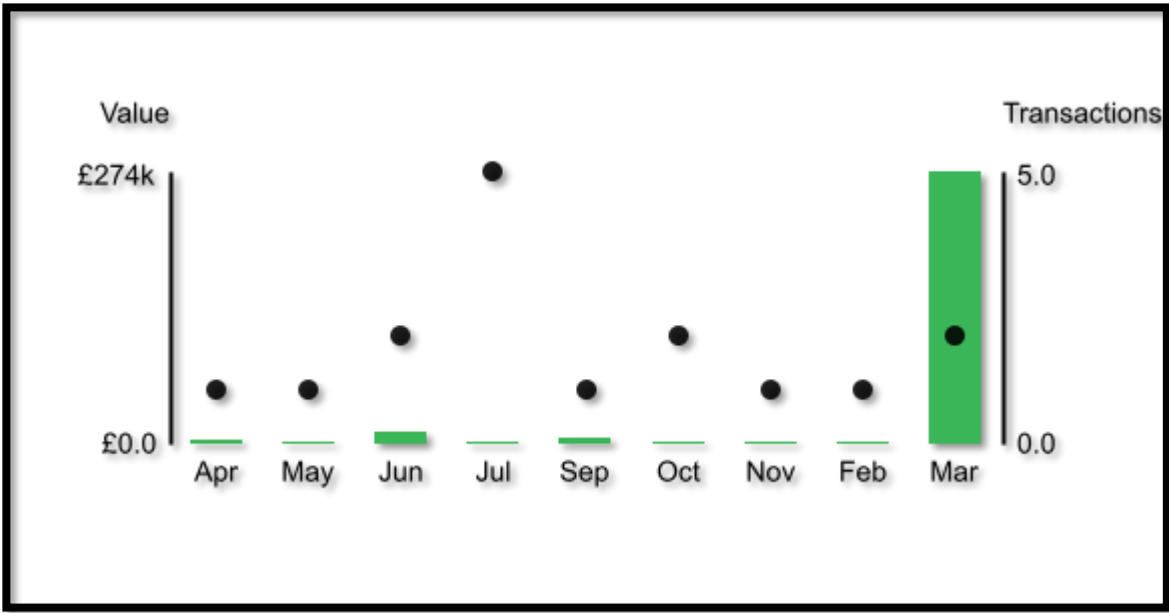
During the period there were a total of 3,408 transactions within General Osteopathic Council's accounting system. When combined, 238 unique general ledger code combinations were found.

A total of 15 combinations were flagged in the highest risk category, being those occurring fewer than 4 times and having a significant impact on reported profit (in red). There were 27 transactions within these combinations. These transactions were related to payroll, bank entries, investment movement and the deferred income journal adjustments which we have tested in year.

As a result of our analysis and testing of journals we have obtained supporting documentation for high-risk entries. Our testing resulted in us being able to conclude that these transactions were within the normal course of the activity of the business and therefore did not give us cause for concern.

TEST: Key work analysis

Inflo’s keywords routine identifies transactions where the description fields or general ledger accounts include keywords. These keywords are commonly reverse, update, amend, adjust correct, and other similar words identifying the correction of an error. Within the dataset we identified 16 transactions containing such words, the majority of which were posted in March. The 16 transactions represent less than 1% of all transactions, this is within tolerance, and we concluded that the journals that contained these words did not give rise to any increased risk. Year-end journals were tested as part of our work and not issues were identified in our sample.



Effective period analysis

There were 9 different Effective Periods noted where journals containing ‘risky’ key words were used. The largest Effective Period by value (shown on the first axis as a bar) was March, being £273,740. The largest Effective Period by count (shown on the second axis as a dot) was Jul, being 5. Our year-end journal testing did not reveal any instance of management override in the journals selected.

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4. Detailed control points

During the course of our audit, we identify detailed control points that we feel need to be brought to your attention and certain recommendations for improvements and/or corrective action. Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation. The matters and detailed control points that we have identified are graded within the following framework to assist you in assessing their impact.

RATING	RATING TYPE	CHARACTERISTICS OF RATING TYPE
Significant	These findings are considered to be significant to the management of risk in the business. The finding represents a serious weakness in systems and controls currently in place or a potentially fundamental control that has been omitted from the risk management systems as currently in operation.	- Key control omitted - Key control not designed or operating effectively, for example as indicated by multiple exceptions found during our review work - Evidence of override of controls in place with significant or potentially fraudulent outcomes - Non-compliance with laws and regulations
Important	Important findings that should be reviewed by management, pending corrective action and or updates to systems and controls.	- Errors and exceptions noted during our testing that had corrected retrospectively during the year by management. - Potential improvement to existing control noted - Possibility for override of controls exists - Our review noted numerous exceptions but not in key controls
Limited	Findings that identify non-compliance with established systems and controls.	Minor control weakness, for example limited exceptions noted during our review work
Advisory	Items requiring no immediate action but which may be of interest to management or best practice advice.	- Information for department management - Control operating but scope for efficiency and/or effectiveness improvements exist - Control operating but not necessarily in accordance with best practice - Recent or anticipated developments may necessitate new controls.

Current year

No control points noted in the current year. We identified the following issues in the prior year audit and made the following recommendations. We have followed up the status of the issue in the current year:

Prior year

ISSUE:		CONTROL POINT RATING:	OTHER
Risk	Our comments & proposals	Management response	
Within our testing it was noted that one supplier invoice was addressed to Matthew Redford instead of GOC.	We recommend that discussions are had with suppliers to ensure they are correctly addressing GOC with invoices.	No further issues noted in year – closed.	

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5. Emerging issues

Sector specific matters

A link to our most recent updates can be found here:

- [Social Purpose eNews](#)
- [PIMBs briefing](#)

Charity reporting and governance matters

Raising a concern with the Charity Commission

In June 2025 the Commission issued updated guidance which sets out when to raise concerns about a charity with the Commission as well as what it can do or cannot do within its remit of helping charities in England and Wales be accountable, well-run and meet their legal obligations. The guidance also covers where and how it can and will act and how it prioritises the most serious concerns that present risk of significant harm to, or abuse of, charities, their beneficiaries or assets or to trust and confidence in the sector.

An improved [online 'raising a concern' form](#) on gov.uk for members of the public, which still allows evidence to be attached, now provides new signposting to make it easier for a charity's trustees, employees and volunteers to raise concerns in the right way via alternative routes for whistleblowing, reports of serious incidents or matters of material significance.

Guidance on what is required in the 2025 Annual return

The Commission have issued a question guide to help charities understand the information that will be needed for their 2025 annual return submission. The guidance can be found [here](#).

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Updated guidance on decision-making for charity trustees (CC27)

In September 2024 the Charity Commission published updates to its guidance on making trustee decisions. The aim of these updates is to make the guidance more accessible and easier to use, however the backbone of the guidance remains the seven principles developed by the courts when they reviewed decisions made by trustees, which we have set out below.

When making decisions, trustees must:

- act within their powers
- act in good faith
- be sufficiently informed
- take into account all relevant factors
- identify and disregard any irrelevant factors
- manage conflicts of interest
- ensure their decision is within the range of decisions that a reasonable trustee body could make

The revised guidance can be [found here](#).

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Financial Reporting

Financial reporting framework

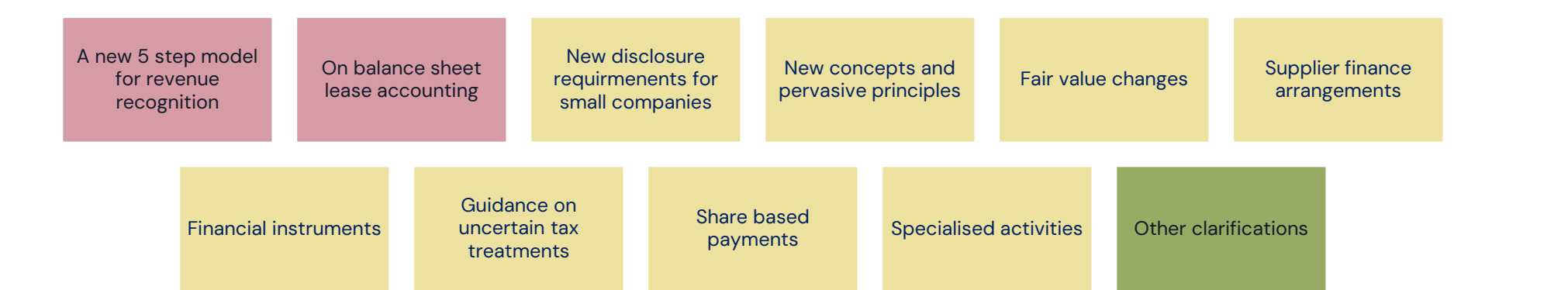
UK GAAP Developments – FRS 102

Following the recent Periodic Review and other amendments to UK and Ireland accounting standards, the Financial Reporting Council (FRC) has issued now revised versions of the accounting standards applicable in the UK including FRSs 101 and 102.

The changes to FRS 102 include the significant revisions made to leasing and revenue recognition which arose from the Periodic Review 2024. Most of these amendments are effective for accounting periods beginning on or after 1 January 2026, although those changes that relate to “supplier finance arrangements” have an earlier effective date of accounting periods beginning on or after 1 January 2025.

The Changes

These amendments seek to provide greater consistency and convergence, but not total alignment to international accounting standards. Areas and sections that are amended include the following.

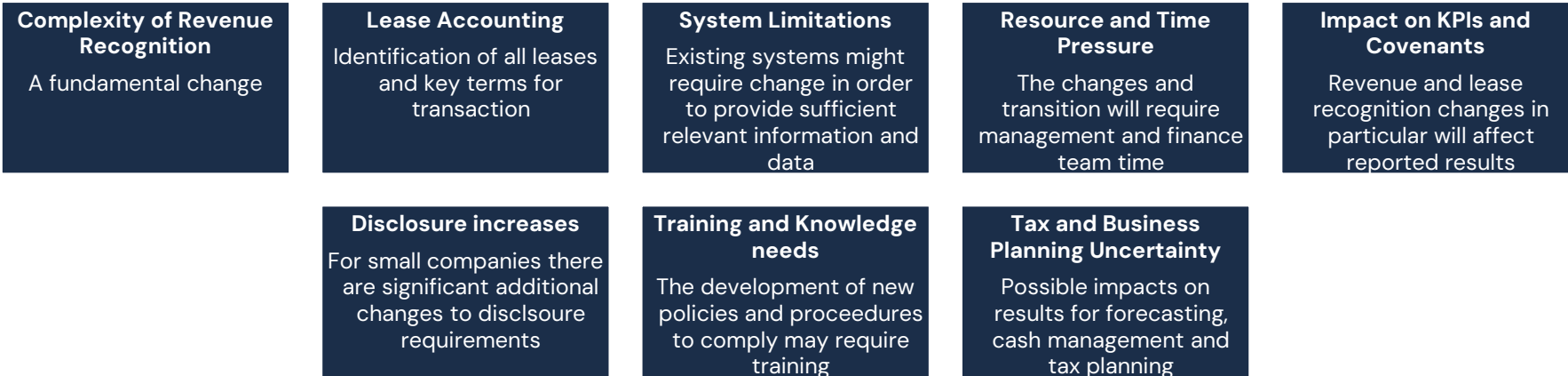


The impact of the changes is likely to be greatest for revenue recognition and lease accounting depending on an entity’s revenue type and use of leases as the FRS 102 changes are pervasive changes to recognition criteria. The changes marked orange above will impact entities differently depending on exposure to the transactions or balances covered. In many cases the changes add clarification or enhanced guidance to existing areas. Where management think the entity could be in scope and affected by the changes, they should review the relevant areas before assessing impact.

On transition, entities can choose whether they want to restate comparatives. If they decide not to, the cumulative effect of initially applying the standard will be recorded as an adjustment to opening retained earnings. Different requirements apply, and different practical expedients are available, depending on the transition approach adopted.

Through 2026 HaysMac will continue to publish guidance and explainers of key matters and issues for consideration.

Challenges posed by the changes



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Planning for 2026 year-ends

The transition to the new requirements will take careful planning for many entities currently following FRS 102. Management should consider performing the following actions:

Performing an Impact Assessment

Identify which areas (for instance, revenue, leases, disclosures or other) will be affected and quantify potential impacts to EBITDA, other KPIs, ratios and covenants.

Updating Accounting Policies and Procedures

Align policies with the revised FRS 102 requirements, especially for revenue recognition and lease accounting and ensure systems capture necessary data.

Identifying Information Needs and Gather Data Early

Collect detailed contract information for revenue recognition assessment and obtain complete data on leases for the new on-balance sheet model.

Reveiwng Accounting Systems and Procedures

Ensure accounting systems can handle new requirements (e.g., five-step revenue model, lease calculations).

Training Finance Teams

Provide training on the new requirements where relevant

Communicate with Stakeholders

Inform boards, lenders, and investors about expected impacts on financial statements and ratios.

Reviewing Tax and Covenant Compliance Implications

Assess how changes affect tax planning and compliance with loan agreements.

With the changes to FRS 102, a new exposure draft of the charities SORP has been issued and has now been through its period of consultation. The exposure draft includes the changes noted above as they are relevant to charities, but has also introduced a three tier system categorising charities by size. The requirements of the SORP relevant to each size have then been clearly set out in the standard. A link to our webinar on the exposure draft can be found [here](#).

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Employment Tax

Personal tax thresholds

The government has announced it will extend the freeze to personal tax thresholds (income tax and National Insurance contributions ('NIC')) for three further years, from April 2028 to 2031. The OBR expects this will raise £23 billion in total by 2030/31.

This fiscal drag will bring more employees into higher rate tax bracket. A effective way to lower the taxable income is to maximise pension contributions. Further tax efficient method is to use the salary sacrifice arrangement. However, the Government announced a cap to the amount of pension contributions that can be made via a salary sacrifice arrangement. More detail is provided below. Although we will have to wait until the draft legislation is produced to see if there are any forestalling clauses introduced.

From 2026–27:

- The Lower Earnings Limit (LEL) and Small Profits Threshold (SPT) will rise by 3.8% (Sept 2025 CPI).
 - LEL: £6,708/year (£129/week)
 - SPT: £7,105/year
- Voluntary NICs rates will also increase by 3.8%:
 - Class 2: £3.65/week
 - Class 3: £18.40/week

These changes will be legislated in early 2026 through the usual annual NIC regulations.

Voluntary NICs abroad (from 6 April 2026):

- Access to pay voluntary Class 2 NICs while abroad will end.
- Minimum UK residency/contribution requirement to pay voluntary NICs from overseas will rise to 10 years.

Government will launch a wider review of voluntary NICs with a call for evidence in the new year.

Pension salary exchange

The government announced in the Autumn Budget that from April 2029 only the first £2,000 of pension contributions made by each employee through a salary sacrifice scheme will be exempt from NICs. Currently no cap exists. Employer and employee NICs will be due for pension contributions made through salary sacrifice schemes exceeding that cap. The OBR estimates this will raise £4.7 billion in 2029/30, and £2.6 billion in 2030/31.

The changes will be introduced through primary and secondary legislation in due course and will take effect from 6 April 2029.

Government has not made any changes in tax relief on employees’ pension contributions. Furthermore, NIC will not be levied on employer pension contributions, so pension salary exchange can be used to mitigate the increase in employers NIC until 5th of April 2029

Depending on the outcome of the draft legislation, if you do not provide your employer pension in conjunction with a pension salary exchange arrangement, then this will be an ideal time to consider implementing such an arrangement, the benefits of which include:

- Providing pensions in a National Insurance efficient manner.
- Encourage employees to think about their saving for their retirement.
- Increase employee engagement.
- Help employers to maximize their salary budget.

If you already have a pension salary exchange in place, given the Government’s recent announcements, now will be an ideal time to see whether it is achieving all your objectives.

Increase in National Living Wage

The Government announced increases in the National Minimum Wage and National Living Wage rate increases which will come into effect from 1 April 2026.

Details	NMW rate £	Increase £	Percentage increase %
National Living Wage (21 and over)	£12.71	£0.50	4.10
18–20 year old rate	£10.85	£0.85	8.5
16–17 year old rate	£8.00	£0.45	5.96
Apprentice rate	£8.00	£0.45	5.96
Accommodation offset	£11.10	£0.44	4.1

Employers will need to ensure that their payroll data is fully updated to reflect the increases.

Company cars and vans

The government will uprate the Car and Van Benefit Charge and the car Van Fuel Benefit Charges by September 2025 Consumer Price Index from 6 April 2026. Legislation via Statutory Instrument in December 2025 will update tax codes for the 2026–27 tax year.

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Employee car ownership schemes

The government previously announced at Autumn Budget 2024 that employee car ownership schemes (ECOS) would be brought within the scope of Benefit in Kind (BiK) rules from 6 April 2026, ensuring they are treated consistently with other forms of employer-provided vehicles.

To provide employers, scheme providers, and the wider sector with additional time to adjust to the new tax treatment, the government will now delay implementation until 6 April 2030. This revised timeline is intended to support smoother operational changes, allow for renegotiation of existing arrangements, and ensure compliance processes are in place.

The government will also introduce transitional arrangements running until April 2032, giving organisations a further period to complete the shift to the new rules while minimising disruption for both employers and employees.

Homeworking expenses

Tax relief for non-reimbursed homeworking expenses will be removed from 6 April 2026. Employers can still reimburse employees for these costs where eligible without deducting Income Tax and National Insurance contributions.

Expanding workplace benefits relief

From April 2026, income tax and NIC exemptions will also cover reimbursements for eye tests, homeworking equipment, and flu vaccinations.

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Annex C to 7

HaysMac LLP
10 Queen Street Place London
EC4R 1AG

15 July 2026

Dear Sirs,

During the course of your audit of our financial statements for the period ended 31 March 2026, the following representations were made to you by management and trustees of the charity.

- 1 We have fulfilled our responsibilities as trustees under the Charities Act 2011 ("the Act") for preparing financial statements, in accordance with FRS102 and the Act, that give a true and fair view and for making accurate representations to you as auditors.
- 2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and trustees' meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3 We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS102.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Act.
- 5 We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.
- 6 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.

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- 7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.
- 8 We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.
- 9 We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.
- 10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business and which are central to the charity's ability to conduct its business, namely the Osteopaths Act 1993.
- 12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 13 We confirm that we have reviewed the control procedures governing payments to overseas territories and that the charity has conducted appropriate due diligence procedures to ensure that such payments are used in accordance with the purposes for which they were given.
- 14 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 15 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.

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General
Osteopathic
Council

- 16 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.
- 17 We confirm that there is no audit information of which you as auditors are unaware, and that each trustee has taken steps to make themselves aware of any relevant information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

Yours faithfully

Signed on behalf of the Board of Trustees by:

Jo Clift
Chair of Council

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Council
15 July 2026
Reserves Policy

Classification	Public
Action	For decision
Purpose of the paper	To set a new reserves policy post sale of the headquarter building.
Strategic Priority implications	We need to ensure our financial sustainability so that we can deliver on our statutory responsibilities and our strategic priorities. Our reserves policy supports this approach.
Standards of Good Regulation implications	While there is no specific Standard of Good Regulation relating to financial sustainability, a lack of resources to deliver our statutory responsibilities will undermine our ability to meet a number of standards.
Communications implications	The reserves policy will be set out in Annual Report and Accounts and will be referenced in the registration fee consultation.
Financial, resourcing and risk implications	The reserves policy reflects our context and the associated financial and risk implications.
Patient perspectives	Ensuring we are financially sustainable is in the interests of patient safety as it means we can continue to discharge our statutory responsibilities.
Diversity implications	Having sufficient reserves/resources means that we can maintain our investment in our EDIB activities.
Welsh language implications	Having sufficient reserves/resources means that we can maintain our investment in our Welsh Language activities.
Annex(es)	Proposed Reserves Policy
Author	Darren Pullinger, Matthew Redford
Background reading	N/A



Recommendation(s)

1. To agree the new Reserves Policy.

Key messages

- We have an existing reserves policy which, post-sale of the headquarter building, needs to be revised. We are cognisant of the Charity Commission Guidance, CC19: Charity reserves - building resilience.
- Charities are expected to have a clear reserves policy explaining their approach and target levels.
- Reserves act as a buffer against uncertainty and enable organisations/charities to adapt to changing circumstances. The GOsC maintains reserves for the following core purposes (aligned to CC19 expectations).
 - Operational continuity
 - Income volatility
 - Risk mitigation
 - Strategic flexibility
 - Orderly wind-down (worst case scenario)
- In considering the level of reserves that we should hold, it is prudent to consider the following principles:
 - Expenditure profile (fixed vs variable costs)
 - Income predictability and dependency
 - Risk register and assessed financial risks
 - Planned strategic investments
 - Regulatory obligations and statutory duties.
- Our average expenditure between 2023 and 2026 is £3.2m. If we were to hold between 3 to 12 months expenditure, the level of reserves we would need to maintain are set out in the table below.

Months of expenditure	Reserves to be held
3 months	£800,000
6 months	£1,600,000
9 months	£2,400,000
12 months	£3,200,000

We recommend holding reserves between 6 and 9 months expenditure.

- We will need to develop a plan to address any excess reserves being held.

Introduction

1. We have an existing reserves policy which, post-sale of the headquarter building, needs to be revised. In updating the reserves policy we are specifically cognisant of the Charity Commission Guidance, CC19: Charity reserves - building resilience.

Discussion

2. Charities are expected to have a clear reserves policy explaining their approach and target levels. While there is no prescribed 'correct' level, Trustees must justify their approach based on the organisation's circumstances.
3. The revised policy, set out in the Annex, sets out our approach to managing financial reserves, ensuring compliance with the Charity Commission's guidance. The policy aims to:
 - Support the long-term sustainability of the organisation
 - Ensure the continuity of statutory regulatory functions
 - Provide financial resilience against unforeseen risks or income fluctuations
 - Enable informed decision-making by Council and the Senior Management Team.
4. Our current policy has set a target range for reserves based on some key headline risks being:
 - Increased volume of concerns
 - Judicial reviews or legal appeals
 - Uninsurable losses e.g. data protection fines
 - Unforeseen increase in quality assurance activity
5. While that approach has worked in the past, the context within which we operate has changed, even if those risks have not been eliminated. For example, cost pressures are significantly higher as a result of a number of factors, including an increase in the volume of concerns. But we will have a greater level of liquid cash reserves arising from the building sale, which was not the situation before - and therefore a new approach is required.
6. Reserve levels held across the healthcare regulatory system vary and there is no requirement set out in our legislation or an expectation set by the Department of Health and Social Care as to what our reserve levels should, or should not, be.
7. However, we know that several regulators hold between 3 to 6 months of expenditure in reserves, as a combined average figure, with each justifying their approach based on their own context.

What are reserves?

8. We are defining reserves as the part of our unrestricted funds that are freely available to spend on any purpose. This excludes:
 - Restricted funds
 - Endowment funds
 - Funds designated for specific purposes
 - Tangible fixed assets or other non-liquid resources.
9. Only free reserves are considered when assessing the adequacy of financial resilience.

What is the rationale for holding reserves?

10. Reserves act as a buffer against uncertainty and enable organisations/charities to adapt to changing circumstances. The GOsC maintains reserves for the following core purposes (aligned to CC19 expectations).

Operational continuity	Maintaining essential statutory activities during short-term income disruption.
Income volatility	Manage risks arising from fluctuations in registrant fee income, investment returns and/or external funding.
Risk mitigation	Provide financial capacity to respond to: • Legal challenges • Regulatory changes • Major IT or operational changes • Unexpected costs.
Strategic flexibility	Enable investment in transformation, improvement, or public protection initiatives
Orderly wind-down (worst case scenario)	Ensure liabilities (e.g. staff costs, contractual obligations) can be met responsibly.

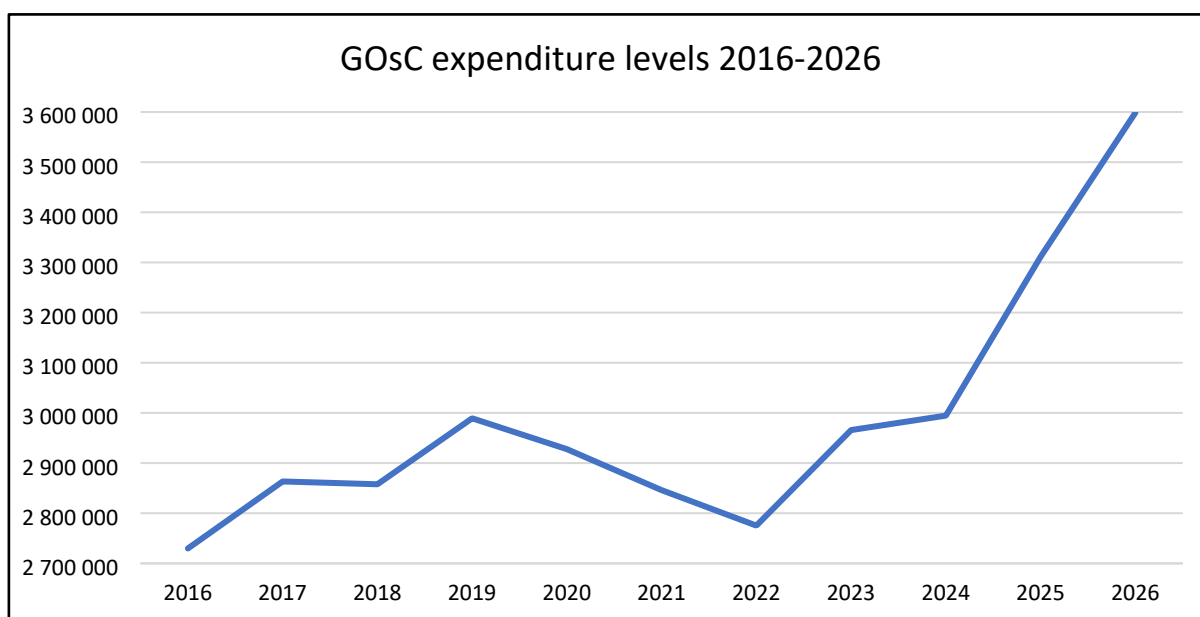
What level of reserves should we hold?

11. In considering the level of reserves that we should hold, it is prudent to consider the following principles:

- Expenditure profile (fixed vs variable costs)
- Income predictability and dependency

- Risk register and assessed financial risks
- Planned strategic investments
- Regulatory obligations and statutory duties.

12. Our Financial and Asset Framework 2026-30, agreed by Council in February 2026, provides context/data for considering these principles. We know from the Framework that expenditure has been increasing in recent years, and is forecast to continue increasing.



13. Our average expenditure between 2023 and 2026 is £3.2m. This period reflects a substantial increase in expenditure due to rising inflation, cost increases across the whole business and an increase in fitness to practise caseload.
14. If we were to hold between 3 to 12 months expenditure, the level of reserves we would need to maintain are set out in the table below.

Months of expenditure	Reserves to be held
3 months	£800,000
6 months	£1,600,000
9 months	£2,400,000
12 months	£3,200,000

15. While we have cost pressures, we are taking steps to address those through the sale of the headquarter building and through reducing expenditure commitments.
16. We are also considering how we can generate more income through registration fees – as considered elsewhere on the July 2026 public agenda. However, we do of course recognise that registration fees are our main source of income and so there is a dependency which needs to be considered.

17. We have a good understanding of our key strategic risks with the main areas of focus including:
 - The timeliness of fitness to practise case progression impacting on registrants, patients and witnesses
 - Ensuring our processes are not seen to be unfair or discriminatory
 - Financial and infrastructure resilience of the GOsC to deliver on our statutory responsibilities
 - Building trust following the DJS registrant perceptions survey.
18. In 2026 we have concluded two major infrastructure investment projects: CRM implementation and website redevelopment. We do not have any major infrastructure investments scheduled for the immediate future. We plan to build into future operating budgets funds to be transferred into a designated reserve, in order to build up a contingency for future infrastructure investment projects.
19. Taking this context into account, we recommend that a prudent approach would be to hold between 6 and 9 months expenditure in reserves.

How to we manage surplus or deficit reserves

20. Where reserves are above the target level we will need to consider investment in our strategic priorities and/or designation of funds for future commitments.
21. Where reserves are below the target level we will need to develop a recovery plan, which may include cost controls and income generation.

Where are our reserves likely to be post sale of the headquarter building?

22. We know that post sale of the headquarter building we will hold reserves which are above our target level. Therefore, we will need to consider our approach to investment in our strategic priorities and/or designation of funds for future commitments.
23. Please note that this paper is not discussing that future approach; it is about initially setting the right reserves policy and once this is agreed, the Executive will return to Council with papers that facilitate discussion about investment in our strategic priorities.
24. Additionally this paper does not address the future of the GOsC investment approach. This is a separate discussion that will be presented at a future Council meeting.

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Executive view

25. A new reserves policy is required to better reflect the changing environment that we face. We have reflected on the Charity Commission guidance and made the reserves policy relevant to our context. We welcome Council's consideration of the reserves policy.

Recommendations: to agree the new Reserves Policy.

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General Osteopathic Council (GOsC) Reserves Policy

Purpose of this policy

1. Charities are expected to have a clear reserves policy explaining their approach and target levels. While there is no prescribed 'correct' level, Trustees must justify their approach based on the organisation's circumstances.
2. This policy sets out the General Osteopathic Council's (GOsC) approach to managing its financial reserves, ensuring compliance with the Charity Commission's guidance on reserves ([CC19: Charity reserves - building resilience](#))
3. The policy aims to:
 - Support the long-term sustainability of the organisation
 - Ensure the continuity of statutory regulatory functions
 - Provide financial resilience against unforeseen risks or income fluctuations
 - Enable informed decision-making by Council and the Senior Management Team.

Definition of reserves

4. For the purposes of this policy, reserves are defined as the part of the charity's unrestricted funds that are freely available to spend on any of its purposes.
5. This excludes:
 - Restricted funds
 - Endowment funds
 - Funds designated for specific purposes
 - Tangible fixed assets or other non-liquid resources.
6. Only free reserves are considered when assessing the adequacy of financial resilience.

Policy position

7. The GOsC will maintain an appropriate level of reserves to:
 - Manage financial uncertainty
 - Ensure continuity of statutory functions
 - Maintain public confidence and support osteopaths deliver high-quality care
 - Support strategic flexibility and respond to opportunities.

8. Trustees (Council members) are responsible for:

- Setting the reserves level
- Regularly reviewing adequacy of the reserves
- Explaining and justifying the approach in the Annual Report and Accounts in line with the Statement of Recommended Practice (SORP) requirements.

Rationale for holding reserves

9. Reserves act as a buffer against uncertainty and enable charities to adapt to changing circumstances. The GOsC maintains reserves for the following core purposes (aligned to CC19 expectations):

- Operational continuity:** Maintaining essential statutory activities during short-term income disruption.
- Income volatility:** Manage risks arising from fluctuations in registrant fee income, investment returns and/or external funding.
- Risk mitigation:** Provide financial capacity to respond to:
 - Legal challenges
 - Regulatory changes
 - Major IT or operational changes
 - Unexpected costs.
- Strategic flexibility:** Enable investment in transformation, improvement, or public protection initiatives
- Orderly wind-down (worst case scenario):** Ensure liabilities (e.g. staff costs, contractual obligations) can be met responsibly.

Determining the Level of Reserves

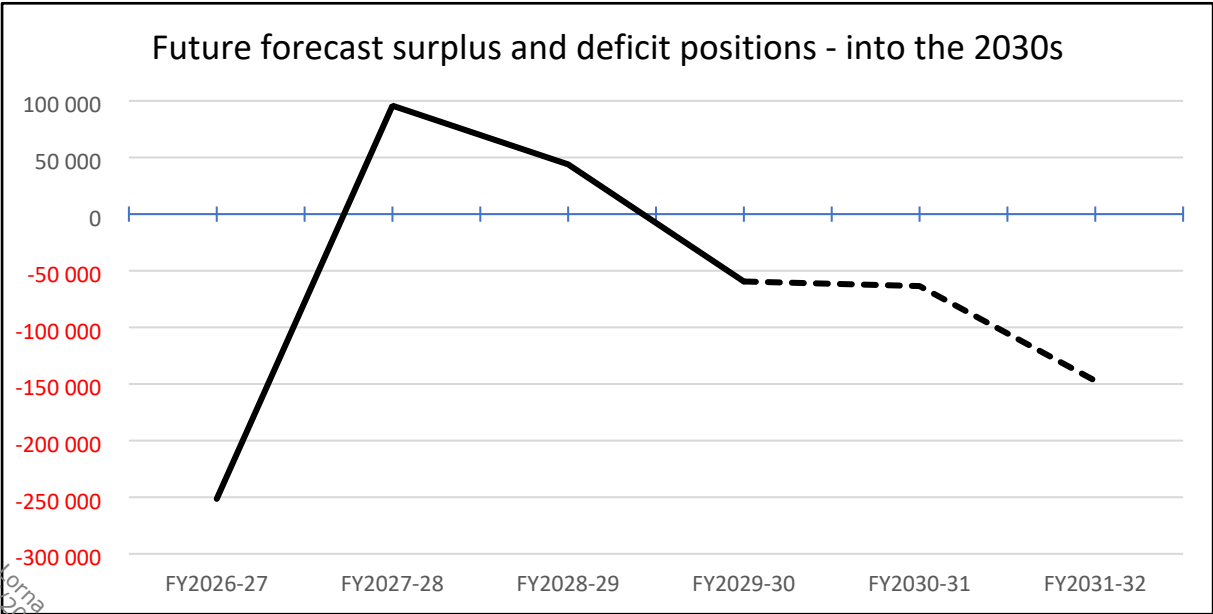
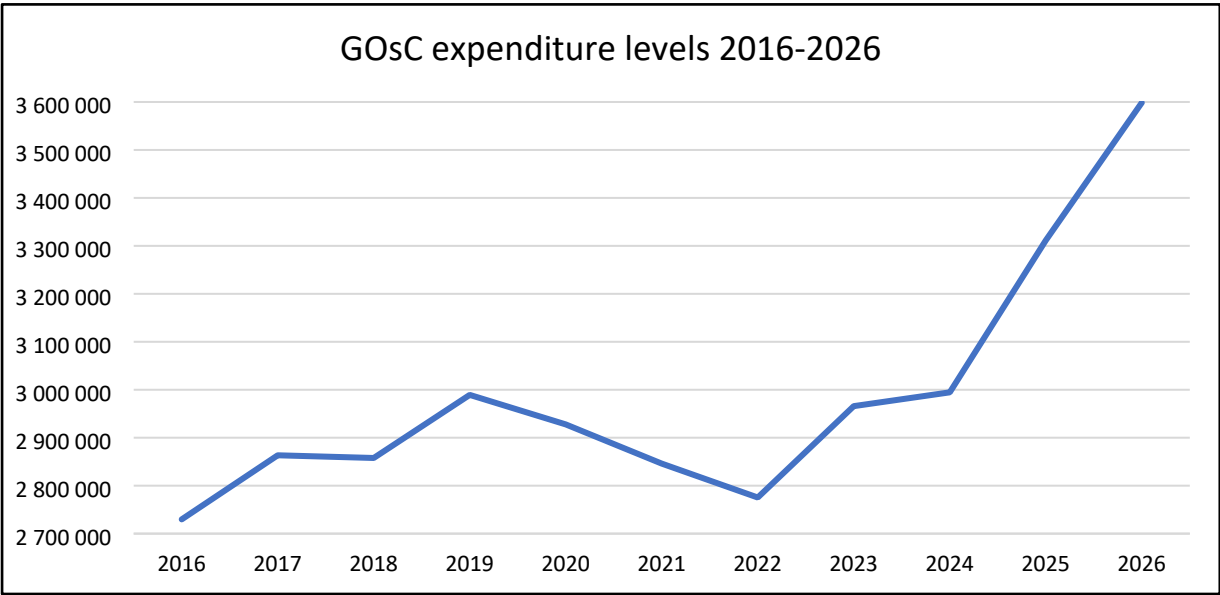
- Principles:** The GOsC adopts a risk-based approach to determining reserves, consistent with Charity Commission expectations that levels should reflect the charity's specific circumstances.

Key factors considered:

- Expenditure profile (fixed vs variable costs)
- Income predictability and dependency
- Risk register and assessed financial risks
- Planned strategic investments
- Regulatory obligations and statutory duties.

- b. **Target Level:** The GOsC will maintain reserves within a target range expressed as months of operating expenditure, supported by detailed financial modelling. Typical sector benchmarks are often expressed in months of expenditure, but trustees must justify their chosen level based on risk rather than rely on fixed rules.

The Council approved a Financial and Asset Framework, 2026-30, at the February 2026 Council meeting. This Framework highlighted that expenditure is forecast to continue increasing over the coming years as we have seen increased expenditure in the delivery of our statutory functions specifically around fitness to practise.



We have a good understanding of our key strategic risks with the main areas of focus including:

- The timeliness of fitness to practise case progression impacting on registrants, patients and witnesses
- Ensuring our processes are not seen to be unfair or discriminatory
- Financial and infrastructure resilience of the GOsC to deliver on our statutory responsibilities
- Building trust following the DJS registrant perceptions survey.

In 2026 we have concluded two major infrastructure investment projects: CRM implementation and website redevelopment. We do not have any major infrastructure investments scheduled for the immediate future.

- c. **Statement:** The GOsC aims to maintain free reserves equivalent between 6 to 9 months of core operating expenditure, subject to periodic review based on risk exposure.

Monitoring and Reporting

a. **Internal monitoring:**

- Financial quarterly reports are provided to every meeting of Council
- The Head of Resources and Assurance will present a report on reserves annually to Council in addition to the quarterly management accounts
- Variances from target will be analysed and explained.

b. **External reporting:** In line with Charity Commission and SORP requirements, the GOsC will disclose in its Annual Report and Accounts:

- The level of reserves held
- The target level and rationale
- Steps being taken if reserves are above or below the target level.

10. Charities are required to explain their reserves policy and position clearly in their annual reporting.

Use of Reserves

11. Reserves may be drawn down only for:

- Managing short-term financial shocks
- Funding approved strategic investments
- Responding to significant operational risks.

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12. The use of reserves must be:

- Approved through appropriate governance processes and clearly documented.

Managing surpluses and deficits

a. **Above target reserves:** Where reserves exceed the target range, the GOsC will consider:

- Investment in strategic priorities
- Designation of funds for future commitments.

b. **Below target reserves:** Where reserves fall below target:

- A recovery plan will be developed
- Options may include cost control, income adjustment, or phased rebuilding.

Review of policy

13. This policy will be:

- Reviewed annually as part of financial planning
- Updated when there are significant changes to:
 - The GOsC risk profile
 - The GOsC operating model
 - The GOsC financial position

Governance and responsibilities

- Council (Trustees) Overall ownership and approval
- Audit Committee Oversight and assurance
- Executive Team Implementation, monitoring and reporting

14. Trustees must manage resources responsibly, assess risk, and act in the best interests of the charity when setting reserves.

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Council
15 July 2026
Registration fee consultation

Classification	Public
Action	For decision
Purpose of the paper	To agree to launch a registration fee consultation.
Strategic Priority implications	Ensuring the financial stability of the GOsC is essential to the delivery of the three strategic priorities agreed by Council.
Standards of Good Regulation implications	Ensuring sufficient resources to deliver our statutory responsibilities gives GOsC the best opportunity of meeting the PSA Standards of Good Regulation.
Communications implications	Council received a Communications Plan in the Private meeting of the May 2026 Council which we have started to enact. The consultation will be open for 3 months and we will bring the analysis of the consultation back to Council in November 2026.
Financial, resourcing and risk implications	These are set out in the paper.
Patient perspectives	Delivery of our statutory responsibilities will be of significant importance to patients but they may be concerned about price rises for treatment if osteopaths pass on any fee increases to their customers.
Diversity implications	An Equality Impact Assessment has been developed and is annexed to this paper. The draft consultation document includes specific questions about equity, diversity and inclusion.
Welsh language implications	The draft consultation document includes specific questions about the Welsh Language.
Annex(es)	A. Draft registration fee consultation B. Equality Impact Assessment



Author	Matthew Redford
Background reading	N/A

Recommendation(s)	1. To agree to launch a registration fee consultation. 2. To consider the Equality Impact Assessment.

Key messages

- Registration fees have remained unchanged since 2014, despite sustained inflation and rising regulatory demand. Had fees increased in line with inflation the fees would now be:

Year	Registration fee	If increased with inflation
Entry to the Register – year 1	£320 (entry fee)	£515
Renewal – year 2	£430 (phased fee)	£692
Renewal – year 3 and thereafter	£570 (headline fee)	£918

- During the period 2023-26, expenditure has outstripped income by £540k.
- We are acting now to ensure we continue to meet our statutory responsibilities and protect the public for the long term.
- We have liaised with the Department of Health and Social Care, and as long as Council reaches a decision before the end of December 2026, it is achievable that the registration fee increase would be implemented by May 2027.
- We are proposing to consult on:
 - The level of the registration fee increase.
 - Whether or not the fee increases should be applied equally across the board.
 - Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.
- An Equality Impact Assessment is attached to the paper.

Introduction

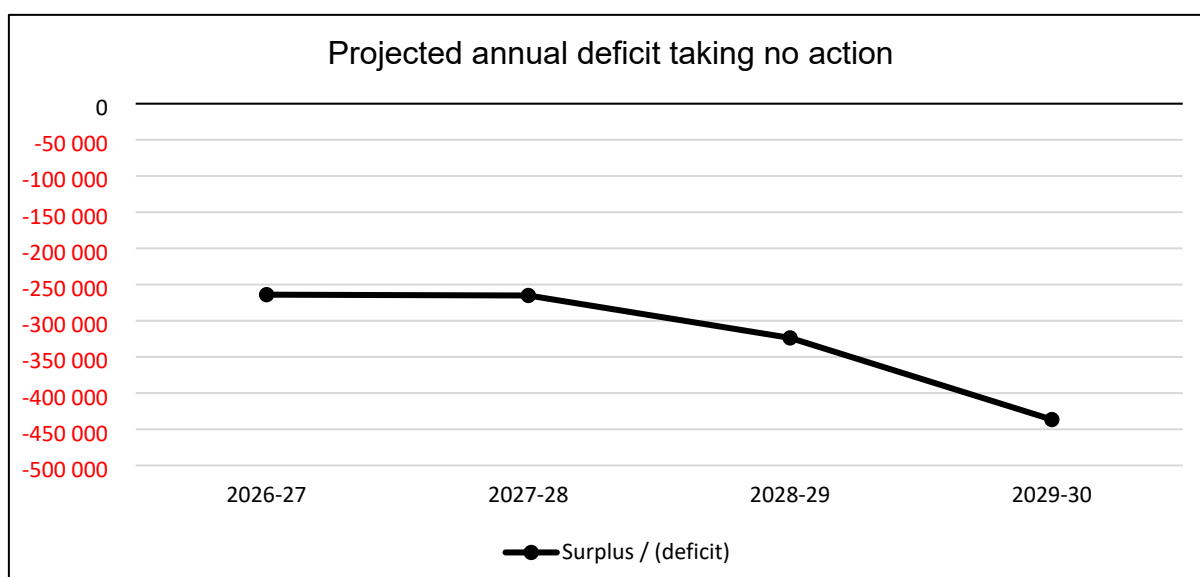
1. Council has been considering the short to medium term financial resilience of the GOsC.
2. This resulted in the agreement of a Financial and Asset Framework, 2026-30; the strategic decision to sell the headquarter building; and the Chief Executive and Registrar's intention to reduce expenditure during the current financial year.
3. In addition, Council has been discussing the need to increase registration fees which have been held constant since 2014.

Discussion

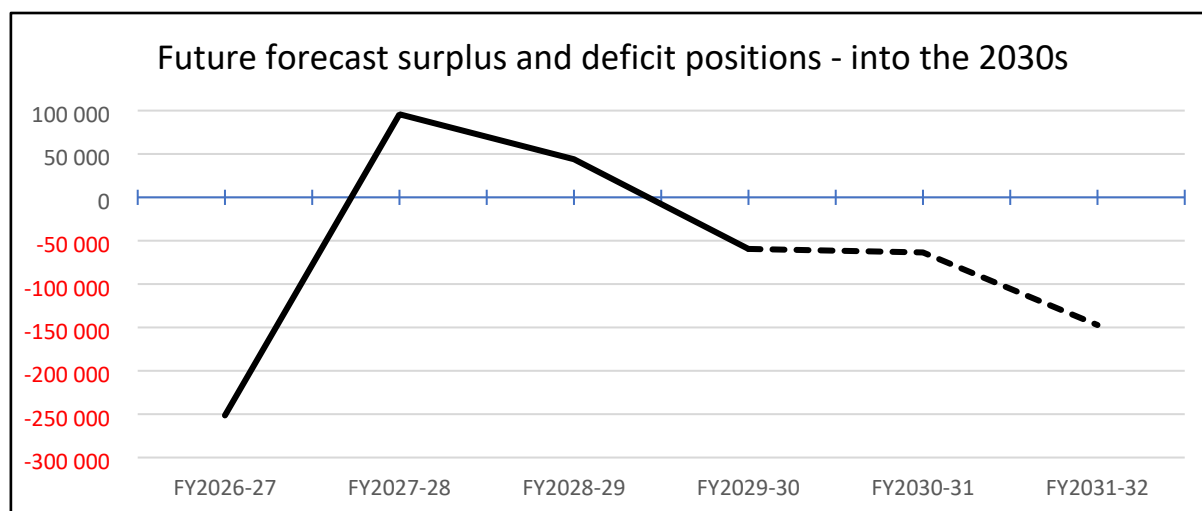
4. Registration fees have remained unchanged since 2014, despite sustained inflation and rising regulatory demand. Had registration fees increased in line with inflation, the fees would now be:

Year	Registration fee	If increased with inflation
Entry to the Register – year 1	£320 (entry fee)	£515
Renewal – year 2	£430 (phased fee)	£692
Renewal – year 3 and thereafter	£570 (headline fee)	£918

5. During the period 2023-26, expenditure has outstripped income by £540k. We are acting now to ensure we continue to meet our statutory responsibilities and protect the public for the long term.
6. We know from our forecasting, as outlined in the Financial and Asset Framework 2026-30, that we are facing deficits in the years ahead.



7. Members will be aware that the Chief Executive and Registrar has set out plans to reduce expenditure in the current financial year. However, even with this plan, deficit positions are forecast again from FY2029-30 onward.



8. A medium to long term approach means we also need to generate income to ensure our financial sustainability.

Registration fee increases

9. Every £10 increase in the annual registration fee would raise approximately £55,960 with a £50 increase generating slightly less than £300k. The table below summarises what registration fee increases would mean in terms of additional income generated and what the impact would be per registrant, per week.

Fee increased by	Additional income generated	Impact per week for registrants paying the headline fee
£10	£55,960	£0.19
£20	£111,920	£0.38
£30	£167,880	£0.58
£40	£223,840	£0.77
£50	£279,800	£0.96
£75	£419,700	£1.44
£100	£559,600	£1.92

Focus of consultation

10. The consultation document sets out our financial reality; it explains the benefits of registration with a single profession regulator; and what a registration fee increase would deliver for the profession and patients.

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11. The consultation document will seek views on:

- The level of the registration fee increase.
- Whether or not the fee increases should be applied equally across the board.
- Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.

12. The level of an across the board registration fee increase we are considering is £50; £75 or £100.

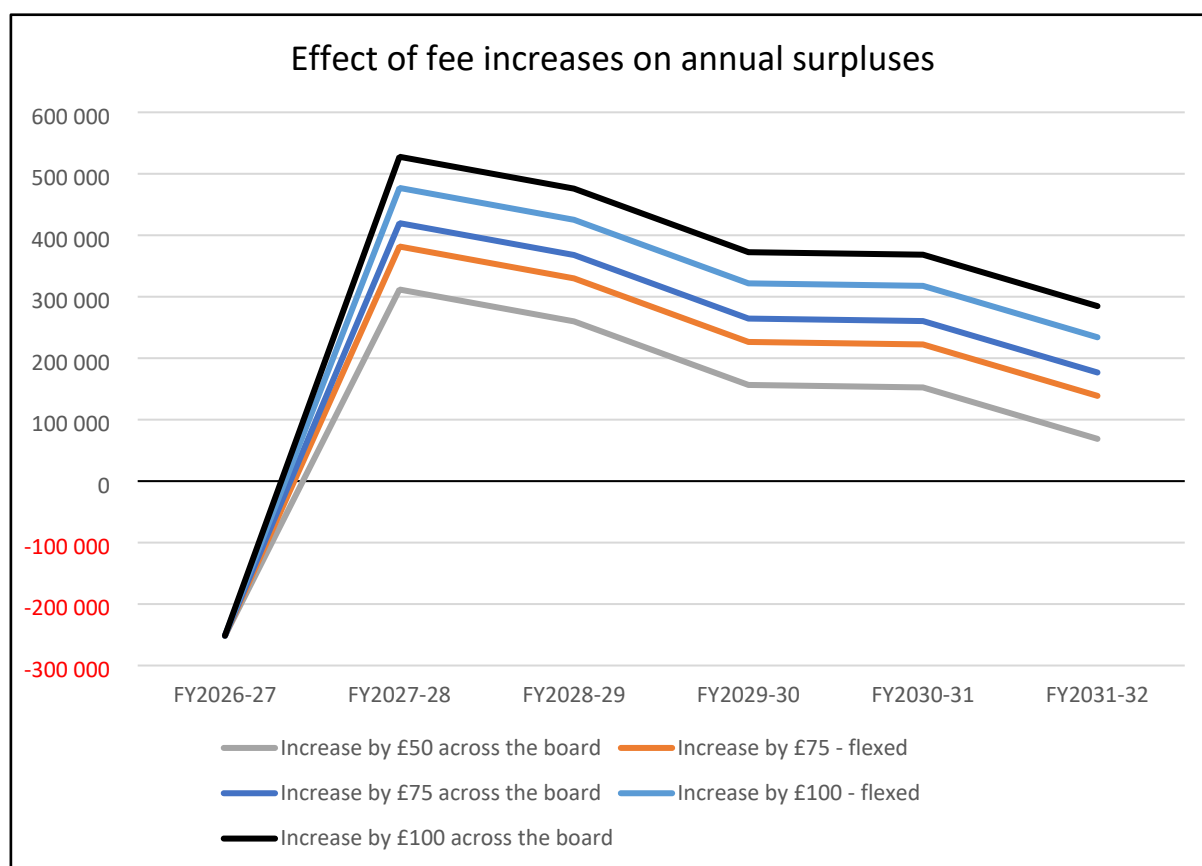
Descriptor	Impact
£50 increase	Increases income by just under c.£300k annually Eliminates projected future deficits Increase may be seen as manageable to registrants at an additional £0.96 per week Delivery of statutory functions maintained This increase is anticipated to result in a further 2% loss of registrants beyond normal leaver numbers
Increase of £75 or £100	Raises c.£420k - £560k annually Eliminates projected future deficits more quickly Likely to be viewed unfavourably by registrants Delivery of statutory functions financially secure Higher increase will be scrutinised by Department of Health and Social Care This increase is anticipated to result in a further 3-4% loss of registrants beyond normal leaver numbers

13. We have set out below a graph which show the impact of a £50, £75 and £100 across the board registration fee increase.

14. We have also calculated a 'flexed' rate which considers a higher headline fee increase (either £75 or £100) to limit and protect the increase on new entrants to the Register or those who are non-practising (a £35 or £50 increase).

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15. The graph includes assumptions around additional attrition rates.



16. In considering the above graph, I would urge Council members to note that we have taken a very cautious and prudent approach to our financial calculations.

17. Assumptions have been applied to expenditure levels, where we have increased this by 3% year-on-year for inflation, with Fitness to Practise incurring a 5% compounding increase. While this is prudent for forecasting purposes we recognise expenditure may not behave exactly in this linear manner.

18. In addition, we have taken a very prudent approach by only recognising half the income of what the current investment manager is predicting on the investment portfolio.

19. So, while members may see declining surpluses towards 2031-32 this should be treated carefully given the assumptions we have made.

20. There will be different views within the profession about whether a fee increase should be across the board or whether there should be more protection for those entering the profession or who are non-practising.

21. It will be important that we bring osteopaths with us on this matter and to give osteopaths the opportunity for their voice to be heard.

22. These views will be gathered during the consultation and it will be for Council to determine a path forward in November 2026. Our organisational values to be

collaborative, influential, respectful and **evidence-informed** will guide us as we reach a decision later in the year.

23. As we engage with osteopaths throughout the consultation, it would be helpful for members of Council to support these engagement activities. In particular, I believe that it will be powerful for osteopaths to hear directly from osteopathic members of Council.
24. The team and I would welcome members of Council (lay and osteopath) stepping forward to participate in the consultation in a way that shows the visibility of Council and demonstrates that we are putting a 'human face' on how we are conducting our business, particularly when the subject matter will be sensitive.

Department of Health and Social Care

25. The Department of Health and Social Care are aware of our planned consultation and have provided information which has informed the timeline we have set out in the draft consultation. This is provided below for ease of reference:

Date	Action
Consultation approved by Council	July 2026
Consultation published	August 2026
Consultation closes	October / November 2026
Analysis of responses completed and considered by Council	November / December 2026
Analysis and updated Equality Impact Assessment published	November / December 2026
Draft rules prepared and agreed with Department of Health and Social Care	Early 2027
Rules come into force	2027 (likely May)
Fee changes come into effect	Osteopaths will pay the new fee at their next registration renewal after the date the new rules come into force.

Equality Impact Assessment

26. An Equality Impact Assessment has been prepared and is attached at the Annex. We welcome feedback from Council on the Assessment particularly as there is a tension between the need to ensure GOsC is financially sustainable and the impact fee increases may have on certain groups of osteopaths which may be considered disproportionate.

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Executive view

27. The Executive and Council have been working in tandem to both review and ensure the ongoing financial sustainability of the GOsC. Alongside decisions connected to the sale of the headquarter building and the agreement of the Financial and Asset Framework 2026-30, we have been exploring the generation of additional income through raising registration fees.
28. This paper sets out the fee consultation and provides evidence that we can reach a position of financial sustainability, and continue the delivery of our statutory responsibilities, into the 2030s.

Recommendation

1. To agree to launch a registration fee consultation.
2. To consider the Equality Impact Assessment.

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General
Osteopathic
Council

Annex A to 9

Consultation

Proposed registration fee changes

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About the General Osteopathic Council

The General Osteopathic Council (GOsC) is the independent regulator for osteopaths in the United Kingdom. By law, osteopaths must be registered with the GOsC to practise in the UK.

What we do:

- We safeguard the public by maintaining the Register of all practising osteopaths in the UK.
- We work with the public, patients and osteopathic profession to decide on, maintain and develop high quality standards of osteopathic practice and conduct.
- We help patients with any concerns they raise about an osteopath and have the power to remove from the Register any osteopaths who do not meet the professional standards and who are unfit to practise.
- We check the quality of osteopathic education and decide on the standards of practice that osteopathic students must demonstrate before they graduate.
- We make sure that osteopaths carry out activities to support their continuing professional development.

Why regulation matters to patients

Statutory regulation means patients can be confident that:

- All osteopaths are trained and qualified in standards of ethics and competence and will do their best for patients.
- All osteopaths keep up to date and work within the limits of their competence.
- There is an up to date Register where they can check their osteopath is registered.
- They have somewhere to raise concerns.

Why regulation matters to osteopaths

Being a statutorily regulated profession matters to osteopaths because it shows that they hold themselves to account to be:

- Properly qualified and trained to deliver ethical and safe care with patients.
- Up to date through continuing professional development.
- Fully insured and safe to practise.
- Accountable to patients and the profession through a complaints process.

The value of registration - a single profession regulator

As a single-profession regulator, we are in the unique position of being able to reinvest every registration fee directly back into regulating and developing the osteopathic profession. This would not happen for osteopathy in a multi-profession regulator where registration fees would contribute towards the regulation of other larger professions.

By having a single profession regulator, the GOsC adds value in a number of ways, here are some examples:

- Osteopaths are involved in all of our decision-making structures ensuring the voice of the profession influences the regulation of the profession. This ranges from osteopaths involved on Council, on our committees, within working/reference groups and within the independent fitness to practise panels.
- Protecting the public and the osteopathic profession by investigating concerns against osteopaths, and restricting practice, or removing the title, from those unsuitable for registration.
- Defending the osteopathic title, including taking out private prosecutions, against those who are not regulated but who try to use, or align themselves, to the title.
- Funding the National Council of Osteopathic Research and supporting the International Journal for Osteopathic Medicine to enhance osteopathic practice across the profession.
- Developing free patient and osteopath resources/guidance to support communication in health care through shared decision-making.
- Recognising the full breadth of osteopathic practice. This matters to patients and ensures that any cross-regulatory work takes account of the diverse contexts in which osteopaths work to meet patients' needs.
- Using our data and insight to identify areas that cause patients to raise concerns, including commissioning and funding research in the area of professional boundaries where concern levels are high.
- Developing resources/profession-specific guidance to support osteopaths to continue to deliver high quality patient care reducing the risk of concerns being raised.
- Working with new education providers to ensure that osteopathy can be delivered in innovative and diverse ways, but still meeting the same core standards.
- Investing in educator workshops for our osteopathic educational providers working collaboratively with the Council for Osteopathic Educational Institutions to strengthen communities and share good practice at a time of challenge in the sector.

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- Enhancing the patient voice within osteopathic regulation - an approach which is being viewed by larger, more established regulators who wish to learn from our experience and innovation.
- Building osteopathic leadership capacity through the GOsC Council Associate Programme.
- Supporting international engagement and recognition. By working with the osteopathic international community to promote high standards, mutual understanding and mobility, we ensure UK osteopathy remains a leading global voice.
- Supporting diversity and inclusion within osteopathy by funding and facilitating work to understand barriers to entry, progression and retention for under-represented groups, and supporting inclusive practice across the profession.

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Aim of the consultation

The General Osteopathic Council (GOsC) is consulting on proposed changes to registration fees to ensure the long-term financial sustainability of the organisation.

Council is consulting on:

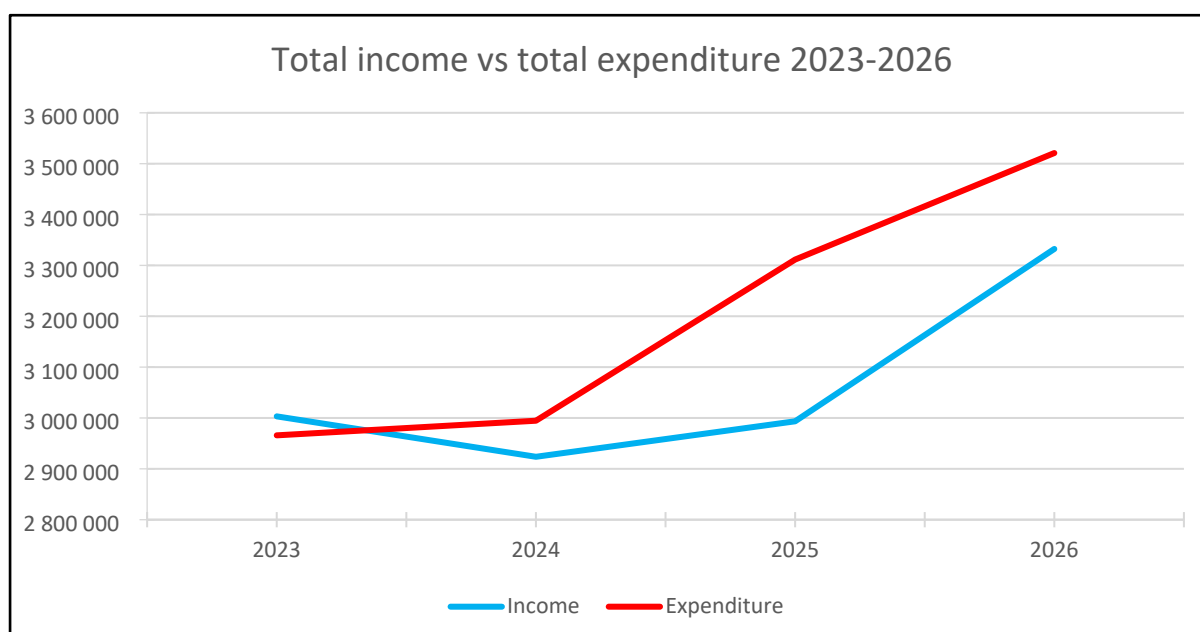
- The level of the registration fee increase.
- Whether or not the fee increases should be applied equally across the board.
- Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.

Why is Council increasing fees?

There are a number of reasons for this increase in registration fees. As background it is important to remember that registration fees have remained unchanged since 2014, despite ongoing inflation and rising demands for the regulation sector.

The key factor is that **our expenditure now exceeds our income**. During the period 2023-26, expenditure has outstripped income by £540k. This is not a sustainable position and Council, demonstrating good financial management, has a duty to act.

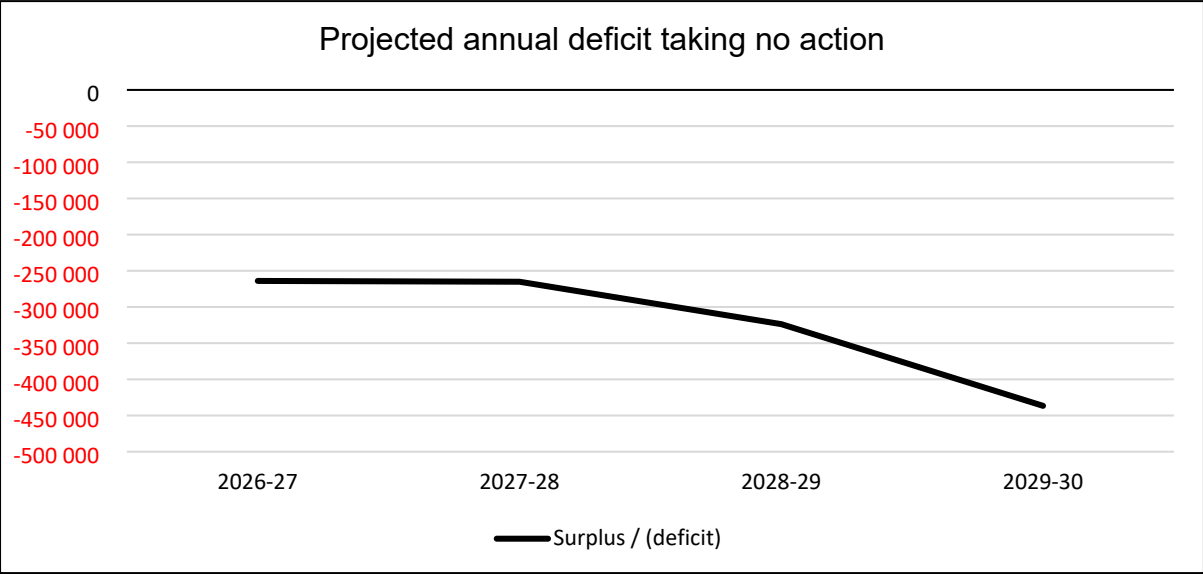
Table 1: total income v total expenditure in the period 2023-26



It is important that we act now to ensure we continue to meet our statutory responsibilities and protect the public for the long term.

If we continued to allow ongoing deficits we would be putting public protection and the delivery of statutory functions at significant risk.

Table 2: projected annual deficits through to 2030 if no action is taken

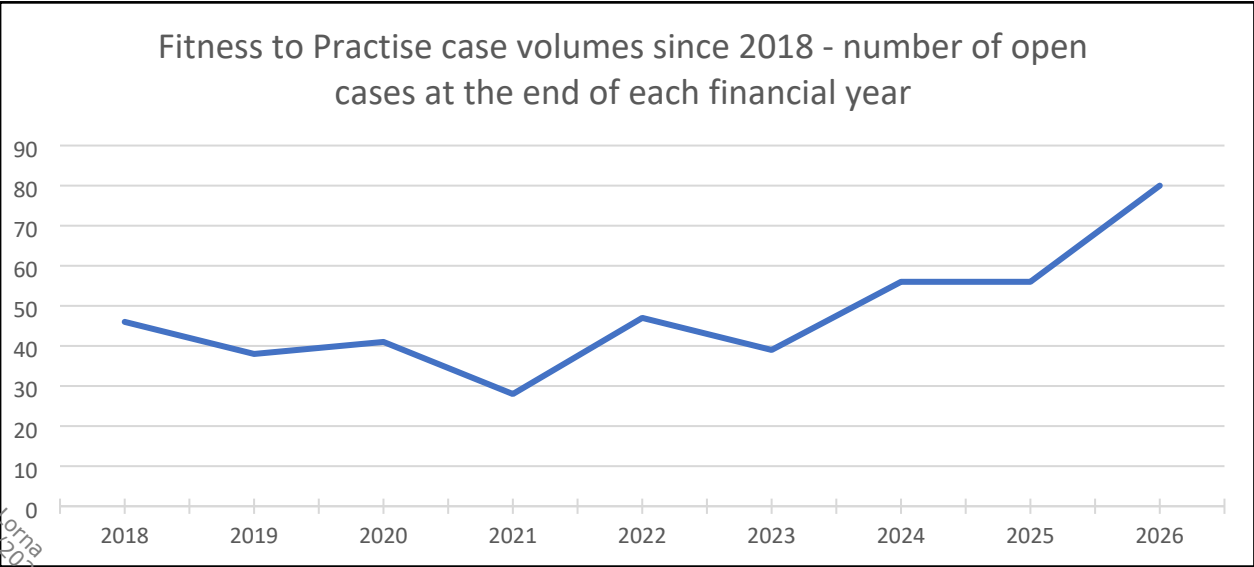


The key reason for the high increase in our expenditure is that there has been a substantial increase in the number of concerns made against osteopaths. There has been an associated increase in the expenditure needed to resource this area of our work.

Compared to 2018 levels, our fitness to practise caseload has increased by 74%.

This increase is in line with the experience of most other healthcare regulators so this is not a reflection on the osteopathic profession but a reality and a reflection of a changing regulatory environment.

Table 3: Number of open cases since 2018 to 2026



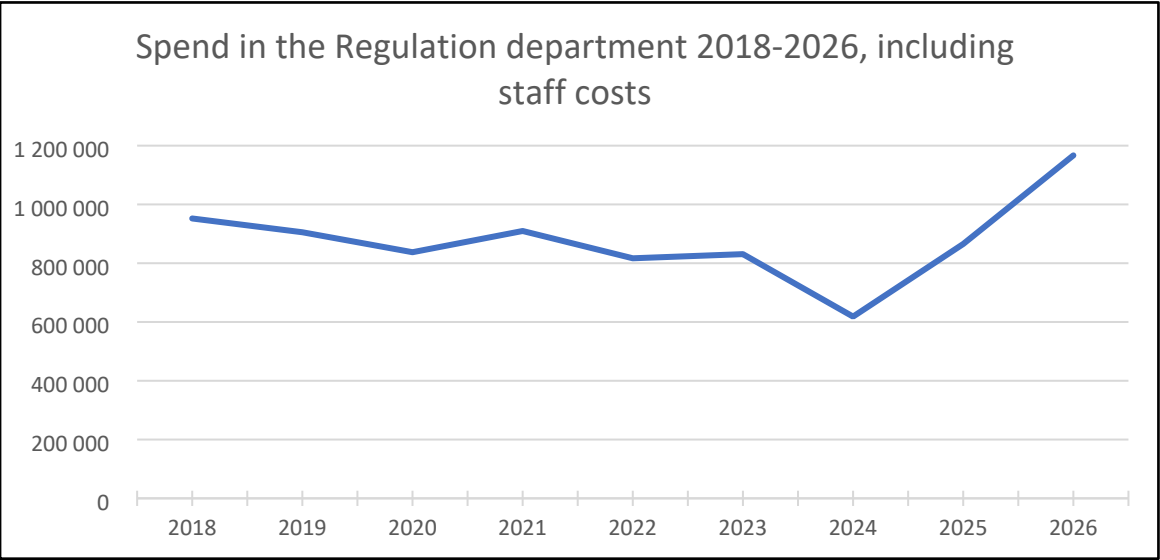
Cases related to crossing professional boundaries are more complex, take longer to resolve, and incur higher costs.

At present, we have over 40% of the caseload related to incidents of crossing professional boundaries.

An added challenge is that in managing our fitness to practise cases, we have **legislation which is outdated, prescriptive and inefficient**, making this task more difficult. Changing the legislation is a matter for Government and outside of the GOsC control.

Despite this we have endeavoured, for example, to keep fitness to practise costs down as far as possible through paying fees at a fixed rate to Committee members, legal assessors, external legal advice and other professionals.

Table 4: fitness to practise expenditure, incl. staff costs 2018 and 2026



- The best mitigation of harms for patients and osteopaths is to avoid concerns being raised in the first instance.
- This is why we have done work to raise awareness of the issues that arise in our fitness to practise process, but despite this, we are continuing to see concern levels increasing, especially in the area of crossing professional boundaries.
- Our work to raise awareness of the issues arising in fitness to practise, include:
 - Publishing and disseminating our annual NCOR complaints and concerns report.
 - Funding a PhD student and osteopath to look specifically at what drives these cases in osteopathy and to make recommendations to support osteopaths and patients to reduce these concerns.

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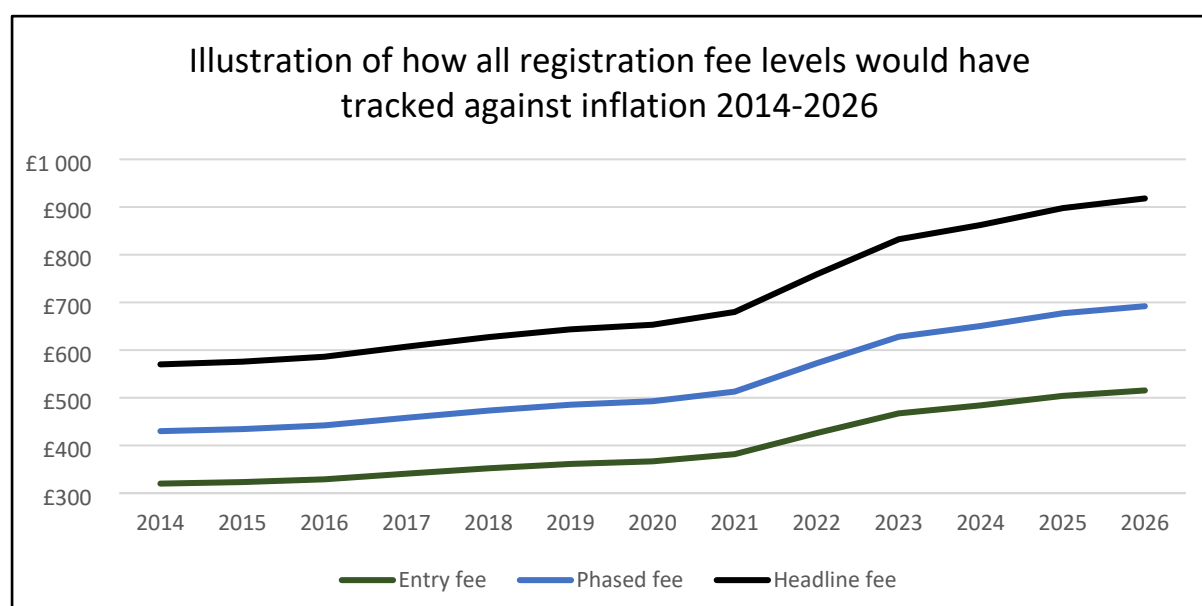
- Making boundaries and inclusive practice, as well as communication and consent, mandatory CPD from 2026 to support driving down these concerns.
- Providing free CPD and resources in these areas to support osteopaths to run their own sessions.
- Writing blogs and articles on the GOsC website, and in the professional membership body the Institute of Osteopathy magazine, with hints and tips about how to avoid concerns.
- Supporting the Institute of Osteopathy with materials to run sessions on boundaries as part of their 2026 roadshows.
- Commencing a review of our core standards of ethics and competence, the Osteopathic Practice Standards
- **Osteopaths registration fees have never increased** and in fact were reduced from £750 to £570 in 2014, where they have remained since, despite sustained inflationary pressures and increasing regulatory demands.
- **Had the registration fee increased in line with inflation, in 2026 it would now be £918.**

Table 5: Registration fee levels tracked against inflation

Year	Registration fee	If increased with inflation
Entry to the Register – year 1	£320 (entry fee)	£515
Renewal – year 2	£430 (phased fee)	£692
Renewal – year 3 and thereafter	£570 (headline fee)	£918

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Table 6: Registration fee levels tracked against inflation – 2014 to 2026



- The result of not increasing registration fees in line with inflation means that in financial year 2025-26 alone, GOsC 'lost' income of c.£1.84m.

We must increase registration fees to ensure the long-term financial sustainability of the GOsC and ensure we continue to protect the public through delivery our statutory responsibilities.

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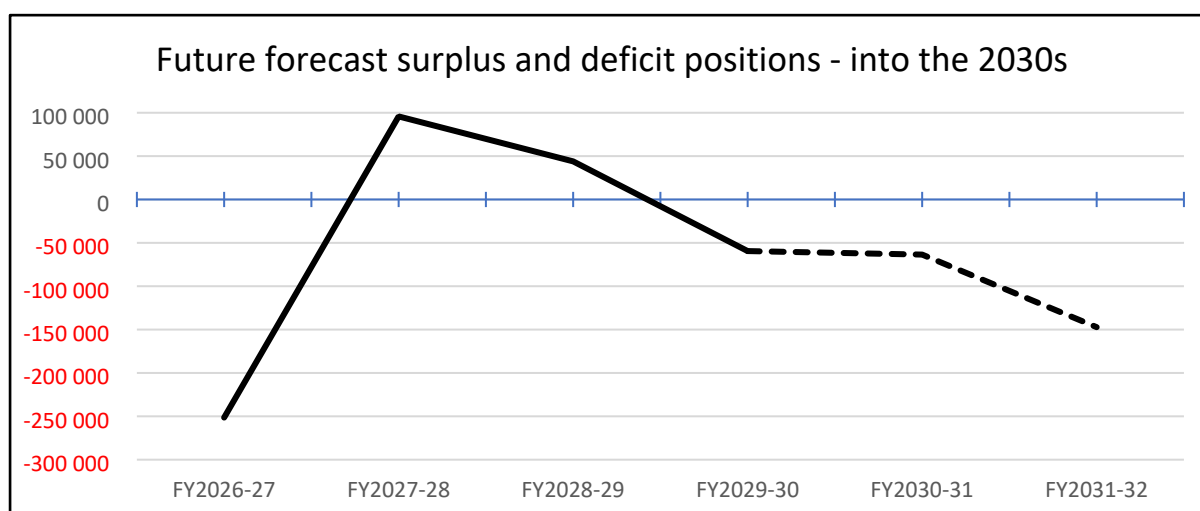
What actions have we already taken?

We have looked carefully at where we can reduce our outgoings and increase our income. The findings of this exercise are contained in the Financial and Asset Framework [\[published link to be inserted here\]](#) which include:

- The sale of the headquarter building which will eliminate maintenance and other associated costs.
- Alternative employment/staffing requirements as we work differently post the sale of the headquarter building, most notably around facilities/estates and the introduction of a new CRM system.
- Increased investment income arising from higher returns post the sale of the headquarter building.

We have forecast that these measures, if enacted during financial year 2026-27, would bring expenditure within income in the next two financial years (2027-28 and 2028-29) before GOsC slipped back into deficit.

Table 7: future forecast financial positions into the 2030s



This is in addition to measures we had taken previously to reduce expenditure, which include:

- Bringing our quality assurance function in house. This is saving over +£250k over a five-year period.
- Fitness to practise cost savings through not sending out any investigations to be undertaken externally - saving c.£140k per year.

We have reduced the cost of IJOM research journals following a review of the titles we supply to osteopaths; this followed an examination of the most used titles supported by a small engagement exercise with the profession. This

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allowed us to make a year on year saving of around £14k while still providing the profession with the most popular and useful titles.

- Absorbing our patient voice work into current roles by not replacing staff who have left. This is estimated to save c.£18k.
- We have reduced the amount we spend on external research projects, with the 2026-27 budget being £8k lower than the previous year.
- Strengthened our in-house research and data analysis function meaning that we undertake many pieces of survey and research work in house rather than externally. This is estimated to save c.£10k to c.£20k per year.
- Putting in place a new CRM system to make our registration process more efficient.
- We have renegotiated our software licences and IT security contracts, which is bringing in a saving of over £6k in the past year.
- We have agreed to reconsider the timing of future activities, e.g. when we might undertake a future board effectiveness review, which incurred expenditure of £43k in the financial year 2025-26.

But, even with these cost reduction measures and without a fee increase, future deficits are forecast.

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What will an increase in osteopaths' fees deliver?

- The proposed fee increase will enable us to continue delivering our statutory role with confidence ensuring we have:
 - sufficient resource in our fitness to practise processes so these continue to operate fairly and as efficiently as possible (within the confines of legislation that is outdated and prescriptive).¹
 - robust quality assurance of education with graduates well prepared for their future career in the profession.
 - updated Osteopathic Practice Standards and supporting resources that work for the diversity of osteopathic practice and patients.
 - a greater level of resource to ensure we can further demonstrate the fairness of our regulatory processes, embedding equity, diversity, inclusion and belonging.
 - an ability to continue to use our data and insight to inform resources to help osteopaths to continue to give high quality care, avoid concerns and meet patient expectations and needs.
 - continued investment in free CPD, sharing our insights with osteopaths to support high quality osteopathic care.
 - continued investment in our educators to support the osteopathic education sector which is under significant pressure. This will be through sharing good practice in education and supporting access to expert resource, for example on artificial intelligence.
 - investment in supporting the transition into osteopathic practice in a way that supports safe and effective practice and retention in the profession.
 - investment in our patient work to ensure that the patient voice informs osteopathic regulation.
 - the right level of infrastructure and digital investment to ensure the GOsC is fit for the future and positioned to meet future challenges.
- The proposed increase in registration fees, combined with the expenditure reductions we have both implemented and plan to implement in this financial year, is expected to eliminate the deficits that have been forecast and ensure the financial stability of the GOsC into the 2030s.

¹ The GOsC operate fitness to practise processes which are recognised by the Professional Standards Authority as appropriate. The timeliness with which we process fitness to practise concerns is among the fastest across the healthcare regulators.

Sector context

The challenges which GOsC are facing are not unique to osteopathy. Across the healthcare system there are pressures on student numbers; there are significant increases in the number of fitness to practise concerns received; costs are increasing and Councils are raising registration fees.

In recent years, it is only the General Osteopathic Council and the General Chiropractic Council who have not increased registration fees.

The table below shows by regulator: the number of registrants, the maximum registration fee paid by their registrants, when their registration fee was last increased and the level of that increase.

Table 8: Summary of registrants, headline fee, date of last fee increase and amount of increase per regulator

Regulator	Registrants	Headline fee £	Date of last increase	£ increase
General Chiropractic Council	4,041	800	-	-
General Dental Council	125,736	698	2026	77
General Osteopathic Council	5,653	570	-	-
General Medical Council	393,357	481	2025	8
Pharmaceutical Society of Northern Ireland	2,984	477	2025	79
General Optical Council	34,895	405	2026	10
General Pharmaceutical Council	92,705	310	2026	17
Health and Care Professions Council	356,104	123	2025	7
Social Work England	104,857	122	2025	30
Nursing and Midwifery Council	853,707	143	2026	23

We can see the following from the table:

- The General Chiropractic Council has 29% fewer registrants compared to GOsC, and their headline fee is 40% higher.
- The General Dental Council has 2,124% more registrants compared to GOsC, and their headline fee is 22% higher.
- The General Medical Council has 6,858% more registrants compared to GOsC, however, their headline fee is only 16% lower.
- The General Optical Council has 517% more registrants compared to GOsC, however, their headline fee is only 29% lower.

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What will happen to the proceeds arising from the sale of the headquarter building?

The proceeds from the sale of the headquarter building will go into the reserves of the GOsC to ensure we have a sufficient buffer against future uncertainty, and to allow us to face future challenges and unforeseen circumstances.

As a Charity we need to maintain reserves for our core purposes, and this aligns to Charity Commission expectations:

Operational continuity	Maintaining essential statutory activities during short-term income disruption.
Income volatility	Manage risks arising from fluctuations in registrant fee income, investment returns and/or external funding.
Risk mitigation	Provide financial capacity to respond to: • Legal challenges • Regulatory changes • Major IT or operational changes • Unexpected costs.
Strategic flexibility	Enable investment in transformation, improvement, or public protection initiatives
Orderly wind-down (worst case scenario)	Ensure liabilities (e.g. staff costs, contractual obligations) can be met responsibly.

We will maintain an appropriate level of reserves to:

- Manage financial uncertainty
- Ensure continuity of statutory functions
- Maintain public confidence and support osteopaths deliver high-quality care
- Support strategic flexibility and respond to opportunities.

Our reserves policy aims to:

- Support the long-term sustainability of the organisation
- Ensure the continuity of statutory regulatory functions
- Provide financial resilience against unforeseen risks or income fluctuations
- Enable informed decision-making by Council and the Senior Management Team.

Where reserves are above the target level we will need to consider investment in our strategic priorities and/or designation of funds for future commitments. However, we will take a prudent approach because reserves can only be used once.

Summary

Parliament has entrusted us with a clear responsibility: to protect patients and to uphold standards in osteopathy. Ensuring our financial sustainability is essential to fulfilling that role - now, and in the future

As a charity, GOsC Council members,² have to ensure that we remain financially sustainable. A key part of ensuring financial sustainability is the annual review of registration fees.

This will ensure the ongoing delivery of our statutory functions which enable us to continue supporting osteopaths in giving excellent osteopathic care for patients.

It will also ensure we can help patients to be confident that their osteopath meets high standards of competence, conduct and ethics, and in those cases where concerns are raised, to have sufficient resources available to investigate those concerns fairly, robustly and in a timely way.

We are funded mostly through osteopath fees which account for c.96% of total income.³ A small proportion of income (c.4%) comes from returns on the investment portfolio.

We do not have any other sources of income.

Council is consulting on:

- The level of the registration fee increase.
- Whether or not the fee increases should be applied equally across the board.
- Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.

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² Council is made up of 10 people: five osteopaths and five lay members. Read more about who is on Council here: <https://www.osteopathy.org.uk/about-us/the-organisation/council/>

³ FY2025-26

About this consultation

We are undertaking this consultation under the Osteopaths Act 1993 and will seek amendment to the GOsC (Application for Registration and Fees) Rules 2000.

Timeline

Date	Action
Consultation document approved by Council	July 2026
Consultation published	July/August 2026
Consultation closes	October / November 2026
Analysis of responses completed and considered by Council	November / December 2026
Analysis and updated Equality Impact Assessment published Decision published.	November 2026 / February 2027
Draft rules prepared and agreed with Department of Health and Social Care	Early 2027
Rules come into force	2027 (expected May)
Fee changes come into effect	The new fee level comes into effect at each osteopath's next registration renewal date after the new rules come into force.

Responses to this consultation will help us to understand the impact of our plans, including on groups who are protected under the Equality Act 2010 and the relevant legislation in Northern Ireland.

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Historical context

When GOsC was established, the headline registration fee was £750 (2000-2012) before being reduced over three years between 2012-14, to its current level of £570. This was a 24% reduction with fees remaining unchanged for the next 12 years.

Reductions were also applied to the entry fee and phased fee of c.14%-15%.

Table 9: current fee levels

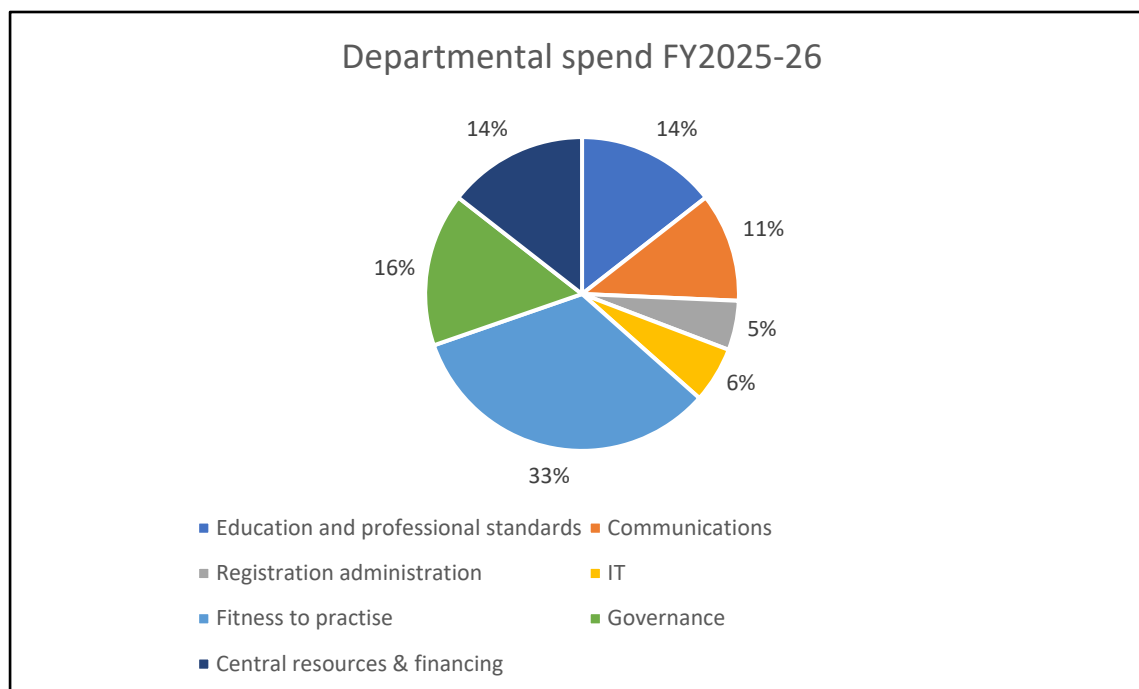
Year	Registration fee
Entry to the Register – year 1	£320 (entry fee)
Renewal – year 2	£430 (phased fee)
Renewal – year 3 and thereafter	£570 (headline fee)

NB: There are reduced fees for year 2 and beyond if you are non-practising or live/work overseas for three months or more.

Current context

While GOsC has held registration fee levels constant since 2014, this has been in the face of increasing cost pressures. Our expenditure per area of activity is shown on the pie chart below, with fitness to practise incurring 33% of the budgeted expenditure, followed by governance (16%) and education and professional standards (14%).

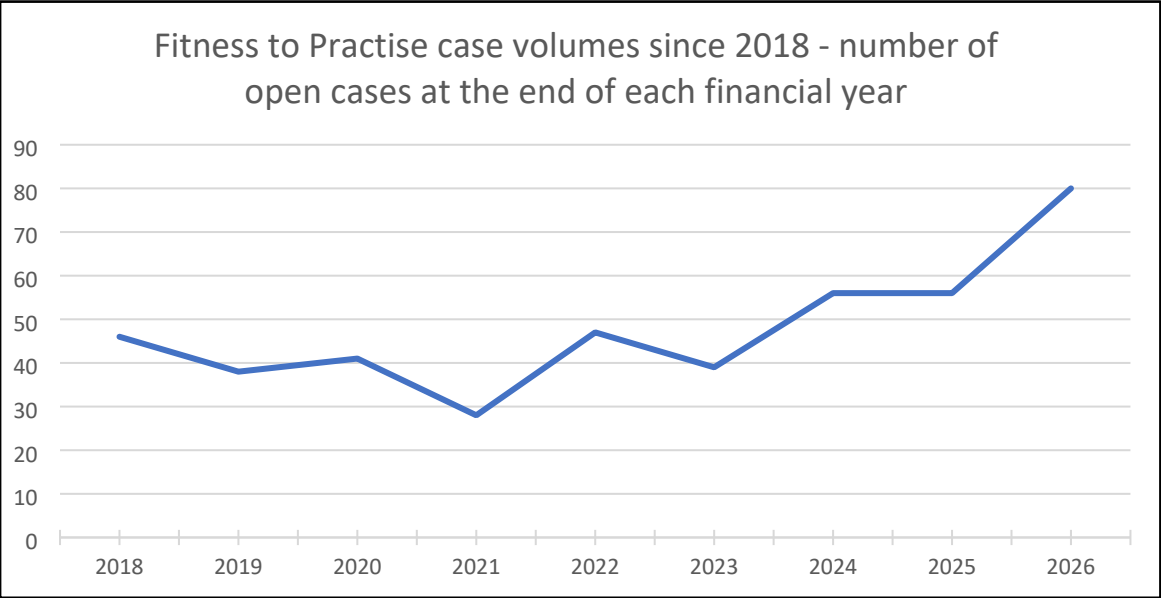
Table 10: Analysis of department expenditure in financial year 2025-26



Operating expenditure, inflation, and caseload pressures within Fitness to Practise, have increased substantially. For example, compared to 2018 levels, our fitness to practise caseload has increased by 74%.

This is shown in the graph below alongside the expenditure on fitness to practise across the same period, which demonstrates the unpredictability of this area of our work.

Table 11: Number of open cases since 2018 to 2026

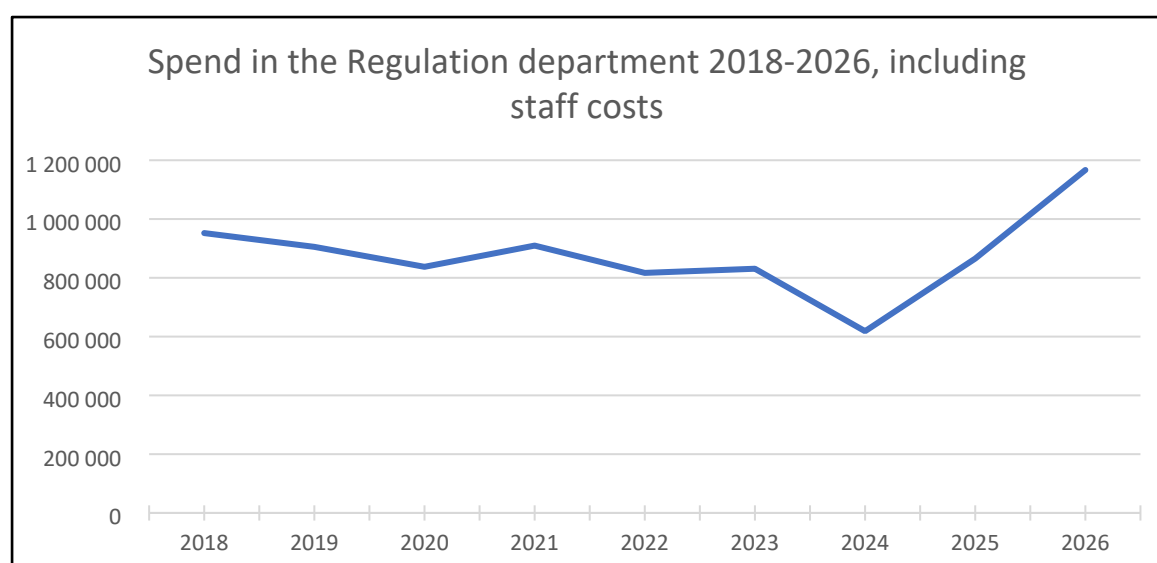


Fitness to Practise spend is not linear; it depends greatly on the volume received, and is linked to the complexity of each individual case. Cases related to crossing professional boundaries are more complex, take longer to resolve, and incur higher costs. At present, we have over 40% of the caseload related to incidents of crossing professional boundaries.

Our legislation is outdated, prescriptive and inefficient. Despite this we have endeavoured to keep costs down as far as possible through paying fees at a fixed rate to Committee members, legal assessors, external legal advice and other professionals. However, the relatively fixed cost of hearings has been impacted by the increase in the volume of cases.

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Table 12: fitness to practise expenditure, incl. staff costs 2018 and 2026



The best mitigation of harms for patients and osteopaths is to avoid concerns being raised in the first instance. However, despite undertaking work to raise awareness of the issues that arise in our fitness to practise process, we are continuing to see concern levels increasing, especially in the area of crossing professional boundaries.

Our work to raise awareness of the issues arising in fitness to practise, include:

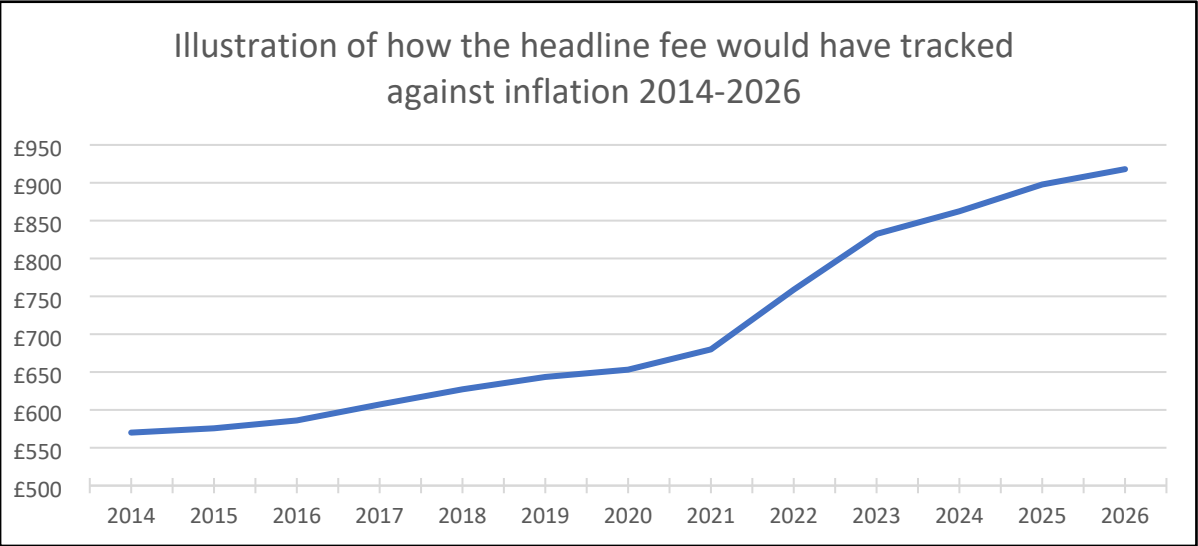
- Publishing and disseminating our annual NCOR complaints and concerns report.
- Funding a PhD student and osteopath to look specifically at what drives these cases in osteopathy and to make recommendations to support osteopaths and patients to reduce these concerns.
- Making boundaries and inclusive practice, as well as communication and consent, mandatory CPD from 2026 to support driving down these concerns.
- Providing free CPD and resources in these areas to support osteopaths to run their own sessions.
- Writing blogs and articles on the GOsC website, and in the Institute of Osteopathy magazine, with hints and tips about how to avoid concerns.
- Supporting the Institute of Osteopathy with materials to run sessions on boundaries as part of their 2026 roadshows.
- Commencing a review of our core standards of ethics and competence, the Osteopathic Practice Standards

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Inflationary impact on registration fees

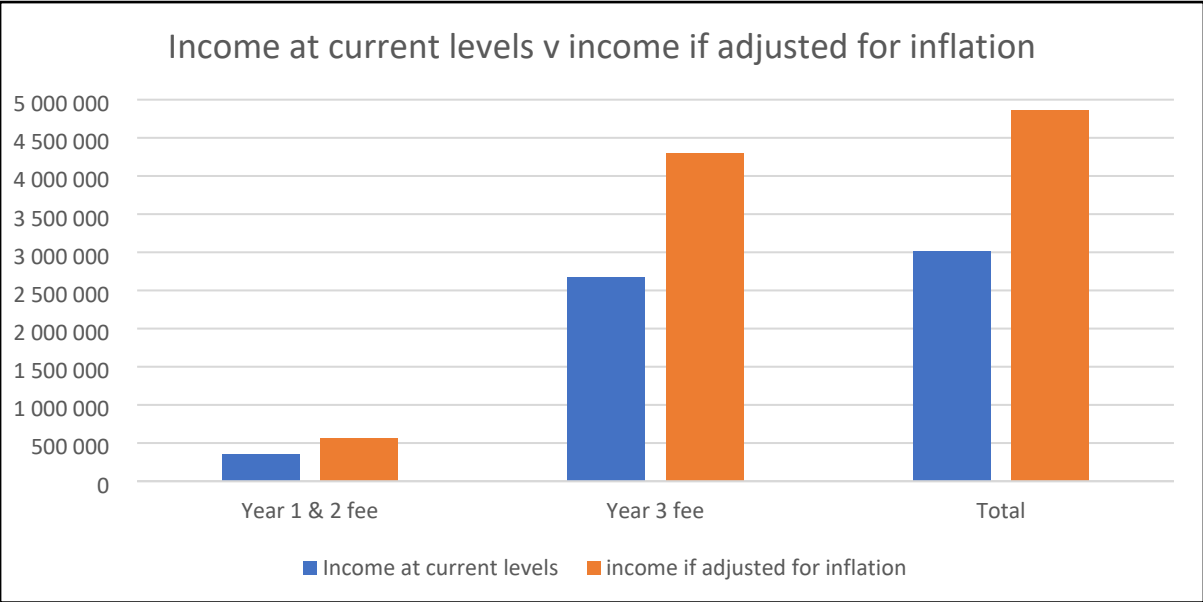
Had the headline fee increased in line with inflation, in 2026 it would now be £918. Using the same inflation rates, the entry fee would be £515, and the year 2 phased fee would be £692. In 2026, just under 92% of registrants pay the headline fee.

Table 13: headline registration fee tracked against inflation 2014 to 2026



The result of not increasing registration fees in line with inflation means that in financial year 2025-26 alone, GOsC has ‘lost’ income of c.£1.84m.

Table 14: registration income adjusted for inflation

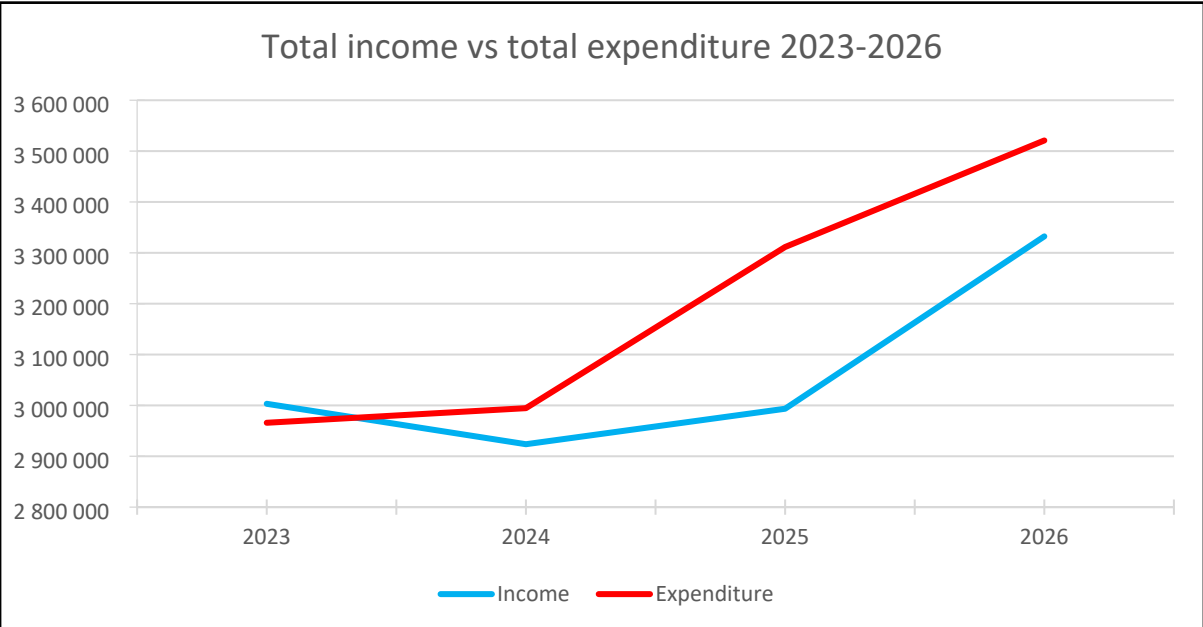


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Future context

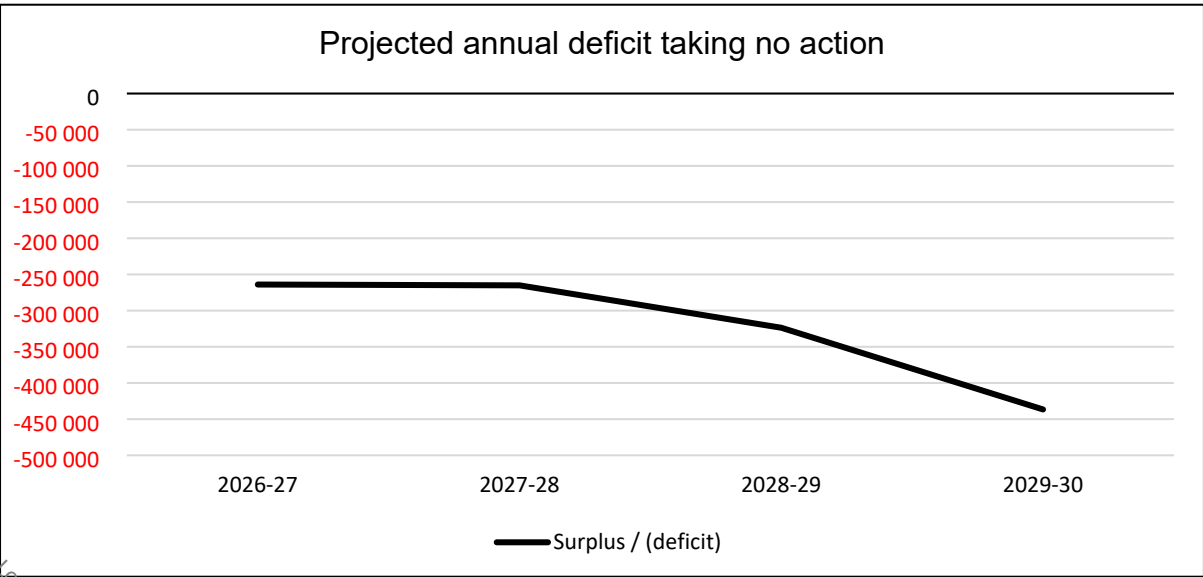
The Council is clear that operational expenditure should be covered by operational income. However, during the period 2023-26, expenditure has outstripped income by £540k. We need to act now as a continuation of this situation is not sustainable.

Table 15: total income v total expenditure in the period 2023-26



Financial modelling, undertaken as part of the GOsC Financial and Asset Framework 2026-30 [\[insert link to document on website\]](#), identifies that we are forecasting ongoing deficit positions.

Table 16: projected annual deficits through to 2030 if no action is taken



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We have, for many years, been able to avoid raising fees. As set out in this consultation document we are now in the situation where we need to do this to ensure the financial sustainability of the GOsC.

Every year Council members have considered fee rises and have chosen not to seek fee rises recognising that this means GOsC has been losing income on an annual basis.

We have looked carefully at where we can reduce our outgoings and increase our income. The findings of this exercise are contained in the Financial and Asset Framework.

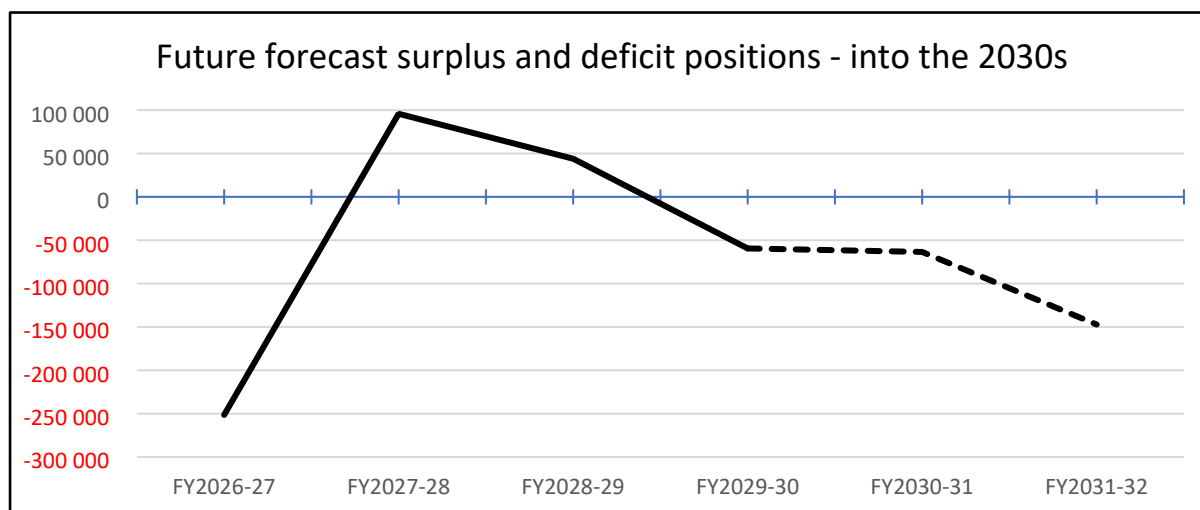
The Financial and Asset Framework identifies actions that GOsC plans to take to reduce expenditure and increase income, which include:

- The sale of the headquarter building which will eliminate maintenance and other associated costs.
- Alternative employment/staffing requirements as a result of a different operating model post the sale of the headquarter building, most notably around facilities/estates and the introduction of the new CRM system.
- Increased investment income arising from higher returns post the sale of headquarter building.

These are in addition to measures we have already taken to reduce expenditure.

We have forecast that these measures, if enacted in full during financial year 2026-27, would bring expenditure within income in the next two financial years (2027-28 and 2028-29) before GOsC slipped back into deficit.

Table 17: future forecast financial positions into the 2030s



Therefore, while we will continue to explore measures for reducing expenditure, Council have concluded that GOsC also needs to generate additional income.

How much additional income is generated by a registration fee increase?

Every £10 increase in the registration fee (across the board) would raise approximately £55,960 with a £50 increase generating slightly less than £300k.

The table below summarises what registration fee increases would mean in terms of additional income generated and what the impact would be per registrant, per week for those who pay the headline registration fee.

Table 18: analysis of registration fee increase, additional income generated and the impact per week based on the headline registration fee

Fee increased by	Additional income generated	Impact per week for registrants paying the headline fee
£10	£55,960	£0.19
£20	£111,920	£0.38
£30	£167,880	£0.58
£40	£223,840	£0.77
£50	£279,800	£0.96
£75	£419,700	£1.44
£100	£559,600	£1.92

NB: registration fees can be claimed as a taxable expense.

Table 19: headline impact of registration fee increase by amount

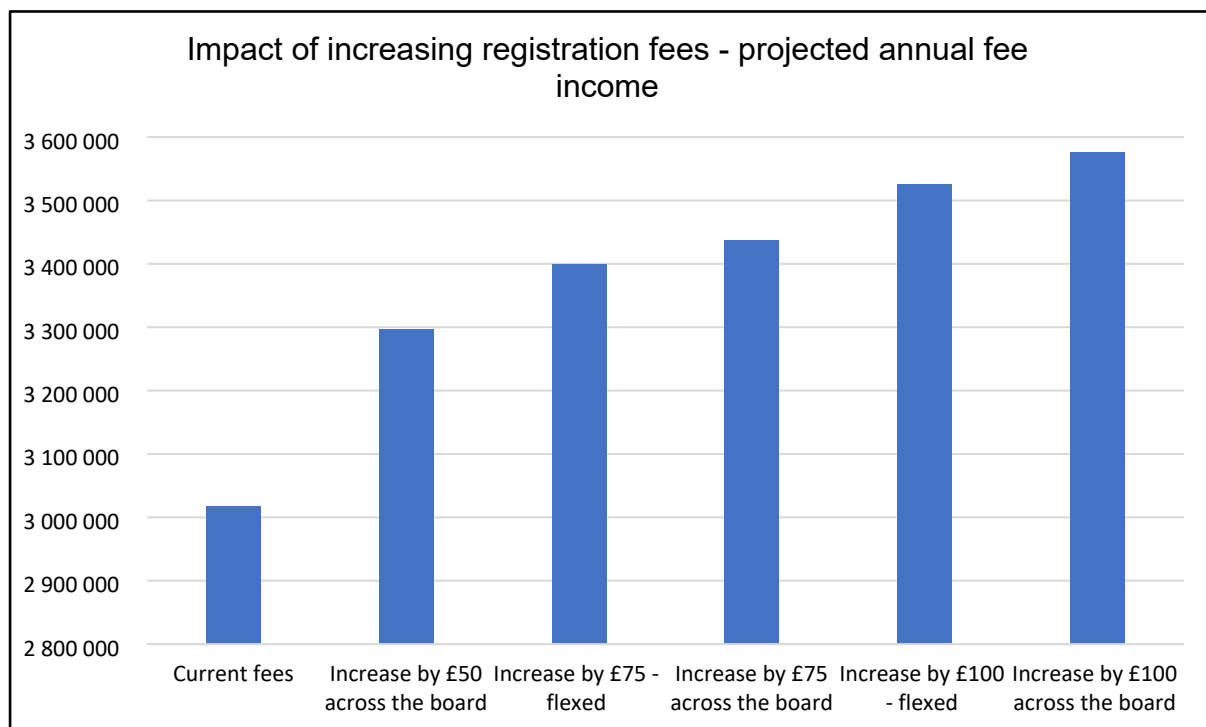
Descriptor	Impact
£50 increase	Increases income by just under c.£300k annually Eliminates projected future deficits Increase may be seen as manageable to registrants at an additional £0.96 per week Delivery of statutory functions maintained This increase is anticipated to result in a further 2% loss of registrants beyond normal leaver numbers
Increase of £75 or £100	Raises c.£420k - £560k annually Eliminates projected future deficits more quickly Likely to be viewed unfavourably by registrants Delivery of statutory functions financially secure Higher increase will be scrutinised by Department of Health and Social Care

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Descriptor	Impact
	This increase is anticipated to result in a further 3-4% loss of registrants beyond normal leaver numbers

NB: the current drafting of our legislation does not give us the autonomy to raise registration fees in line with inflation like some other regulators, and so this has not been included in the analysis.

Table 20: analysis of projected annual fee income from increasing registration fees



The table shows that an across the board increase of £50 will generate income of c.£3.3m, compared to c.£3.6m if it was a £100 increase.

The flexed options - a higher increase to the headline fee with lower increases for entry to the register and for those who are non-practising - generates c.£3.4m if the headline fee is £75 and the increase for lower rates is £35 or c.£3.5m if the headline fee is £100 and the increase for lower rates is £50.

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Council's consultation approach

We recognise the financial pressures on osteopaths. This is why we have made, and continue to make efficiencies. And is also why we have restricted the level of the proposed increase to what we consider to be necessary.

We will be consulting on:

- The level of the registration fee increase.
- Whether or not the fee increases should be applied consistently across the board.
- Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.

Consultation period and next steps

The consultation period will last for 12 weeks from **30 July 2026** to **22 October 2026**.

Results of the consultation will be analysed and presented to Council before the end of 2026.

Council will make a decision on registration fees taking into account the findings from this consultation and this decision will then be submitted to the Privy Council as changes to registration fees require legislative amendment, specifically to the GOsC (Application for Registration and Fees) Rules Order 2000, amended 2014.

The proposed implementation date for the fee increase is May 2027, subject to legislative approval depending on resources available within the Department of Health and Social Care and Privy Council.

Osteopaths will pay the new fee at their next registration renewal after the date the new rules come into force.

Council members, in their role as Trustees, will continue, on an annual basis to monitor registration fees paid by registrants.

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ANNEX

The consultation

In this consultation we are looking for your views on:

- The level of the registration fee increase.
- Whether or not the fee increases should be applied equally across the board.
- Whether or not there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising.

This will ensure the ongoing delivery of our statutory functions which enable us to continue supporting osteopaths in giving excellent osteopathic care for patients.

It will also ensure we can help patients to be confident that their osteopath meets high standards of competence, conduct and ethics, and in those cases where concerns are raised, to have sufficient resources available to investigate those concerns fairly, robustly and timely.

How to respond

The deadline for responses to this consultation is 11.30am Thursday 22 October 2026.

You can send us your views by:

- using this [online consultation form \(insert link\)](#)
- emailing your responses to the consultation questions to: info@osteopathy.org.uk

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018 and the Environmental Information Regulations 2004). We will publish a report about the consultation and the responses we have received.

We want to make sure that the data we get from our consultations are robust and have sufficient integrity. The most reliable means of doing this is requiring names and email addresses from each respondent, and limiting responses to one. This allows everyone to have a voice but prevents multiple responses skewing the results. Respondents' information is subject to our data protection policy and privacy notice.

The GOsC is a data controller registered with the Information Commissioner's Office. We use personal data to support our work as the regulatory body for osteopaths. We may share data with third parties to meet our statutory aims and objectives, and when using our powers and meeting our responsibilities under the Osteopaths Act and the associated rules made under the Act. We may use personal data to update the Register, administer and maintain the Register, process complaints, compile statistics and keep stakeholders updated with information about our work.

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Consultation questions

Please answer the consultation questions:

1. Please provide your name or the name of your organisation, if replying on behalf of an organisation (optional)

2. Please let us know in what role you are answering these questions:

GOsC Council/Committee member

Member of the public

Osteopath

Osteopathic educator

Patient

Student

Other

If you answered 'Other' above, please specify

3. Having read the information provided, how well do you feel you understand the benefits of registration, through being regulated by a single-profession regulator?

Not at all well	Not very well	Neither well nor poorly	Fairly well	Very well

4. Having read the information provided, how well do you feel you understand the rationale we have set out for increasing registration fees?"

Not at all well	Not very well	Neither well nor poorly	Fairly well	Very well

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5. Which of the following do you think are important benefits of professional regulation? (Select all that apply)

Helping patients identify qualified osteopaths

Maintaining professional standards

Protecting patients when concerns are raised

Supporting public confidence in osteopathy

Ensuring osteopathic education meets agreed standards

Promoting continuous confidence in the profession

Other (please specify)

6. What level of increase should be applied to registration fees?

£50	£75	£100

7. To what extent do you agree or disagree that registration fee increases should be applied equally across the board?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8. To what extent do you agree or disagree there should be a larger fee increase for practising osteopaths to limit the increase on those entering the profession and/or who are non-practising?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree

9. After reading the consultation document, I have a better understanding of how registration fees support the regulation of osteopathy and help protect patients.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree

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10. In addition to the equality impacts set out in the Equality Impact Assessment, can you identify any further impacts relating to protected characteristics that we should consider?

Protected characteristics consist of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, sex, sexual orientation.

If you would like to make any suggestions about how any negative equality impacts you have identified could be mitigated, you may do so here.

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Impact on Welsh speakers and the use of the Welsh language

In preparing for this consultation we have sought to understand how the approach we take and the potential consultation outcome would affect use of the Welsh language and how we meet the needs of Welsh speakers and people in Wales. As part of this, we have considered how we might change our approach to allow for greater opportunities for those in Wales to use the Welsh language.

There are 164 osteopaths in Wales and 8 osteopaths practising listed as 'Welsh-speaking' on the General Osteopathic Council's Register of osteopaths, as of 26 June 2026. There are also currently 139 students studying osteopathy in Wales, and while we cannot be sure how many of these students will go on to join the Register and practise osteopathy after graduating and remain in Wales to do so, we nevertheless take this into consideration when trying to understand the scale of impact our consultation may have on osteopaths and patients in Wales in the future.

The registration fee changes that we have proposed in this consultation would apply equally to osteopaths working in Wales, as it would to those in all of the devolved nations.

As we explain in the paper, increasing fees would allow us a greater level of resource to help us further demonstrate the fairness of our regulatory processes, embedding equity, diversity, inclusion and belonging. As part of this, we would continue to have resource to support the use of Welsh for those accessing our regulatory services. For example, facilitating a Welsh translation service during a fitness to practise hearing, and producing Welsh versions of animations and videos for Welsh-speaking patients and students.

We therefore see the approach outlined in this consultation as having the potential to help us increase opportunities for osteopaths, patients, students and members of the public in Wales to use the Welsh language when accessing our services and information.

Accompanying questions

Above, we explain how we have considered what the possible effects of the approach set out in this consultation to changes in legislation might be for opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?

Yes		No	

If no, please explain your views below:

What changes, if any, could we make to our approach to improve the opportunities available to osteopaths to use the Welsh language?

Any other comments

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Diversity questionnaire

The collection of personal data can be a sensitive issue and we know that sometimes it can feel intrusive, but we want to make sure that the work we do and our processes are fair and free from discrimination.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other characteristic.

As well as providing useful information about diversity within the profession compared to society as a whole, by collecting more comprehensive data about the protected characteristics of osteopaths we can ensure that osteopathic education, standards, continuing professional development (CPD) and our fitness to practise processes are not having any unintended consequences or discriminating against any particular group. We will only use this information to ensure that we comply with our legal obligations to:

- eliminate unlawful discrimination
- promote equality of opportunity
- foster good relations between those that have particular protected characteristics and those that do not.

We are not legally obliged to publish this information on the Register and we are not aware of any other legal requirements that require us to share with third parties. This information will only be used by GOsC staff for the purposes outlined above and to help us tailor our communications so they meet the needs of all osteopaths.

It would be very helpful to us if you would provide this information. You can skip any questions you do not wish to answer.

Please complete [the diversity questionnaire \(insert hyperlink\)](#).

Thank you for your response to this consultation

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Council

15 July 2026

Patient Partners Evaluation

Classification	Public
Action	For decision
Purpose of the paper	To present the findings of the nine-month evaluation of the Patient Partner Programme, and to seek Council's views on the future direction of the programme.
Strategic Priority implications	The Patient Partner Programme directly supports the GOsC's strategic ambition to embed the patient voice within governance, policy and regulatory activity. It contributes to delivering a more inclusive, transparent and patient-centred approach to regulation.
Standards of Good Regulation implications	Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.
Communications implications	The findings of the evaluation may be of interest to external stakeholders, including patients, professionals and partner organisations. Communications activity may be required depending on Council's decision regarding the future of the programme.
Financial, resourcing and risk implications	Since the Patient Partners were appointed in September 2025 to the end of May 2026, the total spend has been £2,254.90. Continuing or expanding the programme will require ongoing resource to support Patient Partners, including: • coordination and staff support • meeting preparation and debriefing • development and learning opportunities There is some reputational risk associated with discontinuing the programme, given the positive progress demonstrated to date and the strategic importance of patient engagement.

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Patient perspectives	The paper directly reflects patient perspectives through the Patient Partner Programme. The evaluation demonstrates increasing inclusion, participation and demonstrable, increasing influence of the patient voice within Council discussions, providing insight into how governance decisions are experienced and shaped from a patient perspective.
Diversity implications	The programme provides an opportunity to broaden the range of voices included in governance. Further development should consider how diversity of patient perspectives can be strengthened and ensured over time.
Welsh language implications	There are no specific Welsh language implications arising from this paper.
Annex(es)	A. Patient Partner Evaluation Report which includes 3, 6 and 9 Month Data Insight Summaries. B. Patient Partners Programme Engagement Points Grid.
Author	Dr Stacey Clift, Paul Stern, Sonia Van Heerden, Fiona Browne
Background reading	• Strategic Patient Engagement, Council, November 2023 (Public, Item 11) • Patient Partners Programme, Council, July 2024 (Public, Item 13) • Draft Evaluation Plan for the GOsC Patient Partner Pilot Programme, Council, July 2025 (Public, Item 10)

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Recommendation(s)	1. To consider the four options for the future of the Patient Partner Programme. 2. To agree the GOsC recommendation to continue the Patient Partner pilot with targeted enhancements (Option 2) to allow further refinement and strengthening of the evidence base. 3. To note the progress made to date, particularly the development from early integration at three months to more confident participation and emerging influence at six and demonstrable, increasing influence at nine months.
Key messages • The Patient Partner Programme has demonstrated clear progression from early integration to embedded participation and demonstrable, increasing influence within Council activity. • Patient Partners are now contributing confidently, challenging constructively and influencing how issues are discussed and understood. • Support arrangements are effective, though further development is needed in role clarity and structured learning. • The programme is progressing well, but remains in a maturation phase, and continued piloting would support refinement and a stronger evidence base for long-term decision-making.	

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Background

1. The importance of patient partnership is embedded within the GOsC's strategic approach to regulation and forms a key component of its Strategic Plan to 2030. In recent years, the organisation has moved from a largely consultative model of patient engagement towards a more collaborative, co-production approach, with a focus on embedding the patient voice across policy, education, regulation and governance.
2. In July 2023, Council considered how best to incorporate the patient voice at a strategic level within governance. While there was strong support for meaningful patient involvement in decision-making, Council also recognised the need to ensure clarity of role, avoid tokenistic engagement, and provide appropriate support structures to enable effective participation.
3. In November 2023, Council was presented with options for introducing patient involvement at governance level. These included the appointment of a patient as a full Lay Council Member, or the introduction of a phased Patient Partnership Programme involving patient representatives contributing to discussions without voting rights. Recognising both the opportunities and the complexities associated with strategic patient involvement, Council agreed to pilot a model of engagement from 2024.
4. Following this, a detailed proposal for the Patient Partner Programme was presented in July 2024. Council agreed to implement Phase One of a two-phase pilot, involving the appointment of two Patient Partners to participate in Council discussions as independent "critical friends", without voting rights. The longer-term aspiration of the programme remains the potential introduction of a patient as a full Lay Council Member, subject to the outcome of the pilot.
5. In July 2025, Council approved the appointment of two Patient Partners, with appointments commencing in September 2025. Patient Partners began attending Council from November 2025, marking the transition from programme design into implementation and active participation in governance discussions.
6. It was agreed that the programme would be evaluated at three, six and nine months, with findings from the nine-month evaluation presented to Council in July 2026, so as to inform discussion ahead of the Development Day in September 2026.

Purpose of the Patient Partner Pilot

The purpose of the Patient Partner Programme is to explore how an explicit patient perspective can be embedded within governance in the same way that the registrant perspective is embedded, supporting more inclusive, informed and

high-quality decision-making. Patient Partners are expected to contribute by bringing an objective patient perspective - asking, in effect, "where is the patient in this?" - rather than representing specific patient groups.

8. The pilot is designed to test whether the Patient Partner role effectively places the patient voice at the heart of Council decision-making, and whether this contribution improves the quality of strategic discussions by bringing different perspectives, insights and challenge. It also seeks to identify the opportunities and challenges associated with embedding the patient voice within governance processes.
9. In addition, the pilot aims to understand how Patient Partners can best be supported to participate effectively in a Board environment, including the support, engagement and development required to enable confident and meaningful contribution over time.

Evaluation Criteria for the Patient Partner Pilot

10. A structured evaluation framework was developed as part of the programme design to enable a robust assessment of the pilot (see Table 1). This framework reflects the core purposes of the programme, including assessing the effectiveness of the Patient Partner role in embedding the patient voice within governance, its influence on the quality of discussions and decision-making, and the support and development required to enable meaningful participation.
11. While a detailed evaluation framework was established at the outset (Table 1), Council emphasised the importance of ensuring that the evaluation remained clear and accessible (see **Annex B: Patient Partners Programme Engagement Point Grid**, which details how the Patient Partners were supported over the period of the pilot). As a result, this framework has been applied in a simplified way, with findings interpreted through a small number of core analytical themes.
12. These themes reflect the underlying purposes of the pilot and are used throughout this report to assess experience and progress at three, six and nine months:
 - Inclusion
 - Understanding (of the role)
 - Participation
 - Confidence to challenge
 - Support and development
13. In this way, the evaluation criteria provide the structure for assessment, while the simplified themes enable clear and consistent analysis across timepoints.

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14. This reflects the dual focus of the evaluation: assessing the impact of the Patient Partner role within Council discussions, and understanding the support and development required to enable effective and sustained participation.

Table 1: Summary of Patient Partner Programme Evaluation Criteria

Evaluation stage	Focus	Key criteria
3 Month evaluation	Integration and support	• Patient Partners feel welcomed and included in Council activity • Patient Partners begin to engage in discussions (e.g. asking questions, contributing observations) • Early working relationships established (e.g. buddying, staff liaison) • Meeting environment supports participation (e.g. invitations to contribute) • Initial role clarity and understanding of expectations • Induction and onboarding support access to information and context
6-month evaluation	Influence, Support and Learning	• Patient Partners feel confident contributing to discussions • Contributions are welcomed, acknowledged and taken seriously • Evidence of Patient Partner contributions influencing discussion or perspectives • Patient Partners are actively invited to contribute • Support arrangements (buddying, briefing, development) are effective • Development needs identified and supported • Evidence of learning for Patient Partners, Council and staff (e.g. shifts in thinking, increased openness to patient perspective)
9- month evaluation	Influence, Learning, Integration and Support	• Evidence that Patient Partner input is influencing decisions, policies or strategic direction • Patient perspective reflected in Council outputs (e.g. minutes, papers) • Role is becoming embedded in governance processes and ways of working • Patient Partners regularly and confidently participate in Council activity

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Evaluation stage	Focus	Key criteria
		- Stakeholders perceive the role as valuable and meaningful (not tokenistic) - Continued learning across Patient Partners, Council and staff - Support remains effective and adapts to evolving needs

Discussion

15. A phased evaluation approach was adopted to assess the Patient Partners Programme at three, six and nine months. **Annex A** provides individual data insights for each of the three periods (3, 6 and 9 months) in more detail.

About the sample size

16. Table 2 summarises the number of responses received at each stage of the evaluation (3, 6 and 9 months), alongside the extent of missing data.

17. At three months, responses were received from Patient Partners, staff and one buddy, with no data requested from Council members at this stage, reflecting the early phase of the pilot.

18. The number of responses increased at six months (n=10), including input from Council members. However, a proportion of missing data remained, particularly at Council level, indicating that not all stakeholders provided feedback at this stage.

19. By nine months, the number of completed responses increased (n=12), with missing data (n=4), among Council members (75% response rate). This indicates a strong overall response rate at nine months, with some remaining variability in completion among Council members.

20. These variations in response rates should be taken into account when interpreting the findings. While collectively this data provides important qualitative insights and evidence of progression, the slightly smaller sample size than intended in terms of Council input does limit the extent to which findings can be generalised across all stakeholders (see Tables 2 and 3).

Table 2: Sample size and response rates by stakeholder group

Stakeholder	3-Month (Completed)	3-Month (No response)	6-Month (Completed)	6-Month (No response)	9-Month (Completed)	9-Month (No response)
Patient Partner	2	0	2	0	2	0
Buddy (Council Member)¹	1	1	2	0	2	0
Council (incl. Associates)²	—	—	4	5 ³	6	4
GOsC Staff	2	0	2	0	2	0
Total	5	1	10	5	12	4

Note: "No response" refers to stakeholders who were invited to participate but did not submit a response. Council figures include Council Members and Council Associates, but do not include the Council Buddies. Council data were not collected at the 3-month evaluation stage.

Table 3: Sample size and response rate (% completion)

Stakeholder	3-Month (%)	6-Month (%)	9-Month (%)
Patient Partner	100%	100%	100%
Buddy	50%	100%	100%
Council ⁴	Not collected	44%	60%
GOsC Staff	100%	100%	100%
Overall	83%	67%	75%

Key messages for Council – 3-to-9-month period

21. The Patient Partner Programme has shown clear progression from 3 to 9 months, moving from early integration towards embedded participation and increasingly demonstrable influence within Council discussions and organisational thinking.

¹ Council Buddies comprises of the two Council Members who have been buddies to the Patient Partners. These are only recorded in the buddy column.

² Council Members comprises of the remaining Lay and Osteopathic Council Members excluding the Council Buddies, so eight in total and the two Council Associates, so a full Council sample would be a total of 12 (2 Buddies + 2 Council Associates + 8 remaining Council Members).

³ At this point (February 2026), we were a Council of 11 (9 Council Members and 2 Council Associates) so the total sample size possible for the 6 Month evaluation was 11 rather than 12

⁴ See Footnote 2. Council does not include the Council Buddies, as these are recorded separately. However, Council does include the Council Associates.

Table 4: Progression of Patient Partner Programme (3–6–9 Months)

Theme	3 Months	6 Months	9 Months
Inclusion	Variable; dependent on invitation to contribute; early sense of being included but not always actively engaged.	Strong; consistently positive, with Patient Partners actively invited to contribute (100% agreement).	Embedded; Patient Partners consistently included, actively invited to contribute, and recognised as part of Council discussions.
Participation	Limited and cautious; primarily listening and observing, influenced by time pressure and lack of context.	Active and purposeful; Patient Partners contributing to discussion (90% agreement).	Participation is now embedded, with clear evidence that Patient Partners are contributing on an equal footing with other Council members and engaging actively in discussion and scrutiny.
Confidence to challenge	Early stage; willingness present but little evidence of active challenge.	High; Patient Partners confident to question and challenge (100% agreement).	Confidence to challenge is now well established, with evidence that contributions are influencing discussion and prompting wider consideration of key issues.
Role clarity	Unclear; uncertainty about when and how to contribute.	Improving but still evolving; expectations not yet fully consistent.	Improving but still evolving; greater understanding of role. However, some ambiguity remains regarding the distinct purpose of the role within Council structures.
Support and integration	Establishing; support structures in place but not fully embedded.	Strengthening; buddying, briefings, and support mechanisms contributing to confidence (70% agreement).	Embedded; support structures (briefings, buddying, informal engagement) well established and enabling confident participation.

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Theme	3 Months	6 Months	9 Months
Learning and development	Early stage; too soon to assess fully.	Developing; some opportunities in place but not yet consistent (50% agreement).	Developing; increased exposure and learning opportunities, though not yet fully structured or consistent.
Overall stage	Early integration	Emerging influence	There is clear and consistent evidence of influence, with Patient Partner contributions shaping discussions and contributing to how issues and decisions are considered, particularly in relation to influence on governance thinking and decision consideration.

22. Further detail on the quantitative and qualitative findings at each stage of the evaluation is provided in **Annex A**.

23. The 9 Month progression of the Patient Partner Programme (see Table 4) shows demonstrable patient impact in several places, so it is important here to draw out what counts as patient impact in more detail for clarity. In this sense, patient impact can be:

- Changes in how decisions are considered
- Tangible influence on governance framing
- Explicit reference to patient perspective shaping thinking

24. Table 5 provides illustrative examples from the qualitative data that demonstrate how Patient Partner contributions are influencing discussions, governance thinking and consideration of patient impact.

Table 5: Patient Impact at 9 Months

Impact	Decision Consideration	Governance Framing	Shaping Thinking	Supporting Evidence
Participant Quote	"These contributions led to constructive discussion and wider consideration of the issues raised" ⁵	"Decisions or outcomes are better informed as a result" ⁶	"Council... being challenged to think about how a decision may be received by the patient..." ⁷	"I have felt able to contribute in the same way as other Council members..." ⁸
Why is this impact?	• "Wider consideration" = changed scope of thinking • Evidence of impact on how decisions are considered	• Explicitly references decisions/outcomes • Shows effect beyond discussion • Organisational impact statement	• Impact on governance framing (patient lens applied)	• Shows parity → access to influence • Enables impact (not impact itself)

Current limitations of evidence

While there is clear evidence that Patient Partner contributions are influencing discussion, governance thinking and consideration of patient impact, as demonstrated in Table 5, there is not yet sufficient evidence to attribute specific policy changes or formal decisions directly to Patient Partner input. For example, there is not a quote demonstrating 'This decision was altered' or 'We changed policy X because of Patient Partner input.'

Relating these findings to theories of co-production

25. The progression of the Patient Partner Programme aligns with established models of participation and co-production, drawing on Arnstein's (1969)⁹ ladder of participation and subsequent adaptations such as the TLAP ladder of

⁵ Patient Partner

⁶ GOsC Staff

⁷ Council

⁸ Patient Partner

⁹ Arnstein (1969) Ladder of participation

<https://www.open.edu/openlearn/mod/oucontent/view.php?id=21024&section=4.1#:~:text=Arnstein's%20ladder%20of%20participation%20consists,they%20relate%20to%20non%2Dparticipation.>

co-production¹⁰ (see Figure 1), which describe a shift from involvement towards partnership and influence in decision-making.

26. At three months, Patient Partners were at an early stage of participation, contributing on a limited basis as they established their role. By six months, there is clear movement towards active participation and emerging influence, with Patient Partners contributing more confidently and shaping discussion. At nine months, the role is more embedded, with consistent participation and demonstrable influence on how issues are considered, particularly in relation to the patient perspective. Additional buddy feedback reinforces this position, describing Patient Partners as active listeners who demonstrate thoughtful engagement, with contributions now embedded within a collaborative team dynamic.
27. This suggests that the programme is progressing towards a more co-productive model of governance, although it has not yet reached full partnership or shared decision-making, as Patient Partners do not hold formal decision-making authority.
28. This progression can be illustrated by mapping the Patient Partners programme against a co-production ladder (see Figure 1):

Figure 1: Adapted co-production ladder based on Arnstein (1969) and the TLAP ladder of co-production, showing progression of the Patient Partner Programme



¹⁰ Think Local Act Personal - Ladder of co-production
<https://thinklocalactpersonal.org.uk/resources/ladder-of-co-production/>

29. As shown above, the programme progresses from involvement at three months, through active participation at six months, towards an early partnership position at nine months, with demonstrable and increasing influence on Council discussions.

Overall Assessment

30. Across all stakeholder groups, the findings demonstrate a clear and consistent progression over the nine months of the pilot. The programme has moved from an early phase of integration towards a more established position characterised by embedded participation and demonstrable, increasing influence within Council activity.

31. The evidence indicates that Patient Partners are now:

- Consistently included and actively participating in discussions
- Confident in contributing and challenging where appropriate
- Supported by established and effective support arrangements
- Beginning to influence how issues are framed and considered, particularly in relation to the patient perspective

32. This reflects a shift beyond initial presence and participation towards early organisational influence, with qualitative evidence suggesting that Patient Partner contributions are informing discussion and strengthening consideration of the patient perspective within governance processes.

33. However, some areas remain in development. In particular: Role clarity continues to evolve, reflecting a shared organisational understanding of expectations learning and development opportunities, while valued, are not yet fully structured or consistently experienced. For example, there is some evidence of patient impact in the information coming to the Council meetings, but little impact on agenda development at this stage. This highlights that there is an opportunity for the second part of the pilot to reflect more about what comes to the table from a patient perspective, if one of the continuation options are chosen by the committee (see Points 36 to 50).

34. These factors are consistent with a programme that is still maturing within a pilot phase and do not detract from the overall positive trajectory observed.

35. Overall, the findings indicate that the Patient Partner Programme is progressing well, demonstrating meaningful movement towards a more co-productive model of governance where the patient, as well as the registrant voice is at the heart of decision making, while requiring further refinement to support sustained, consistent and long-term impact.

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Options for the Future of the Patient Partner Programme

36. Based on the findings from the 3, 6 and 9 month evaluations, four potential options are presented for Council's consideration, in terms of next steps for the Patient Partner Programme.

37. We ask Council to consider the following four options:

Option 1: Continue the Patient Partner pilot unchanged

38. This option would continue the Patient Partner pilot in its current form for an extra 12 months, maintaining existing arrangements for participation, support and engagement within Council discussions.

39. The evaluation findings demonstrate a clear progression over time, with Patient Partners moving from early stages of integration towards more confident participation and increasing influence within discussions. However, the findings also identify areas where further development is required, particularly in relation to role clarity, structured development, and consistency in how the patient perspective is drawn into discussions.

40. This option would not actively address these areas and may therefore limit the consistency and sustainability of impact as the role continues to evolve.

Option 2: Continue the Patient Partner pilot with targeted enhancements

41. This option would build on the current pilot model, retaining the existing structure while introducing refinements informed by the evaluation findings and extending the pilot for a further 12 months, so we are able to see the benefit of these enhancements.

42. The evaluation demonstrates clear progression across the three, six and nine month timepoints, with increasing participation, confidence and emerging influence. This option seeks to consolidate that progress while addressing areas where further clarity and consistency would strengthen the effectiveness of the role.

43. Enhancements would include:

- Clarifying the purpose and expectations of the Patient Partner role within Council.
- Strengthening how and when the patient perspective is actively drawn into discussions.
- Further embedding support arrangements, including briefing and debriefing processes

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- Developing a more structured approach to learning and development, including further opportunities to observe other committees such as Policy and Education Committee, Fitness to Practice, Patient Forum
- Reinforcing the role of Patient Partners in bringing both patient perspective and relevant expertise

44. This option provides a balanced approach, enabling the organisation to build on the progress achieved while supporting consistent and sustained impact over time.

Option 3: Evolve the Patient Partner role within governance structures

45. This option would build on the progress of the pilot by further developing the Patient Partner role towards a more formalised position within governance structures. Given the strength of the evaluation findings at nine months, it could also be argued that there is sufficient evidence to support making the role permanent in some form.

46. However, this represents a significant step beyond the current pilot design. It would require further consideration of governance implications, including role definition, expectations, training and support, to ensure that any expansion of the role is clear, proportionate and sustainable. While this option could be pursued through existing governance structures (for example, where a Lay member vacancy arises), there is also an alternative approach to formalisation whereby the Patient Partner role continues as a distinct position, similar in status to a Council Associate, contributing to discussions without holding voting rights.

Option 4: Conclude the Patient Partner pilot

47. This option would bring the Patient Partner pilot to an end following completion of the evaluation period.

48. Across all three timepoints, the evaluation demonstrates a consistent trajectory of development, with increasing levels of participation, confidence to challenge and emerging influence. Concluding the pilot at this stage would not build on this progress and would limit further development of the patient voice within Council discussions.

49. While this option would allow reflection on the learning generated through the pilot, it would not support the continued embedding of patient perspectives within governance activity.

50. We set out these four options in Table 6 in more detail, with a position, what this would involve, the potential pros and cons of adopting each option if chosen and any financial implications.

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Table 6: Options for the Patient Partner Programme summary table

Option	Position	What this would mean	Pros	Cons	Financial implication
Option 1: Continue pilot unchanged	Maintain current approach	Continue the Patient Partner pilot as currently designed for a further 12 months, with no changes to role, support or expectations.	- Provides continuity and stability - Allows further natural development - No additional design changes required	- Does not address identified gaps - May limit effectiveness	£200 per meeting, up to a maximum of 10 days per year
Option 2: Continue pilot with targeted enhancements	Build on current model with improvements	Retain the existing pilot for a further 12 months, while strengthening role clarity, support, and how patient perspective is incorporated.	- Builds on progress - Addresses evaluation findings - Supports consistent impact	- Requires additional coordination - Slight increase in resource commitment	£200 per meeting, up to a maximum of 10 days per year. Marginal increase relative to current costs. Due to adding in PEC and potential for other development opportunities
Option 3: Evolve the role within governance structures	Expand and formalise the role	Develop the Patient Partner role into a more formal governance position with expanded responsibilities.	- Increases impact of patient perspective - Aligns with governance development	- Significant change - Requires governance consideration and additional support - Less flexible model when still evolving - Potential for role confusion	Approx. £7,800 per year

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Option 4: Conclude the pilot	End the initiative	Conclude the Patient Partner pilot and not continue the role within Council structures.	• Allows reflection • No ongoing cost	• Loss of patient perspective • Missed opportunity to embed improvements • Doesn't take account of evaluation findings • Loses momentum • Loses progress • Reputational risk: As GOsC is viewed as an innovator in this area, failure suggests to the regulatory sector and wider stakeholders that governance-level patient roles are ineffective.	Total cost of programme to date: £2,254.90 (Sept 2025-May 2026)

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51. In considering the options, Council may wish to reflect on the following:

- Whether there is sufficient evidence at this stage to move beyond a pilot approach, or whether further time is needed to strengthen both the model and the evidence base.
- The extent to which the Patient Partner role is already influencing Council discussion, and the level of impact expected going forward.
- The level of organisational commitment required to embed or formalise the role, including resource and governance implications.
- Whether the current model requires further refinement, particularly in relation to role clarity, learning and development, and consistency of support.

Executive view

52. Considering that there is strong evidence from the evaluation, but that it has also highlighted gaps, we recommend to Council - **Option 2: to continue the Patient Partner pilot with targeted enhancements.**

53. This approach enables the organisation to build on the significant progress achieved to date, while addressing identified areas for improvement. It provides the most balanced and evidence-led path forward, supporting the continued development of the Patient Partner role and maximises its contribution to inclusive, informed and effective decision-making within Council.

Recommendations

1. To consider the four options for the future of the Patient Partner Programme.
2. To agree the GOsC recommendation to continue the Patient Partner pilot with targeted enhancements (Option 2), to allow further refinement and strengthening of the evidence base.
3. To note the progress made to date, particularly the development from early integration at three months to more confident participation and emerging influence at six and demonstrable, increasing influence at nine months.

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Patient Partner Evaluation Report – Includes 3, 6 and 9 Month Data Insight Summaries

Dr Stacey Clift

Aims

1. The Patient Partner evaluation was designed to assess the effectiveness of the pilot in embedding the patient voice within Council decision-making and supporting more inclusive, informed and high-quality discussions. Specifically, the evaluation sought to:
 - Assess the extent to which Patient Partners are integrated into Council discussions and able to participate meaningfully
 - Understand how Patient Partner contributions influence the quality, perspective and challenge within discussions
 - Identify how effectively Patient Partners are supported, including onboarding, briefing and development
 - Explore how the role develops over time, including changes in confidence, understanding and contribution

Method

2. A mixed-methods approach was used to evaluate the pilot over three timepoints (three, six and nine months), drawing on both quantitative and qualitative data from multiple stakeholder groups.

Quantitative data

3. Structured survey responses were collected from:
 - Patient Partners
 - Council members
 - GOsC staff
 - Council buddies
4. Responses were mapped against a consistent set of evaluation themes:
 - Inclusion
 - Understanding of role
 - Participation
 - Confidence to challenge

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- Integration/support
 - Development/learning
5. Results are presented as aggregated percentages of agreement, allowing comparison over time.

Qualitative data

6. Qualitative insights were gathered through open-text survey responses from all stakeholder groups. These were analysed thematically and mapped against the evaluation criteria, with findings presented as:
- key themes
 - illustrative verbatim quotes
 - interpretation of findings
 - an associated “impact signal” indicating progression from participation to influence
7. While a structured evaluation framework underpins the analysis, findings have been synthesised into a small number of core analytical themes to ensure clarity and accessibility. This enables consistent interpretation across timepoints while retaining the depth of qualitative insight.
8. The evaluation adopts a developmental perspective, recognising that the Patient Partner role is evolving over time, and therefore focuses on identifying progression from:
- early integration and participation
 - to confident contribution
 - and ultimately towards demonstrable influence within Council activity

Results

3- Month data picture

9. At three months, the findings indicate that the Patient Partner role was at an early stage of integration into Council activity. Quantitative feedback suggests a generally positive experience, but with some variability across themes, particularly in relation to inclusion, participation, and confidence to contribute.
10. Participation and integration/support were the strongest themes (both 80% agreement), suggesting that Patient Partners were actively contributing and receiving practical support. Inclusion and confidence to challenge were moderately positive (60% agreement), although some neutral responses indicate that these were not yet consistently embedded.

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11. The weakest areas were understanding of role and development/learning (both 40% agreement), highlighting early uncertainty around role clarity and limited opportunities for structured learning. Overall, the findings suggest a strong foundation for engagement, with role definition and development identified as key priorities for improvement.

Figure 1: 3 Month patient partner evaluation survey responses

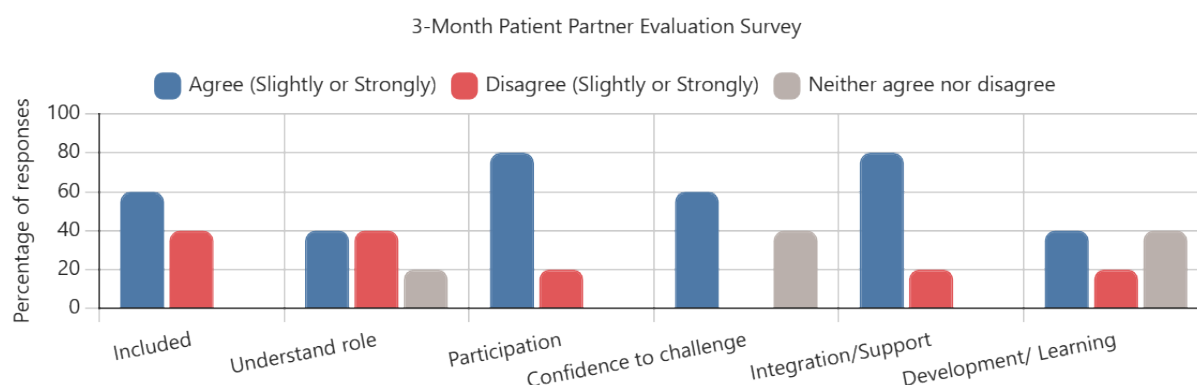


Table 1: 3-month patient partner evaluation survey

Theme	Agree (Slightly or Strongly)		Disagree (Slightly or Strongly)		Neither Agree nor Disagree	
Theme	N	%	N	%	N	%
Included ¹	3	60%	2	40%	0	0
Understand role ²	2	40%	2	40%	1	20%
Participation ³	4	80%	1	20%	0	0
Confidence to challenge ⁴	3	60%	0	0	2	40%
Integration/Support ⁵	4	80%	1	20%	0	0
Development/ Learning ⁶	2	40%	1	20%	2	40%
Total (responses)	18	60%	7	23%	5	17%

¹ I felt included and actively involved in the discussions or Patient partners are included and actively involved in the discussions

² I was able to clearly understand my role and how it related to the topics and discussions taking place or Patient partners clearly understand their role and how it related to the topics and discussions taking place

³ I felt comfortable asking questions during the discussions or Patient partners are actively asking questions during the discussions

⁴ I felt confident expressing differing viewpoints or challenging points made by others or Patient Partners share their perspectives and are able to challenge points raised by others

⁵ I have an established working relationship with at least one Council member and a staff liaison, and I have felt welcomed and supported or I have established a working relationship with a patient partner

⁶ I have had the opportunity to broaden my understanding of regulation and develop my skills in healthcare governance or The Patient Partner has developed their understanding of regulation and enhanced their skills in healthcare governance

Annex A to 10

12. Qualitative feedback provides some further context. Patient Partners described an initial experience characterised by limited participation, often reflecting a deliberate approach of observing and listening during early meetings. This was influenced by several factors, including time pressure within meetings, lack of prior context, and uncertainty about when it was appropriate to contribute. Staff feedback reinforces this, noting that expectations of the role and when Patient Partners should speak were not always fully clear at this stage.
13. The broader meeting environment also appears to have played a role. Buddy feedback suggests that the formal nature of Council meetings may initially have felt intimidating, with participation outside formal settings (e.g. informal interactions) seen as important for building confidence and familiarity.
14. Despite these early constraints, there were clear signs of emerging contribution. Buddy observations highlight that Patient Partners were already engaging through questions and observations, and staff feedback indicates that their presence had begun to prompt reflection on the patient perspective within organisational thinking.
15. In terms of support, early structures such as onboarding, buddying and engagement with staff were in place, and there was a shared commitment to supporting Patient Partners. However, both the qualitative and quantitative data suggest that these arrangements were still bedding in and not yet consistently experienced.
16. Overall, the 3-month findings align with the evaluation criteria focus on integration and support, demonstrating that Patient Partners were becoming established within Council activity and beginning to contribute, while also highlighting key areas for development, particularly in role clarity, meeting facilitation, and contextual onboarding, which constrained participation at this early stage. These findings suggest that, while the foundations for impact are being established, further development is required before meaningful influence on decision-making can be realised.

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Table 2: 3-Month Qualitative Themes with Impact Signal⁷

Theme ⁸	Source	Illustrative quote	Interpretation	Impact signal
Inclusion (early experience)	Patient Partner	"As it was my first Council meeting, I did not say much... it was difficult to feel actively included."	Early participation was limited, and inclusion was not consistently prompted.	No clear impact yet; the role was still establishing presence.
Inclusion (not always facilitated)	Staff	"I didn't see many points where Council... invited them for their view."	Opportunities to contribute were inconsistent.	Impact limited by meeting dynamics.
Understanding (context challenge)	Patient Partner	"It was difficult when discussion focused on issues that had occurred before I arrived..."	Prior context was assumed, making discussion harder to follow.	No direct impact yet; onboarding needed.
Understanding (framing patient perspective)	Staff	"As the executive write papers we need to get into the mindset of 'where is the	Discussion content and papers were not consistently framed to	No direct impact yet; organisational framing limited contribution.

⁷ The themes draw on the following qualitative questions in the Patient Partner evaluation surveys

1) Inclusion - What made you feel included or excluded during the discussions? or What makes you think they are included or excluded during the discussion? **2) Understanding** - Do you think there were any topics or discussions that were difficult to understand for the patient partners? What could have made them clearer? or Were there any parts of the discussion that were difficult to understand? What could have made them clearer? **3) Participation** - Can you describe a moment when you asked a question or wanted to ask one? If you didn't feel comfortable in asking a question, what prevented you from doing so? or Do you think there are any barriers that might prevent Patient Partners from actively asking questions during discussions? If so, how could these be addressed? **4) Confidence to challenge** - Was there a time you challenged a point or wished you had? What helped or prevented you from doing so? or Do you think there are any barriers that might prevent Patient Partners from expressing their viewpoints or challenging points made by others? If so, how could these be addressed? **5) Support** - Can you describe a moment when you felt supported. If you didn't feel supported, how could we have made it better? or Could you describe what support you are offering to the Patient Partner and how you provide it? **6) Development** - What skills and development opportunities have you had so far? And how could we help to enhance your skills? or What skills or development opportunities do you think would help the Patient Partners further enhance their skills?

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Annex A to 10

Theme ⁸	Source	Illustrative quote	Interpretation	Impact signal
		patient in this' and feedback from the Patient Partners has suggested that we point out where we want particular input from the patient perspective."	highlight where patient input was expected, making it harder for Patient Partners to identify where and how to contribute.	
Understanding (in-meeting facilitation)	Patient Partner	"I think it would be useful if the Chair or person speaking to the paper did a quick check to make sure that the Patient Partners understood and if I had anything to contribute"	Understanding was not actively checked or facilitated during discussions, meaning Patient Partners were not consistently supported to engage or contribute in real time.	No direct impact yet; contribution limited by lack of facilitation.
Role clarity (early ambiguity)	Staff	"There may have been a lack of clarity about the role and a lack of clarity about when to speak..."	Expectations and timing of contributions were unclear.	Impact constrained by unclear role expectations.
Participation barrier (structure)	Patient Partner	"There was a huge time pressure... not enough time to feel comfortable adding to the questions."	Meeting pace and structure constrained participation.	Early structural barrier to influence.
Early contribution (external validation)	Buddy	" Engaged as evidenced by their astute comments and incisive questions..."	Patient Partners were already contributing through	Early sign of influence.

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Annex A to 10

Theme ⁸	Source	Illustrative quote	Interpretation	Impact signal
			questions and observations	
Participation (Seeking clarity)	Patient Partner	"I asked ...how the Patient Partner role links to the Patient Forum. However, I am not sure if this is fully thought through as it is clear that there was no intention of making any formal link and that the roles are separate."	Patient Partners were beginning to engage actively by asking questions, but these often highlighted unresolved aspects of role design and how the Patient Partner function related to existing structures.	Early indication of contribution, but impact limited by lack of role clarity.
Confidence to challenge (context-dependent)	Staff	"I have seen in both Patient Partners that they have the confidence to express viewpoints and challenge when in smaller groups"	Staff observed that Patient Partners were confident in expressing views and challenge in smaller or informal settings, suggesting that confidence was present but not yet fully translated into the formal Council environment.	Confidence present but not yet consistently realised in Council discussions.
Confidence to challenge (early stage)	Patient Partner	"It is still quite early... I would have no issues	Willingness to challenge was present, but opportunity and	Early potential for impact, not yet realised.

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Annex A to 10

Theme ⁸	Source	Illustrative quote	Interpretation	Impact signal
		raising a challenge..."	confidence in practice were still developing.	
Support and integration (developing)	Staff	"We were not able to have a pre-briefing... this was a barrier."	Support structures were not fully in place initially, limiting preparedness and confidence.	Support structures emerging but not yet embedded.
Learning and development (early stage)	Patient Partner	"Too early to understand if there is any specific learning..."	Learning opportunities were at an early stage and not yet clearly defined.	Too early to assess impact.
Environment (psychological safety)	Buddy	"The Council Chamber can potentially feel quite intimidating... interaction outside formal meetings is important."	Formal meeting environment may have limited confidence.	Indirect constraint on impact.
Early indication of influence	Staff	"It made me think more about the patient perspective in our strategy."	Presence influenced organisational thinking.	Clear early impact signal.

6- Month data picture

17. At six months, the data indicates clear progression from early integration towards more confident participation and emerging influence within Council. Quantitative results are strongly positive across several key themes, with 100% agreement for inclusion and confidence to challenge, and 90% agreement for participation, suggesting that Patient Partners were actively engaging in discussions rather than observing, and felt able to contribute openly.

18. Understanding of the role was positive overall (70% agreement), although a proportion of neutral and negative responses suggests that expectations were not yet fully consistent among Council Members. Integration and support were

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similarly rated at 70% agreement, with a notable proportion of neutral responses indicating that support arrangements were in place but may not yet have been experienced consistently.

19. The learning and development dimension is the least developed at six months, with only 50% agreement and a high proportion of neutral responses. While Patient Partners describe development opportunities as valuable, the data suggest that learning is not yet fully structured or consistently realised, and that there is scope to strengthen this as the programme progresses.

Figure 2: 6 Month patient partner evaluation survey responses

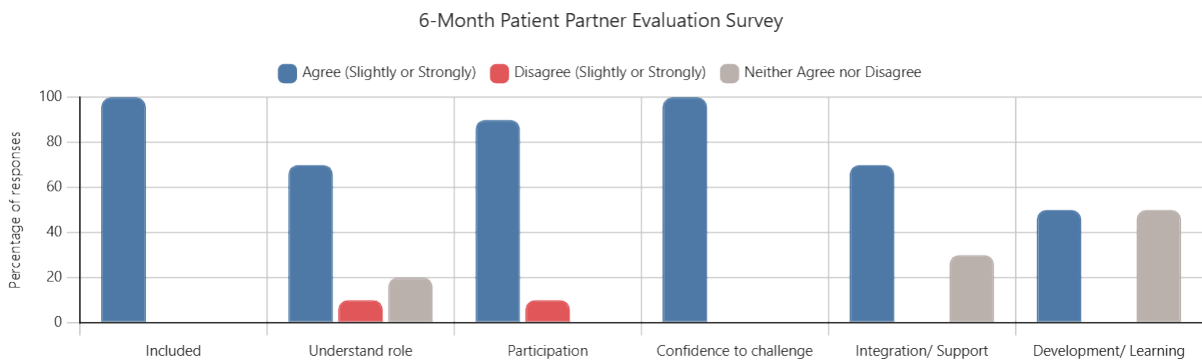


Table 3: 6-month patient partner evaluation survey

Theme	Agree (Slightly or Strongly)		Disagree (Slightly or Strongly)		Neither Agree nor Disagree	
Theme ⁹	N	%	N	%	N	%
Included	10	100	0	0	0	0
Understand role	7	70%	1	10%	2	20%
Participation	9	90%	1	10%	0	0
Confidence to challenge	10	100%	0	0	0	0
Integration/Support	7	70%	0	0	3	30%
Development/ Learning	5	50%	0	0	5	50%
Total (responses)	48	80%	2	3%	10	17%

20. Here Patient Partners describe being actively invited to contribute, feeling more comfortable sharing their views, and increasingly focusing their input on areas where the patient perspective could add value. There are also explicit examples of constructive challenge, with Patient Partners raising questions and concerns and feeling that these were listened to and taken seriously.

⁹ See Footnotes 1 to 6 for details on the questions asked for each of the six themes

21. Buddy, staff and Council feedback further reinforce this shift. Observations indicate that Patient Partners are now participating meaningfully in discussions, are confident in questioning and challenging where appropriate, and that their contributions are helping to stimulate discussion and broaden perspectives. Staff reflections also suggest that the presence of Patient Partners is beginning to influence how issues are framed, particularly in relation to the patient perspective.
22. Support arrangements appear to have strengthened since the 3-month point. Patient Partners highlight the value of buddying arrangements, pre- and post-Council briefings, and development opportunities, all of which have helped to build confidence and support ongoing contribution. However, the quantitative data (70% agreement, 30% neutral for integration/support) suggest that while support is generally effective, it may not yet be consistently experienced across all aspects of the role.
23. Understanding of discussions was generally strong at this stage, with Patient Partners reporting little difficulty in following discussions. However, both qualitative and quantitative findings indicate that role expectations are still evolving. Patient Partners note some uncertainty around what Council expects from the role, and Council feedback similarly reflects ongoing clarification of purpose. This suggests that role clarity is not an individual issue, but a shared organisational challenge as the pilot develops.

Table 4: 6-Month Qualitative Themes with Impact Signal¹⁰

Theme	Source	Illustrative quote	Interpretation	Impact signal
Inclusion (increasing confidence and participation)	Patient Partner	"I have felt included in Council meetings and have been given appropriate opportunities to contribute..."	More confident and active inclusion.	Early sign of influence.
Inclusion (growing sense of belonging)	Patient Partner	"I feel that I am more included now... as I get to know people better..."	Inclusion strengthening through relationships.	Emerging impact

¹⁰ The themes in Table 4 are drawn from the qualitative questions in the Patient Partner evaluation surveys, for a full list of these questions see Footnote 7.

Annex A to 10

Theme	Source	Illustrative quote	Interpretation	Impact signal
Inclusion (inclusive meeting environment)	Buddy	"The Chair, Council members and GOsC staff adopt a very inclusive approach..."	Environment experienced as inclusive.	Clear sign of increasing impact
Inclusion (growing sense of belonging)	Staff	"Both Patient Partners contributed throughout the meeting - It felt like a much more inclusive environment for them than previous meeting and they seemed very comfortable and confident in their contributions."	Inclusion more consistent, deliberate and improving	Clear improvement; inclusion becoming embedded
		"As we all grow accustomed... we will bring them into discussions more"		
Inclusion (welcomed)	Council	"They are always welcome to comment. They have so far only commented on limited occasions. So far, none of the comments have related to a 'patient' issue but more to general governance/organisational issues"	Inclusion welcomed, but less visible on patient issues	Impact constrained
Understanding (role being clarified)	Patient Partner	"Council are not really sure what they want from the Patient Partners."	Role expectations still somewhat unclear	Impact constrained
		"There is now much greater clarity around the role and how I can contribute"		
Understanding (Council perspective)	Council	"I'm not sure that we have clearly defined their role..."	Organisational lack of clarity	Key constraint

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Theme	Source	Illustrative quote	Interpretation	Impact signal
		"Not sure ... understand the role of Patient Partners fully but feel as though the patient partners are bringing more a Lay member of Council perspective than a Patient Partner perspective from my understanding of the role."		
Understanding (role & context)	Staff	"We need to get into the mindset of 'where is the patient in this'" "We did have a conversation in the debriefing about being clearer about their role. To what extent should they bring in their own expertise (e.g. on risk). We said that their main question was to ask where the patient in this is and that they should not feel excluded from using their expertise in other areas."	Clarity improving, but still dependent on framing and evolving through experience	Clear improvement; understanding developing and enabling contribution
Understanding (role & context)	Buddy	"They understood the topics as evidenced by their insightful questions. What was more difficult to discern was where and how they were bringing the patient voice (in that role versus their respective roles in other boardrooms)."	Role expectations still somewhat unclear	Impact constrained

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Theme	Source	Illustrative quote	Interpretation	Impact signal
Understanding (jargon)	Patient Partner	"There is still a tendency to use abbreviations and jargon..."	Accessibility improving but imperfect	Depends on accessibility
Participation (purposeful)	Patient Partner	"I have focused my contributions on key areas..."	More strategic contributions	Clearer influence
		"I put my hand up and was listened to..."		
Participation (challenge)	Patient Partner	"I did challenge the content... I felt I was listened to..."	Active challenge	Strong impact
Participation (recognised)	Council	"Both Patient Partners contribute to discussions..."	Contribution visible	Influence visible
		"Patient Partners seem settled at Council and committee meetings and are comfortable asking questions."		
Confidence (observer)	Buddy	"Both Patient Partners appear to be confident and secure in challenging the 'status-quo'...."	Confidence increasing	Influence visible
Confidence (welcomed)	Council	"I welcome any questions from Patient Partners as it helps stimulate discussion..."	Challenge encouraged	Strong impact
Confidence to challenge	Patient Partner	"I would have no issues raising a challenge..."	Confidence is increasing	Emerging influence through growing confidence
Confidence (growing)	Staff	"Confidence... may hold them back but improving"	Confidence is not fully consistent yet	Emerging influence through

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Theme	Source	Illustrative quote	Interpretation	Impact signal
				growing confidence
Support (structured)	Patient Partner	"I have felt particularly supported..."	Support mechanisms embedded	Support enabling impact
		"Pre and post meeting catch ups... commitment to support"		
Support (environment)	Staff	"Both Patient Partners contributed throughout the meeting..."	Improved meeting dynamics	Increased impact
		"Support will be more useful as they get into their role"		
Development (exposure)	Patient Partner	"Attending the PEC Committee and Development Day has been a particularly valuable development opportunity, ... I feel that attending the Policy and Education Committee is essential for the Patient Partners as it has so much relevance to patients."	Growing understanding	Supports influence
Development (exposure)	Buddy	"Opportunities to engage with the Patient Forum would be useful to widen their knowledge of patients' experience receiving osteopathy treatment."	Growing understanding	Supports influence
Development (value)	Patient Partner	"To ensure the role delivers meaningful impact..."	Focus on long-term contribution	Strategic impact

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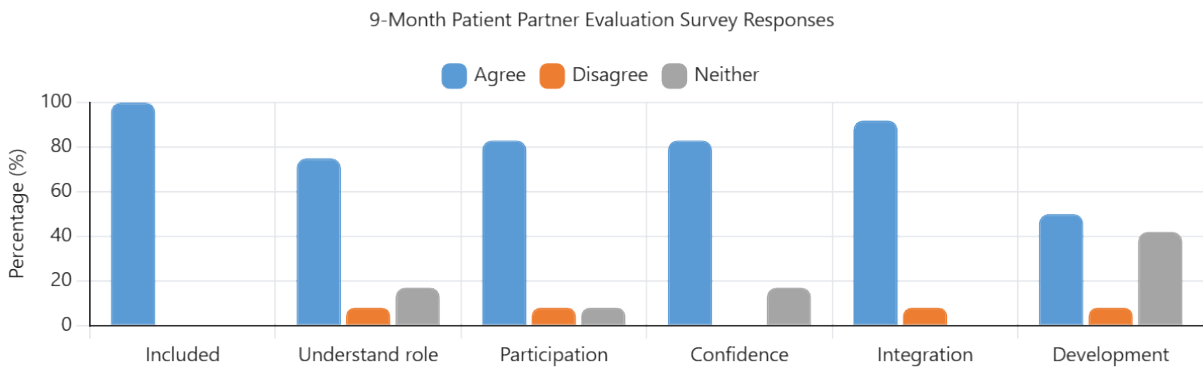
Theme	Source	Illustrative quote	Interpretation	Impact signal
Early organisational influence	Staff	"It made me think more about the patient perspective..."	Influencing thinking	Strong impact

24. Overall, the 6-month findings align with the evaluation focus on influence, support and learning. The data show clear evidence of emerging influence, particularly through increased participation, confidence to challenge, and visible contribution to discussion. Support arrangements are in place and broadly effective; while learning and role clarity remain key areas for further development if the programme is to achieve sustained and meaningful impact.

9- Month data picture

25. At nine months, the data indicate further progression beyond participation and emerging influence towards a more embedded and increasingly influential Patient Partner role within Council activity. Quantitative findings are strongly positive across several themes, with 100% agreement for inclusion, and continued high levels of agreement across participation, confidence to challenge and integration/support, suggesting that Patient Partners are now consistently engaged in discussions and able to contribute openly. This strengthened dataset provides additional confidence in the consistency of findings across themes, particularly in relation to participation, confidence to challenge and integration.

Figure 3: 9- Month patient partner evaluation survey responses



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Table 5: 9-month patient partner evaluation survey

Theme	Agree (Slightly or Strongly)		Disagree (Slightly or Strongly)		Neither Agree nor Disagree	
Theme ¹¹	N	%	N	%	N	%
Included	12	100%	0	0	0	0
Understand role	9	75%	1	8%	2	17%
Participation	10	83%	1	8%	1	8%
Confidence to challenge	10	83%	0	0	2	17%
Integration/Support	11	92%	1	8%	0	0
Development/ Learning	6	50%	1	8%	5	42%
Total (responses)	58	81%	4	5.5%	10	14%

26. Qualitative feedback reinforces this shift. Patient Partners describe feeling more established within Council, with increased confidence, stronger relationships, and greater clarity in how they contribute. Staff reflections indicate that the patient perspective is now actively sought within discussions, and that Patient Partners are contributing across a range of topics, including governance, risk and access. Council feedback further supports this, noting that Patient Partners are participating regularly, although there remains some variability in how consistently the patient perspective is drawn into discussions. Additional buddy feedback reinforces this position, describing both Patient Partners as active listeners who demonstrate thoughtful engagement, with contributions now embedded within a collaborative team dynamic.

27. There is also evidence that Patient Partners now feel able to contribute on an equal footing with other Council members, suggesting that the role has moved beyond participation towards more fully embedded engagement.

28. There is also clear evidence of developing and increasingly demonstrable influence at this stage. Staff and Patient Partner feedback indicates that contributions are shaping discussions, prompting wider consideration of issues, and influencing how decisions are framed, particularly in relation to patient impact.

29. There is also clear and consistent evidence of influence at this stage across multiple stakeholder perspectives, not just the Patient Partners themselves or GOSc staff. Feedback indicates that Patient Partner contributions are not only present within discussions but are contributing to wider consideration of issues, reinforcing the role as an established and valued part of Council deliberation.

30. However, some areas remain less fully resolved. While understanding of discussions is generally strong, feedback indicates that role clarity continues to

¹¹ See Footnotes 1 to 6 for details on the questions asked for each of the six themes

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evolve, particularly in relation to the balance between asking where is the osteopathic patient in this and broader professional expertise. Council reflections also suggest some ongoing ambiguity regarding the distinct purpose of the role within governance structures.

Table 6: 9-Month Qualitative Themes with Impact Signal¹²

Theme	Source	Illustrative quote	Interpretation	Impact signal
Inclusion (more settled)	Patient Partner	"I feel that I am more included now, partly because I am feeling more confident and partly as I get to know people better"	Inclusion supported by confidence and relationships	Strong sign of embedding
Inclusion (invited in)	Staff	"Colleagues will specifically ask if there is anything from a patient perspective to be added"	Patient perspective actively sought	Clear sign of influence
		"Their points were responded to and acknowledged by others."		
Inclusion (needs facilitation)	Council	"Patient perspectives could have been drawn into the discussion more actively"	Inclusion is not yet consistent	Further development needed
		"I think this depends quite a bit on the discussion. Overall, I was expecting patient perspectives to feature more prominently and consistently than they have so far... we need to be more deliberate in		

¹² The themes in Table 6 are drawn from the qualitative questions in the Patient Partner evaluation surveys, for a full list of these questions see Footnote 8

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Theme	Source	Illustrative quote	Interpretation	Impact signal
		inviting and seeking patient perspectives..."		
Inclusion (environment and culture)	Patient Partner	"The environment has been open and supportive, enabling me to participate confidently alongside other members."	Psychological safety enabling confident participation	Embedded inclusion
Understanding	Staff	"The Patient Partners feel like they know what they are doing now and contribute on patient matters but also on their own areas of expertise."	Understanding and contributions growing	Strong sign of embedding
		"Their role is to ask 'where is the patient / public in this' and many comments include this."		
Role clarity	Patient Partner	"I am still finding my way and am conscious that my varied experience... can overshadow my role"	Role still evolving	Constraint on consistency
Role clarity (Council view)	Council	"The Patient Partners have been active... but mainly drawing on their executive experience"	Unclear expectations at Council level.	Key limitation

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Theme	Source	Illustrative quote	Interpretation	Impact signal
		"At the outset of the addition of Patient Partners I was unsure of their purpose. Their addition has been a valuable asset to the Council. There is possibly a need to reflect on if Patient Partners are two other Lay members of Council without voting rights with a different title? Similarly to that of Council Associates?"	Ambiguity around role purpose.	
Participation	Buddy	"Both Patient Partners are good active listeners, demonstrating thoughtful engagement."	Indicates active engagement in discussions, with Patient Partners contributing through attentive listening and interaction	Strong evidence of consistent and meaningful participation.
Participation (questioning)	Patient Partner	"I recently asked about why safeguarding training is not a specific requirement"	Active scrutiny	Early impact
Participation (recognised and embedded)	Council	"Both Patient Partners contribute to Council meetings"	Contribution visible	Strong evidence of influence
	Patient Partner	"I have felt able to contribute in the same way as other council members and have been encouraged to explore issues through constructive discussion."	Participation now at parity with Council members	

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Theme	Source	Illustrative quote	Interpretation	Impact signal
Confidence to challenge (value of role)	Council	"Both Patient Partners have introduced themselves to me as they have been on Council for longer than I have"	Patient Partners are now sufficiently established and comfortable within Council to take an active place in the governance environment.	Indicates confidence and familiarity with the setting.
Confidence to challenge (visibility)	Staff	"Patient Partners are confident to put their hands up"	Confidence visible	Strong impact
		"I did see the CEO appreciate and value their helpful feedback in the meeting."		
Confidence to challenge (clarity)	Council	"Patient Partners have been comfortable asking questions for clarity and to challenge at most Council meetings, showing understanding, and comfort in questioning for clarity." "They have been actively contributing and challenging ideas at all meetings. As time has passed since both joining the Council, their confidence has grown in working with the rest of the Council and exec team allowing them to feel comfortable challenging ideas and	Confidence visible	Strong impact

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Theme	Source	Illustrative quote	Interpretation	Impact signal
		contributing with their own."		
Confidence to challenge (impact)	Patient Partner	"I have felt comfortable challenging and exploring issues and these contributions led to constructive discussion and wider consideration of the issues raised."	Challenge contributing to decision-making	Strong impact
Confidence (culture)	Staff	"Meetings feel better now and the Patient Partners appear confident"	Supportive environment	Embedding
Support (structure)	Patient Partner	"I feel supported in the pre, and post meeting catch ups"	Support structures effective	Sustained impact
Support (structure)	Staff	"The briefing sessions... really help patient partners hone in on key areas that can impact the patient..."	Support model embedded	Strong support
Support (structure)	Council	"Expand on the idea of psychological safety explored at the BER."	Further support identified	Strong support
Support (integration)	Buddy	"This is a collaborative team project, and I have not been asked by either Patient Partner for individual mentoring."	Suggests that support is now embedded within the team environment and not reliant on individual mentoring relationships.	Clear indication of embedded and effective support structures.
Support (integration)	Council	"I'm unclear of what's on offer from the GOsC for support and development	While support may exist, it is not yet fully visible or	Supports not visible to all members

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Theme	Source	Illustrative quote	Interpretation	Impact signal
		so it's difficult to comment."	consistent from the Council perspective.	
Development (wider engagement)	Patient Partner	"My involvement in other meetings and events has been valuable."	Learning increasing	Supports contribution
Development (shared)	Council	"I think attending the sector wide Development Day was a huge step in understanding the profession, regulation of it and the challenges and opportunities shared by all."	Formal learning opportunities are helping deepen understanding of the regulatory context and broader governance environment.	Supports contribution
Development (formal)	Staff	"Development Day was a huge step in understanding the profession"	Formal learning effective	Positive signal
Development (gap)	Patient Partner	"One year... is insufficient time to fully understand the organisation"	Role still maturing	Caution
Development (exposure)	Buddy	"The opportunity to observe an Investigating Committee or FTP/Professional Conduct hearing might be useful."	Further opportunities to learn	Supports influence. Positive signal
Influence	Staff	"Discussions... were not considering the impact on patients and both are comfortable enough to challenge that."	Discussions initially missed patient perspective, and Patient Partners have identified that gap and challenged it	Strong impact

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Theme	Source	Illustrative quote	Interpretation	Impact signal
Organisational impact	Staff	"Decisions or outcomes are better informed as a result"	Influencing decisions	Strong impact
Organisational impact	Council	"I think decisions or outcomes are better informed as a result of all viewpoints being considered... Council and Executive being challenged to think about how a particular decision, communication or piece of work may be received by the patient at the end."	Patient Partner role is not just contributing to discussion but is beginning to influence how decisions are framed and considered.	Strong impact

Understanding Patient Impact at Nine Months

31. The evaluation framework anticipated that, by nine months, there would be evidence that Patient Partner contributions were influencing discussion and governance processes. The findings suggest that this threshold is beginning to be met. While there is currently limited evidence that Patient Partner input has directly altered specific policies or formal decisions, there is consistent evidence across Patient Partner, staff and Council responses that contributions are influencing how issues are discussed, considered and understood.
32. Examples include Patient Partner feedback that contributions led to "constructive discussion and wider consideration of the issues raised," staff reflections that "decisions or outcomes are better informed as a result", and Council observations that discussions increasingly consider how decisions, communications and pieces of work may be received by patients.
33. Taken together, these findings indicate that the programme has moved beyond participation alone and is beginning to demonstrate influence on governance thinking. At this stage, impact is most visible in the incorporation of patient perspective into discussions and decision-making processes, rather than through direct attribution of policy or decision changes.
34. In addition, support arrangements appear embedded and effective, while role clarity and structured development remain key areas for further strengthening to support sustained and consistent impact.

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35. Overall, these findings indicate a shift beyond participation towards demonstrable influence, with Patient Partners beginning to shape how discussions are framed and how decisions are considered.

Conclusions

36. Across the three timepoints, the findings demonstrate a clear trajectory from early integration towards embedded participation and emerging influence.

- At three months, the Patient Partner role was still in the initial stages of development, with participation shaped by uncertainty, limited role clarity and structural barriers within meetings.
- By six months, there is clear progression, with Patient Partners participating more confidently, being more actively included in discussions, and beginning to demonstrate emerging influence, particularly through questioning and contribution to debates.
- At nine months, this progression is further consolidated, with strong evidence that Patient Partners are now established participants within Council activity. Qualitative feedback indicates that contributions are leading to constructive discussion, wider consideration of issues, better-informed decision-making, and greater reflection on how decisions may be experienced by patients, suggesting that the role is beginning to influence governance thinking beyond participation alone.

37. While inclusion, participation, confidence to challenge and support show sustained strengthening over time, role clarity and structured development remain areas of ongoing evolution, indicating that the programme has successfully moved into an impact phase, but requires further refinement to support consistent and long-term influence.

Patient partner programme Engagement Points

Aim of the patient partner programme: Enabling a perspective that asks the question '**where is the patient in this?**' to add value and quality to GOsC strategic discussions – the ROLE and understanding how best to provide support to the individual undertaking the role as part of our commitment to ENGAGEMENT AND DEVELOPMENT of all those who work for GOsC).

Purpose:

- Test whether this model puts the patient voice at the heart of our decision making. (Is the patient partner role fit for purpose – ROLE)
- Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). (Is the role fit for purpose – ROLE)
- Gain feedback about opportunities and challenges about bringing the patient voice into decision making – (Is the role fit for purpose – ROLE)
- Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment. (How do we best support engagement and personal development of the patient partner – ENGAGEMENT AND DEVELOPMENT)

Who's who [names have been redacted]

- Two Council buddies – responsible for development and engagement including supporting the patient partner to engage with the Council papers and the council dynamics and support for impact.
- Chief Executive Officer
- GOsC Staff Member – Key contact and overall responsibility for patient partner on the staff team and responsibility for development and engagement of patient partner and evaluation of the role. If you have any questions about Council papers, please come to me and I will be able to direct you to the right member of staff for questions.
- GOsC Staff Member - Responsible for induction, training and advising on Council processes and procedures.
- Patient team – responsible for undertaking patient partner evaluation and impact of role.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
Appointed: July 2025	Onboarding: Contract signed Formal training undertaken: - GDPR UK training - EDI training - Cyber security training - Bullying and harassment training for managers - Mental health awareness training	Patient Partner / GOsC Staff Member	Contract signed relevant supporting documentation provided. Formal training completed. Onboarding included all checks including right to work, governance handbook, code of conduct and declaration of interests completed. Increased understanding of the role Increased understanding of the structure of GOsC, the strategy and its values. Increased understanding of acronyms through glossary Key contacts provided Admin control training	ENGAGEMENT AND DEVELOPMENT - Cultural integration awareness of what we do – statutory role and how we do it – our values of collaborative, influential, respectful and evidence informed. - Awareness of culture and values - Engagement: Feeling welcome and valued. - Relationship building: Build network with fellow Council members and staff team. - Skills to undertake role – how to prepare, how to ask questions, how to build - Understanding of what GOsC does and how we do it (collaborative, influential, respectful and evidence informed) ROLE - Role clarity: Understanding of role and purpose of the pilot.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
By September / October 2025	Meeting with key contacts:	Patient Team; GOsC Staff Member; CE Officer; Chair of Council; Council Buddies	Increased understanding and awareness of culture and values of GOsC – how we work (relevant to development and role) and what we do – our statutory role. Increased understanding of role and clarity about the purpose of the pilot Increased understanding about how the pilot will be evaluated.	ENGAGEMENT AND DEVELOPMENT - Culture and values – collaborative, influential, respectful and evidence informed. - Relationship building: Build network with fellow Council members and staff team. ROLE - Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
October 2025	Optional attendance at the Policy and Education Committee	Patient Partners		ROLE
November 2025	Opportunity for pre-Council briefing	Patient Partner / GOsC Staff Member	Patient partner understands the papers and feels able to engage and make points in terms of the questions 'where is the patient in this paper'	ROLE - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. ENGAGEMENT AND DEVELOPMENT - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.
November 2025	Council	Patient Partners	Patient partner feels included in the discussion. Patient partner is able to understand the discussion. Patient partner is able to ask questions. Patient partner is able to challenge other points made.	ENGAGEMENT AND DEVELOPMENT - Cultural integration: Awareness of culture and values - Role clarity: Understanding of role and purpose of the pilot. - Engagement: Feeling welcome and valued. - Relationship building: Build network with fellow Council members and staff team. ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
				- Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.
November 2025	Debrief with Staff Team	Patient partner / GosC Staff Members	Patient partner provides feedback on - Patient partner feels included in the discussion. - Patient partner is able to understand the discussion. - Patient partner is able to ask questions.	

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
			- Patient partner is able to challenge other points made - Ability to participate in meeting practically (e.g. access to historical documents, working of AdminControl)	
December / January 2026	Debrief with Council Buddies (Q1)	Council Buddies	Patient partner provides feedback on - Patient partner feels included in the discussion. - Patient partner is able to understand the discussion. - Patient partner is able to ask questions. - Patient partner is able to challenge other points made	ENGAGEMENT AND DEVELOPMENT ROLE
December / January 2026	Evaluation of Q1	Patient Team	Gains feedback on ROLE and ENGAGEMENT AND DEVELOPMENT from:	ENGAGEMENT AND DEVELOPMENT AND ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
			Patient partners - survey / interview (what is preference?) Council buddies - survey / interview (what is preference) Staff team - survey interview Council will have an optional opportunity to feedback after Q2 evaluation.	
February 2026	Opportunity for pre-Council briefing	Patient Partner / GOsC Staff Member	Patient partner understands the papers and feels able to engage and make points in terms of the questions 'where is the patient in this paper'	ROLE AND ENGAGEMENT AND DEVELOPMENT - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.
February 2026	Council meeting -	Patient Partners	Patient partner feels included in the discussion. Patient partner is able to understand the discussion. Patient partner is able to ask questions. Patient partner is able to challenge other points made.	ENGAGEMENT AND DEVELOPMENT - Cultural integration: Awareness of culture and values - Role clarity: Understanding of role and purpose of the pilot. - Engagement: Feeling welcome and valued.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
				- Relationship building: Build network with fellow Council members and staff team. ROLE - Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.
February 2026	Debrief with Staff Team	Patient partner / GOsC Staff Member	Patient partner provides feedback on - Patient partner feels included in the discussion.	ENGAGEMENT AND DEVELOPMENT AND ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
			- Patient partner is able to understand the discussion. - Patient partner is able to ask questions. - Patient partner is able to challenge other points made	
February / March 2026	Debrief with Council Buddies (Q2)	Council Buddies	Patient partner provides feedback on - Patient partner feels included in the discussion. - Patient partner is able to understand the discussion. - Patient partner is able to ask questions. - Patient partner is able to challenge other points made - Patient partner and buddies are able to reflect on influence and impact of role	ENGAGEMENT AND DEVELOPMENT AND ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
March 2026	Optional attendance at the Policy and Education Committee	Patient Partners		ROLE
March 2026	Evaluation of Q2	Patient Team	Gains feedback on ROLE and ENGAGEMENT AND DEVELOPMENT from: Patient partners - survey / interview (what is preference?) Council buddies - survey / interview (what is preference) Staff team - survey interview Council (optional survey / interview)	ENGAGEMENT AND DEVELOPMENT AND ROLE
May 2026	Opportunity for pre-Council briefing	Patient partner / GOSC Staff Member	Patient partner understands the papers and feels able to engage and make points in terms of the questions 'where is the patient in this paper'	ROLE - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. ENGAGEMENT AND DEVELOPMENT - Gain feedback about how we can support a patient partner to understand GOSC and contribute to discussions in a Board environment.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
May 2026	Council meeting	Patient Partners	Patient partner feels included in the discussion. Patient partner is able to understand the discussion. Patient partner is able to ask questions. Patient partner is able to challenge other points made.	ENGAGEMENT AND DEVELOPMENT - Cultural integration: Awareness of culture and values - Role clarity: Understanding of role and purpose of the pilot. - Engagement: Feeling welcome and valued. - Relationship building: Build network with fellow Council members and staff team. ROLE - Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
				understand GOsC and contribute to discussions in a Board environment.
May 2026	Debrief with Staff Team	Patient partner / GOsC Staff Member	Patient partner provides feedback on - Patient partner feels included in the discussion. - Patient partner is able to understand the discussion. - Patient partner is able to ask questions. - Patient partner is able to challenge other points made - Whether they feel they are having appropriate influence / impact in the discussion	ENGAGEMENT AND DEVELOPMENT AND ROLE
May 2026	Debrief with Council Buddies (Q2)	Council Buddies	Patient partner provides feedback on - Patient partner feels included in the discussion. - Patient partner is able to understand the discussion.	ENGAGEMENT AND DEVELOPMENT AND ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
			- Patient partner is able to ask questions. - Patient partner is able to challenge other points made - Whether patient partner / buddies can see appropriate influence and impact of contributions	
June 2025	Optional attendance at the Policy and Education Committee	Patient Partners		ROLE
June 2025	Evaluation of Q3	Patient Team	Gains feedback on ROLE and ENGAGEMENT AND DEVELOPMENT from: Patient partners - survey / interview (what is preference?) Council buddies - survey / interview (what is preference) Staff team - survey interview Council (optional survey / interview)	ENGAGEMENT AND DEVELOPMENT AND ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
June 2026 member appraisals			It is not expected that the patient partner would participate in the appraisal process this year as this is a pilot about the value of the role and engagement and development is being assured as part of the ongoing buddy and other support processes. However, participating in the appraisal process may be useful if the pilot continues to year 2.	Not applicable
July 2026	Council meeting - Consider on the basis of evaluation feedback from Q1 to Q3 whether we should continue the pilot for a second year.	Patient Partners	Patient partner feels included in the discussion. Patient partner is able to understand the discussion. Patient partner is able to ask questions. Patient partner is able to challenge other points made.	ENGAGEMENT AND DEVELOPMENT - Cultural integration: Awareness of culture and values - Role clarity: Understanding of role and purpose of the pilot. - Engagement: Feeling welcome and valued. - Relationship building: Build network with fellow Council members and staff team. ROLE

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
				- Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to understand GOsC and contribute to discussions in a Board environment.
September 2026	Council Strategy Day	Patient Partners	Patient partner feels included in the discussion. Patient partner is able to understand the discussion. Patient partner is able to ask questions. Patient partner is able to challenge other points made. Whether they feel they are having appropriate influence / impact in the discussion	ENGAGEMENT AND DEVELOPMENT - Cultural integration: Awareness of culture and values - Role clarity: Understanding of role and purpose of the pilot. - Engagement: Feeling welcome and valued. - Relationship building: Build network with fellow Council members and staff team.

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Month	Objective and Activity	Who is involved	Success indicators	Notes (how does this activity contribute to the aims and purpose of the pilot)
				ROLE - Test whether this model puts the patient voice at the heart of our decision making. - Test whether the patient voice at the heart of decision making improves the quality of strategic discussions and decision making (e.g. by bringing different perspectives, insights and challenge). - Gain feedback about opportunities and challenges about bringing the patient voice into decision making. - Gain feedback about how we can support a patient partner to understand GOSC and contribute to discussions in a Board environment.
September 2026	Evaluation of Q4 - If pilot continues then interim evaluation - If pilot concludes – in effect an exit interview and concluding evaluation.			If the pilot continues into year 2, we will review and update the evaluation plan dependent on feedback received to date.

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Council

15 July 2026

Board effectiveness review: actions and next steps

Classification	Public
Action	For decision
Purpose of the paper	To suggest areas where Council can delegate decisions to Committees to reduce repetition and improve efficiencies in line with the Board Effectiveness Review recommendation.
Strategic Priority implications	Good governance underpins all that we do across the three strategic priorities.
Standards of Good Regulation implications	Actions arising from the board effectiveness review will stand the GOsC in good stead for the new standards which include governance effective from July 2026 and that we will be assessed against in 2027-28.
Communications implications	Proposed changes to the terms of reference for each committee, and how those committees are either constituted or work, will be discussed by the committees in conjunction with any Council decision.
Financial, resourcing and risk implications	Delivery of the actions and next steps from the Board Effectiveness Review are being managed from internal staff resource.
Patient perspectives	The patient partners were sent the Praesta report and were able to contribute at the September 2025 development day, and subsequent Council meetings.
Diversity implications	Diversity implications are being considered in relation to the individual next steps and are not specifically included in this paper.
Welsh language implications	Welsh language implications are being considered in relation to the individual next steps and are not specifically included in this paper.
Annex(es)	A. Governance Handbook Section 6 Scheme of Delegation and Financial Delegation
Author	Lorna Coe, Matthew Redford

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Background reading	The current Scheme of delegation is outlined in the GOsC Governance Handbook. The public meeting of Council May 2026, Item 12, discussed and agreed the new table format for the Scheme of Delegation and agreed the Executive could progress work on further delegations for presentation to Council in July.

Recommendation(s)	1. To agree the revised delegations to Committees and the Executive in the Scheme of Delegation and Financial Delegation

Key messages

- Further to discussions at the previous Council meeting in May 2026, the Executive have progressed work on the Scheme of Delegation.
- Legal advice has been sought and confirms Council is able to delegate the recommended decisions within the confines of the Osteopaths Act 1993.
- The proposed delegations are outlined in the table and Section 6 of the Governance Handbook.
- Committee Terms of Reference are updated in line with proposed delegations within the Governance Handbook, and if agreed by Council, will be presented to each Committee for approval at next meeting.

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Introduction

1. The Preasta Board Effectiveness Report made the following recommendations in relation to the Scheme of Delegation:
 - a. Review the Scheme of Delegation with the goal of providing clarity on roles and responsibilities for the Council vis-à-vis the Committees.
 - b. Review and reset the scheme of delegation and Committee Terms of Reference to prevent duplication.
 - c. The report suggested this should include clarifying:
 - I. The thresholds and limits of Committee and Executive authority
 - II. What is reserved to Council and why
 - III. When and how delegated decisions should be reported or escalated
 - IV. And whether the current balance supports efficient, strategic governance.

Discussion

2. The Executive has continued to work on these recommendations and now presents to Council a Scheme of Delegation with a proposal for further delegations to Committees, most specifically to the statutory Education Committee [called Policy and Education Committee].

Scheme of Delegation

3. A Scheme of Delegation is a document that clarifies roles, responsibilities, and decision-making authority within an organisation, outlining who has the power to make which decisions and the limits of that power.
4. A Scheme of Delegation does not remove accountability from Council but it allows others to act on its behalf.
5. The Scheme of Delegation agreed by Council in May 2026 introduced a new format from the current written document to a table format, albeit the Executive were asked to keep a word version pending further delegations to show all tracked changes.
6. The Scheme of Delegation should be used as a reference guide by Council, Committees and the Executive to check if a decision is within their delegated authority or financial limits and where to report it if not.

7. The table shows 7 levels of decision-making (there are 8 columns because Audit Committee and People Committee are the same level).

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8. There are 4 roles:

- A = Accountable for decision making either under the Osteopath's Act 1993 or via delegated powers from Council.
- AD = Advises and makes recommendations to the Accountable person/body
- R = Responsible for undertaking the delivery and reporting to the Accountable person/body either directly or through a committee.
- I = Involved in the activity through the responsible person/body.

9. The Executive was tasked to progress looking at whether current delegations were fit for purpose and where changes could be made to enhance the current position and make the Executive, Council and its Committee work more effectively.

10. There are no proposed changes to the financial delegations.

Additions to Scheme of Delegation following feedback:

11. The Executive have added in when matters should be escalated to Council and provided a framework as follows:

Decisions should be escalated in exceptional circumstances if, in the reasonable judgment of the Committee Chair, the matter is of such significant risk, sensitivity or strategic importance that Council consideration is required to discharge its statutory duties or those under charity law.

Consider the following:

- *Reputational Impact - matters that are likely to attract significant public, stakeholder or media attention and/or damage trust, brand, stakeholder relationships.*
- *Regulatory and Legal significance - involves an actual or potential regulatory breach or litigation.*
- *Risk and Control exposure - high or extreme risks outside Council risk appetite, failure of internal control, governance or risk management system.*
- *Financial Materiality – matter involves a breach of financial threshold or involves unbudgeted expenditure/investment beyond tolerance.*
- *Strategic Impact – matter materially affects the organisation's strategy, long-term objectives or deviates from Council approved plans.*
- *Material Disagreement – matters where the Committee cannot reach consensus.*

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12. Members role as Charity Trustees has been added to provide guidance as to obligations under Charity Law as follows:

The Role of Members under Charity Law

As GOsC is a charity, Members have responsibilities as Trustees of that Charity in addition to ensuring the organisation is an effective regulator.

The 6 core legal duties of a Trustee are to :

- 1. Ensure the charity carries out its purposes for public benefit*
- 2. Comply with the governing document and the law*
- 3. Act in the charity's best interests*
- 4. Manage the charity's resources responsibly*
- 5. Act with reasonable care and skill*
- 6. Ensure the charity is accountable*

Trustees act as part of the Board of Trustees, in this case Council, which holds collective responsibility.

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-what-you-need-to-do-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do>

13. The role of Chair has been clarified to include the fact that the Chair always acts on behalf of Council.

Legal Advice

14. The Executive have sought legal advice to ensure that the Osteopath's Act 1993 and subsequent updates allow for the formal delegation of decisions from Council to its Committees.

15. The Executive has been advised that the Act contains:

Paragraph 15(1) of the Schedule to the Osteopaths Act provides as follows:

Powers of the General Council

15(1) Subject to any provision made by or under this Act, the General Council shall have power to do anything which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions.

(2) The General Council shall, in particular, have power—

.....

(i) to delegate to any of its committees any functions of the General Council other than any power to make rules.

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16. This provision gives the Council broad powers in discharging its functions. Paragraph 15(2)(i) makes express provision for Council to delegate 'any function' to its Committees, save for the power to make rules. The General Osteopathic Council has four statutory committees one of which is the Education Committee (the other three being the FtP Committees).
17. Section 15(2)(i), enables the Council to delegate to any of its committees any of its functions other than the power to make rules. This enables the Council to confer decision-making authority on the Education Committee where appropriate.
18. In summary, where a valid scheme of delegation is in place, the Education Committee may conduct functions of Council if it is authorised to do so including recognising programmes directly, granting or refusing recognition and imposing conditions. Such delegation is lawful provided that it has been delegated by the Council and does not relate to exercising rule-making powers. The Council retains the ability to supervise the exercise of delegated functions and remains accountable for those functions.

Proposed Delegations to Policy and Education Committee

19. Members will see on pages 6 and 7 of Annex A the proposed decisions to be delegated are highlighted in blue.
20. The proposed delegations essentially mean that instead of advising Council, the Policy and Education Committee has delegated authority to make decisions.
21. It is the Executive's view that this is far more efficient given that the expertise lies in the membership of the Committee.
22. The proposed delegations to PEC are:
 - a. Matters relating to Education, Training, examinations or tests of competence
 - b. Recognise qualifications in accordance with section 14(6) of the Act
 - c. Withdraw recognition of a qualification in accordance with sections 16(10) and 18(5) of the Act.
 - d. Pre-registration, education and training of osteopaths, including standards of practice required for registration.
 - e. Post registration, education and training, including the requirements for ensuring osteopaths remain fit to practise.
 - f. Standards required for initial registration and appropriate means for assessing those standards.

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- g. Matters connected to Fitness to Practise processes, including where relevant, protection of title (Section 32).
- h. Development of the osteopathic profession.
- i. Measures to encourage research and research dissemination within the osteopathic profession.
- j. Any research needs to support GOsC work.

Proposed Changes to Delegations to Audit Committee:

22. Members will see on page 8 of Annex A the proposed changes to current Audit Committee delegations are highlighted in blue:

- a. Review content and structure of the risk register at the start of each business planning cycle and keep it under review at each meeting – Audit Committee see the Risk Register at each meeting and Council see it twice. Any significant risk would be escalated to Council by the Executive and/or Committee.
- b. Monitor effectiveness and proportionality of the risk management process in managing the risks. The Executive suggest this is delegated to Audit Committee.
- c. Approve Financial Reserves Policy – this has been changed to Council as it is responsible for finance decisions rather than Audit Committee.
- d. Receive reports on the Executive's approach to organisational performance management and corporate governance and make any recommendations. The Executive have suggested delegating that and Audit Committee using the principles of escalation to decide where recommendations to Council are needed.

Proposed Changes to Delegations to People Committee:

23. Members will see on page 9 of Annex A the proposed changes to current People Committee delegations are highlighted in blue:

- a. Consider issues of health and wellbeing as they relate to Executive and Non-Executives. The Executive have suggested this is delegated to People Committee.
- b. Consider skills and competencies required for Council and Committees to be effective. The Executive have suggested this is delegated to People Committee with the involvement of Council to understand any gaps.

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Consultations

24. There is currently no provision for consultations within the Scheme of Delegation and the Executive are suggesting that we add this for clarity of these decisions also.

25. Reference is made to the principles agreed by Council in 2020 for when a consultation should be held and this is copied in the table below for your reference.

Formative	Consultations should be conducted at an early stage to be meaningful
Authentic	Consultations should be truly seeking views and scrutiny
Accessible	Consultations should be made available for anyone to respond
Inclusive	Consultations should consider the audience(s) needs
Transparent	An analysis of consultation responses and outcomes should be made

26. Members can see the addition on page 9 of Annex A:

- a. The Executive are suggesting that the decision on whether a consultation is required (in line with the agreed consultation approach) and/or if it should be referred to Council, should be delegated to the Chief Executive with the consideration of the reputational impact and/or impact on the profession.
- b. It is proposed that the Chief Executive will inform Council in the CE Report suggested/upcoming consultations so that Council will have visibility of these and the opportunity to ask questions at an early stage.
- c. Undertake pre-consultation work – the Executive have suggested this is delegated to the Chief Executive and if considered appropriate with the involvement of the relevant Committee.
- d. The Executive have suggested that the publishing the consultation would be delegated to the Chief Executive with the involvement of Council unless it had been agreed earlier in the process that the consultation would be signed off by Council.

Rationale

25. It is the Executive's view that further delegation of decision-making to Committees will improve efficiency, enable more specialist scrutiny particularly in relation to education matters, and allow Council to focus on strategic priorities.

26. The Committees are well-placed to take timely, informed decisions within their remit, strengthening overall governance effectiveness.

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27. Council retains authority over strategy, risk appetite, and matters of significant regulatory or reputational impact.

Recommendation

To agree the revised delegations to Committees and the Executive in the Scheme of Delegation and Financial Delegation.

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Scheme of Delegation

The purpose of a Scheme of Delegation

A Scheme of Delegation (SoD) is the key document defining which functions have been delegated and to whom, ensuring Members, Committees and individuals are clear about who has responsibility for making which decisions in the GOsC.

Our values

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.

The Role of Council

Council is the governing body and has responsibility for ensuring that the GOsC fulfils its statutory objectives. It sets the strategic direction for the organisation and oversees the implementation of that strategy.

The Role of Members under Charity Law

As GOsC is a charity, Members have responsibilities as Trustees of that Charity in addition to ensuring the organisation is an effective regulator.

The 6 core legal duties of a Trustee are to :

1. Ensure the charity carries out its purposes for public benefit
2. Comply with the governing document and the law
3. Act in the charity's best interests
4. Manage the charity's resources responsibly
5. Act with reasonable care and skill
6. Ensure the charity is accountable

Trustees act as part of the Board of Trustees, in this case Council, which holds collective responsibility.

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-what-you-need-to-do-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do>

Governance structure and lines of accountability

Council delegate responsibility for the day to day running of the GOsC to the Chief Executive. Council will hold the Chief Executive to account for delivery of the Corporate Strategy, Business Plan, Budget risk mitigation, organisational performance, staff leadership and external perception.

The Chief Executive in turn holds other members of the Senior Management Team (SMT) to account by line managing them.

While Council cannot ever delegate its accountability, it can delegate some of the detailed scrutiny, oversight and decision-making as permitted by the Osteopath Act 1993.

The Chief Executive will report to the Council on the performance of the GOsC, and this will be supplemented by reports from the Committees and individuals with any delegated responsibilities.

The Chief Executive will be line-managed by the Chair of Council.

The Appraisal of the Chair of Council will be carried out by 2 Members of Council (1 Lay and 1 Osteopath).

The Role of the Chief Executive and Registrar

The Chief Executive has the delegated responsibility for the operation of the GOsC and is accountable to the Council for implementing the strategic objectives set by Council. The Chief Executive may delegate functions to other staff but will be held accountable by Council for the discharge of all functions delegated under the scheme.

The Role of Chair of Council

The Chair has the agreement of Council to authorise action on minor, non-contentious matters falling within its responsibilities.

The Chair has authority for urgent decisions necessitating a decision outside a Council meeting and will consult with the Chief Executive or relevant Chair of Committee in this regard, reporting to Council at the earliest opportunity and at the next meeting of Council with a record made in the minutes.

In these matters the Chair is acting on behalf of Council.

The Chair has responsibility for conducting regular performance and development reviews of Council members and other individuals as specified in the performance and development scheme.

The Chair has responsibility for conducting the annual appraisal of the performance of the Chief Executive

The Role of Chairs of Committees

The Chairs of Committees are responsible for reporting Committee work and decisions to Members at Council meetings.

Ad hoc Working Groups

Where any matter is to be delegated to an ad hoc working group it will be set out in terms of reference of that working group.

Terms of Reference are agreed for all Committees and ad-hoc working groups and detail any delegated powers. Routine reporting of Committees is by way of committee minutes and report at each Council meeting and in the annual report at the end of the year.

Escalation

Where decisions have been formally delegated to a Committee, Council remain accountable under the Osteopaths Act 1993 and Charity Law.

Decisions should be escalated exceptional circumstances if, in the reasonable judgment of the Committee Chair, the matter is of such significant risk, sensitivity or strategic importance that Council consideration is required to discharge its statutory duties or those under charity law.

Consider the following:

- Reputational Impact - matters that are likely to attract significant public, stakeholder or media attention and/or damage trust, brand, stakeholder relationships.
- Regulatory and Legal significance - involves an actual or potential regulatory breach or litigation.
- Risk and Control exposure - high or extreme risks outside Council risk appetite, failure of internal control, governance or risk management system.
- Financial Materiality – matter involves a breach of financial threshold or involves unbudgeted expenditure/investment beyond tolerance.
- Strategic Impact – matter materially affects the organisation’s strategy, long-term objectives or deviates from Council approved plans.
- Material Disagreement – matters where the Committee cannot reach consensus.

Delegation planner

The Key below outlines the 7 levels of decision-making and the actions which are permissible for the decisions shown on the subsequent pages.

Key	
Level 1:Privy Council	
Level 2: Council	
Level 3: Statutory Committee (Policy & Education Committee)	
Level 4: Committees (People, Audit)	
Level 5: Chair of Council	
Level 6: Chief Executive and Registrar	
Level 7: Member of Executive	
A	Accountable for decision making either under the Osteopath’s Act 1993 or via delegated powers from Council.
AD	Advises and makes recommendations to the Accountable person/body.
R	Responsible for undertaking the delivery and reporting to the Accountable person/body either directly or through a committee
I	Involved in the activity through the responsible person/body

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Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
Governance	Keep Council structure and composition under review		A			AD		R	Governance Manager
	Establish committees and regulate their procedure		A					R	Governance Manager
	Agree Terms of Reference for all Committees (including ad hoc working parties where applicable)		A					R	Governance Manager
	Ensure a high standard and inclusive non-exec appointment and re-appointment process					A		R	HR Manager
	Appoint Chair of Council	A	I			AD		R	HR Manager
	Appoint Council Members	A	I			AD		R	HR Manager
	Re-appointment of Council Members	A	I			AD	I	R	HR Manager
	Appointment and Re-appointment of Independent Committee Members, Council Associates, Patient Partners and any other co-opted Member.		A			AD	I	R	HR Manager
	Make arrangements for the performance review process for Council as a whole.		A			AD	I	R	Governance Manager
	Periodically review effectiveness of Committee		A	R	R	R			Relevant Executive Lead
	Register of all interests, business, pecuniary, loyalty for members/committee members/ Senior Management Team: establish, Publish and keep up to date.		A					R	Governance Manager
	Prepare annual report for Council on the work of the Committee.			A	A	A		R	Relevant Executive Lead
Coe Lorna 02/07/2026 11:54:46	Appoint the Registrar		A			R			HR Manager
	Establish and maintain the Register of osteopaths (section 2(3) of the Act and SSI 1998/1328)							A	Registration Manager (Note 1)
	Accept/decline UK applicants onto register in line with the Osteopath Act 1993 where there are no issues with the applicant's good character, as described by the GOsC Good Character Assessment Framework							A	Registration Manager (Note 1)
	Consider whether applicants for registration from outside the UK have reached the required standard of proficiency (section 3(6))							A	Registration Manager (Note 1)

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
Registration	Suspend or remove registrants from the Register where ordered to do so by Fitness to Practise Committees.							A	Registration Manager (Note 1)
	Consider whether applicants for registration are of good character and in good health (sections 3 and SI 2000/1038).							A	Registration Manager (Note 1)
	Enter a note in the register of the details of every suspension of registration (section 7).							A	Registration Manager (Note 1)
	Refer applications for restoration to the register to the Professional Conduct Committee, and to register applicants when direction by the Committee (section 8).							A	Registration Manager (Note 1)
	Investigate allegations of fraud or error in the register and report on the investigation to Council; to suspend registration during investigation if satisfied it is necessary to protect members of the public and to remove the registration on the order of Council, subject to the right of appeal (section 10).							A	General Counsel
	Consider reports of investigations in relation to fraud or error in relation to registration		A					R	General Counsel
	Invite members of the IC, PCC and HCC to attend meetings of the committees (SI 2009/468).							A	Director of Fitness to Practise
	Collect entry fees, retention fees and restoration fees; to agree payment to payment by instalments; and to remove an osteopath from the register if instalments are not paid (SI 2000/1038).							A	Registration Manager (Note 1)
	Deal with continuing professional development requirements (including reductions or variations in requirements, issuing of final warnings, and removal from the register for failure to comply with the requirements) (SI 2006/3511).							A	Registration Manager (Note 1)
	Consider appeals against decision of Registrar		A					R	Director of Fitness to Practise
	Publish the Register		A					A	Registration Manager (Note 1)
	Deal with Professional indemnity insurance requirements							A	Registration Manager (Note 1)

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
Registration	Prepare, publish and keep under review a Code of Practice. (Note 2)		A	AD					Director of Education, Standards and Development
	Determine the standard of proficiency before develop and regulate (Note 2)		A	AD					Director of Education, Standards and Development
	Develop and regulate the profession of osteopathy		A	AD				R	SMT
	Make rules as provided for under the Act in order to discharge its (Council) functions		A	AD	AD			R	General Counsel
	Appoint Legal Assessors, Medical Assessors and members of the statutory committees (including the approval of co-options)		A					R	Director of Fitness to Practise
	Consider whether certain applicants for registration [new powers applicants] are capable of the competent and safe practice of osteopathy (section 3(6A)). – n.b. this registration category is not in use.								
	Consider certain matters relating to Conditional Registration (section 4) – n.b. this registration category is not in use.								
Policy and Education	Matters relating to Education, Training, examinations or tests of competence		A	AD					Director of Education, Standards and Development
	Recognise qualifications in accordance with section 14(6) of the Act		A	AD					Director of Education, Standards and Development
	Withdraw recognition of a qualification in accordance with sections 16(10) and 18(5) of the Act.		A	AD					Director of Education, Standards and Development
	Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act			A					Director of Education, Standards and Development
	Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with section 18 of the Act.			A/R					Director of Education, Standards and Development

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
Policy and Education	Pre-registration, education and training of osteopaths, including standards of practice required for registration.		A	AD					Director of Education, Standards and Development
	Post registration, education and training, including the requirements for ensuring osteopaths remain fit to practise.		A	AD					Director of Education, Standards and Development
	Standards required for initial registration and appropriate means for assessing those standards		A	AD					Director of Education, Standards and Development
	In relation to policy- the management, investigation and adjudication of concerns about the fitness to practise of registrants.		A	AD					Director of Education, Standards and Development
	Matters connected to Fitness to Practise processes, including where relevant, protection of title (Section 32).		A	AD					Director of Education, Standards and Development
	Development of the osteopathic profession		A	AD					Director of Education, Standards and Development
	Measures to encourage research and research dissemination within the osteopathic profession		A	AD					Director of Education, Standards and Development
	Ensure policy development has been informed by effective engagement with the full range of GOsC's stakeholders			A					Director of Education, Standards and Development
	Take into account decisions of Fitness to Practise Committees, information from PSA and other relevant sources, and external legal or other requirements			A					Director of Education, Standards and Development
	Any research needs to support GOsC work		A	AD					Director of Education, Standards and Development
Internal Control and Risk Management	Set and regularly review the strategy, vision, objectives and values of the GOsC		A					R	SMT
	Prepare business plan and budgets							A	SMT and Head of Resources and Assurance
	Consider, scrutinise and approve the Business Plan and Budget at the start of each calendar year		A					R	SMT

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
Internal Control and Risk Management	Monitor the implementation of the Strategy and the annual business plan.		A					R	SMT
	Review content and structure of the risk register at the start of each business planning cycle and keep it under review at each meeting.		A		AD			R	Head of Resources and Assurance
	Review of Strategic Risks twice annually		A		AD			R	SMT
	Monitor effectiveness and proportionality of the risk management process in managing the risks.		A		AD			R	Head of Resources and Assurance
	Review the internal financial controls				A/R			R	Head of Resources and Assurance
	Appointment of external financial auditors to conduct the annual financial audit.		A		AD			R	Head of Resources and Assurance
	Monitor the performance and effectiveness of the external auditors				A			R	Head of Resources and Assurance
	Review audit planning document				A			R	Head of Resources and Assurance
	Scrutinise Audits Findings Report (AFR), draft Annual Report and Accounts and Governance Statement.		A		AD			R	Head of Resources and Assurance
	Approve and publish Annual Report and Accounts	I	A		AD			R	Head of Resources and Assurance
	Approve Financial Reserves Policy		A		AD			R	Head of Resources and Assurance
	Appoint the internal audit firm and monitor performance and effectiveness				A			R	Head of Resources and Assurance
	Approve and monitor internal audit strategy				A			R	Head of Resources and Assurance
	Consider results of internal audits and management response to issues raised				A			R	Head of Resources and Assurance
	Monitor the implementation of agreed recommendations.				A			R	Head of Resources and Assurance
	Receive reports on any incidents reportable under the serious events framework, data breaches and corporate complaints or whistleblowing, and the Executive's response to them				A			R	Head of Resources and Assurance
	Receive reports on the Executive's approach to organisational performance management and		A		AD			R	

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
	corporate governance and make any recommendations.								
People	Ensure alignment of People Framework with GOsC strategy and values.					A		R	HR Manager
	Consider the Equality, Diversity, Inclusion and Belonging Framework as it relates to GOsC staff and non-executives.		A	R	R	R	R	A/R	SMT
	Monitor workforce (exec and non-exec) – planning, capability, succession and future skills.					A		R	HR Manager
	Consider issues of health and wellbeing as they relate to Executive and Non-Executives.		A			AD		R	HR Manager
	Make arrangements for a high standard of performance review process for non-executives					A		R	HR Manager
	Undertake performance review of Council, Committee Members and FtP Chairs			A/R (Chair)	A/R (Chair)	A/R(Chair)	A/R (Chair)		Governance Manager
	Chief Executive – appoint, review probationary period, suspend, return after suspension and dismiss		A			AD			HR Manager
	If applicable, performance manage Chief Executive					AD	A		HR Manager
	Conduct the annual appraisal and mid-year review of the performance of the Chief Executive.					I	A/R		HR Manager
	Consider and approve the remuneration of the Chief Executive on an annual basis					A			HR Manager
	Consider and approve recommendations of the Chief Executive in relation to pay, performance and reward of all other staff.					A		R	HR Manager
	Consider any issues in relation to the remuneration of non-executives and review annually.		A			AD		R	HR Manager
	Implement a reward and recognition approach that is able to attract high-quality people					A		R	HR Manager
	Consider skills and competencies required for Council and Committees to be effective.		AI			AD		R	HR Manager

Annex A to 11

Matters	Decision	Privy Council	Council	Policy & Education Committee	Audit Committee	People Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to
	Make a decision whether a consultation is required (in line with the agreed consultation approach Note 3) and/or if it should be referred to Council							A/R	Chief Executive
	Undertake pre-consultation work.			I	I	I		A/R	Chief Executive
	Publish Consultation		I					A/R	Chief Executive

Note 1: Refer Governance Handbook Section 6.7 Matters delegated to the Chief Executive and Registrar

The Chief Executive has responsibility for all matters provided for specifically within the Act in their role as Registrar and additional matters as set out under Role of the Chief Executive and Registrar, in section 5.2 above.

The Registration Manager has delegated authority from the Chief Executive and Registrar to sign applicants onto the Register where there are no issues associated with the applicant's good character, as described by the GOSC Good Character Assessment Framework.

In the absence of the Chief Executive and Registrar, the Registration Manager has delegated authority to remove osteopaths from the Register in accordance with the respective legislation.

Note 2:

In practise these both are covered by the GOSC's Osteopathic Practice Standards (OPS) that set out the standards expected of osteopaths and include guidance to assist osteopaths in meeting these standards. The purpose of the standards is to ensure quality care for patients and to protect them from harm.

Note 3:

Formative	Consultations should be conducted at an early stage to be meaningful
Authentic	Consultations should be truly seeking views and scrutiny
Accessible	Consultations should be made available for anyone to respond
Inclusive	Consultations should consider the audience(s) needs
Transparent	An analysis of consultation responses and outcomes should be made

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Financial Decision-Making and Delegation Table

Area/Decision	Privy Council	Council	Audit Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to	Limitations/ Conditions	Reference In Governance Handbook
Overall financial management					A	Head of Resources & Assurance / Registration Manager (for registration fee income collection & payroll)	CE retains accountability; delegation is operational only	7.1
Financial policies & control framework			A		R	Head of Resources and Assurance	Must be a robust control framework for effective management	7.1
Preparation of management accounts					A	Head of Resources and Assurance	CE and Registrar review overall position	7.1
Oversight of financial position		I			A	Head of Resources and Assurance	Variances from budget reviewed and reported to Council quarterly	7.1
Receipt of financial management information		I			A	Head of Resources and Assurance	At every Council meeting/ Heads of Department quarterly	7.1
Accounting procedures & records		A			R	Head of Resources and Assurance	Must comply with Charities SORP (FRS102)	7.2
Annual financial audit facilitation			I		A	Head of Resources and Assurance	Reports progress and issues to CE	7.2
Audit Findings Report (AFR) and Letter of Representation		A	AD		R	Head of Resources and Assurance	Audit Committee recommend any suggested actions to Council	7.2
Appointment/removal of external auditors		A	AD		R	Head of Resources and Assurance	Audit Committee must recommend	7.2
Approval of Business Plan & Budget		A			R	Head of Resources and Assurance	Annual approval at first meeting of calendar year	7.3
Budget transfers up to £20,000					A	Head of Resources and Assurance	Only if potential over/underspend identified by budget holder	7.3
Budget transfers over £20,000		A			R	Head of Resources and Assurance	Council approval required	7.3
Approval of Annual Report & Accounts	A	A	AD		R	Head of Resources and Assurance	Prior audit and committee processes	7.3
Reserves policy approval & review		A	AD		R	Head of Resources and Assurance	Based on charity best practice	7.4
Borrowing funds		A			R	Head of Resources and Assurance	Full terms must be presented in advance	7.5
Lending funds		A			R	Head of Resources and Assurance	Prohibited except staff season ticket loans	7.5
Income security & banking						A/R Head of Resources and Assurance	Income must be promptly banked – Office Manager responsible for banking cheques	7.6

Annex A to 11

Area/Decision	Privy Council	Council	Audit Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to	Limitations/ Conditions	Reference In Governance Handbook
Investment policy approval		A			R	Head of Resources and Assurance	Annual reporting and review investment strategy (meet investment Management team annually)	7.6
Monitoring investments		A			R	Head of Resources and Assurance	Reports submitted to Council	7.6
Invoice authorisation					R	Department Head/Manager/Agreed individuals	Must relate to responsibility area	7.7
Expense claim authorisation					A	Head of Resources and Assurance /Line Managers	Receipts and proper form required	7.7
Cheque signing / bank transfer authorisation					A	SMT	Person signing must not have authorised invoice	7.7
Bank payments up to £15k					A	Or single member of SMT	Signing limits apply	7.7
Bank payments £15k–£35k					A	Or two members of SMT	Signing limits apply	7.7
Bank payments £35k–£75k					A	Plus single member of SMT	Signing limits apply	7.7
Bank payments over £75k				A	A/R	Both Chair and CE & Registrar	Signing limits apply	7.7
Corporate credit card use					A	Departmental Head	Restricted use; reconciled statements required	7.7
Staff expense reimbursement					A	Head of Resources and Assurance/ Line Managers	Must comply with remuneration policy	7.8
Procurement under £10k					A	Department Head	One written quote required	7.9
Procurement £10k–£35k					A/R	Plus Department Head	Three written quotes required	7.9
Procurement £35k+		A	AD		R	Tender Panel	Public tender; expertise required	7.9
Waiver of procurement rules		A	AD		R		Exceptional circumstances only	7.9
Contract signing					A/R		Authorised signatory for all contracts	7.9
Fixed asset register					A	Head of Resources and Assurance	Safe custody of title deeds and contracts relating to assets owned	7.10
Building security controls					A	Head of Resources and Assurance/Office Manager	Safety of occupants required	7.11
Fraud reporting			A		R	All staff (reporting duty)	Immediate reporting required	7.11
Insurance coverage					A	Head of Resources and Assurance	Adequate insurance must be maintained	7.12

Annex A to 11

Area/Decision	Privy Council	Council	Audit Committee	Chair of Council	Chief Executive & Registrar	Member of Executive the activity is delegated to	Limitations/ Conditions	Reference In Governance Handbook
Notification of any Insurance risk		A/R	A/R		A/R	Executive	Immediate notification required to Head of Resources & Assurance	

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General
Osteopathic
Council

General Osteopathic Council

Governance Handbook

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2. Statutory Committees

2.1 Policy and Education Committee¹ (PEC)

Terms of reference

The role of the Policy and Education Committee is to contribute to the development of Council policy. ~~To do this it will:~~

Matters formally delegated to the Policy and Education Committee by Council in Scheme of Delegation are as follows:

- a. Matters relating to Education, Training, examinations or tests of competence
- b. Recognise qualifications in accordance with section 14(6) of the Act
- c. Withdraw recognition of a qualification in accordance with sections 16(10 and 18(5) of the Act.
- d. Pre-registration, education and training of osteopaths, including standards of practice required for registration.
- e. Post registration, education and training, including the requirements for ensuring osteopaths remain fit to practise.
- f. Standards required for initial registration and appropriate means for assessing those standards
- g.
- h. Matters connected to Fitness to Practise processes, including where relevant, protection of title (Section 32).
- i. Development of the osteopathic profession
- j. Measures to encourage research and research dissemination within the osteopathic profession
- k. Any research needs to support GOsC work

~~a. Advise Council on all matters of policy including:~~

- ~~i. The standards required for initial registration and appropriate means for assessing those standards.~~

¹ n.b. for the purposes of the Osteopaths Act 1993, the Policy and Education Committee performs the role of the statutory Education Committee.

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- ~~ii. On all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.~~
- ~~iii. Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.~~
- ~~iv. The management, investigation and adjudication of concerns about the fitness to practise of registrants.~~
- ~~v. Matters relating to the exercise of powers under section 32 of the act (protection of title).~~
- ~~vi. The development of the osteopathic profession.~~
- ~~vii. Measures to encourage research and research dissemination within the osteopathic profession.~~
- ~~viii. Any research needs to support the GOsC's work.~~
- ~~b. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.~~
- ~~c. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.~~
- ~~d. Make an annual report for Council on the work of the Committee.~~

The Committee will ~~also~~ undertake the statutory functions that are reserved to the Education Committee, which are to:

- ~~a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.~~
- b.a. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.
- c.b. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.
- d.c. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

The Committee will also:

- a. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.

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- b. Ensure that policy development has been informed by effective engagement with the full range of the GOSC's stakeholders.
- c. Make an annual report for Council on the work of the Committee.

Meeting Frequency

Four times yearly or more frequently if required. Some business may be appropriately conducted out of committee. Any such activity will be reported formally to the next meeting of the committee with a record made in the minutes.

Membership

Ordinary members

- Five members of Council, of whom two shall be osteopaths and three shall be lay members. One of the lay members shall be appointed by Council to be Chair of the Committee
- Four members who are not members of Council.

Co-opted members

The Committee may co-opt up to five members in accordance with Rule 3 of the Statutory Committee Rules.

Council Associates

Council Associates may attend meetings of the PEC and may participate in business that is reserved to the statutory Education Committee at the discretion of the Committee Chair. Council Associates are not permitted to vote on any recommendations or decisions to be made by members of the PEC.

Observers with speaking rights

The member organisations of the Osteopathic Development Group (the Council for Osteopathic Education Institutions (COEI), the Institute of Osteopathy (iO), the National Council for Osteopathic Research (NCOR), the Osteopathic Alliance (OA) are invited to send an observer with speaking rights to each meeting.

Observers may not take part in any part of the meeting where the business is that reserved to the Education Committee.

Quorum

Five, of which:

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- at least one must be a lay person and one must be an osteopath
- at least two must be members of Council and two must be members who are not members of Council

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3. Non-Statutory Committees

3.1 Audit Committee (AC)

Terms of reference

The role of the Audit Committee is to provide advice 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. To do this it will:

- a. Review ~~and make recommendations to Council about~~ the content and structure of the risk register at the start of each business planning cycle and keep it under review.
- b. ~~Review and make recommendations to Council about the effectiveness and proportionality of the risk management process. Monitor effectiveness and proportionality of the risk management process in managing the risks.~~
- b.c.
- c.d. Request and receive reports on the management of risk areas identified in the register and make recommendations to Council about improvements ~~where~~ needed.
- d.e. Review the internal financial controls, ~~and advise Council on these controls.~~
- e.f. Make a recommendation to Council on the appointment of external financial auditors to conduct the annual financial audit.
- f.g. ~~Receive a report on preparations for Review~~ the annual external financial audit ~~planning document.~~
- h. ~~Receive the audit report, Audits Findings Report (AFR), draft Annual Report and Accounts, and Governance Statement and make recommendations to Council on the approval of these, and m Scrutinise Audits Findings Report (AFR), draft Annual Report and Accounts and Governance Statement and advise Council on these.~~
- i.
- g.j. Monitor the implementation of agreed recommendations in the AFR.
- k. ~~Approve proposals for the commissioning of internal audits of key functions within the organisation and to recommend any areas where~~

Commented [LC1]: Amended to match wording in SoD

Commented [LC2]: Amended to match wording in SoD

Commented [LC3]: Amended to match wording in SoD

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~~special investigation might be necessary. Appoint the internal audit firm and monitor performance and effectiveness~~

~~h. Approve and monitor internal audit strategy.~~

~~i. Receive audit reports and the Executive's response and make recommendations to Council on the implementation of recommendations arising from such audits and investigations, and monitor the implementation of agreed recommendations. Consider results of internal audits and management response to issues raised.~~

~~m. Monitor the implementation of agreed recommendations.~~

~~i.n.~~ Receive reports on any incidents reportable under the serious events framework, data breaches and corporate complaints or whistleblowing, and the Executive's response to them, and make any recommendations to the Executive and Council.

~~j.o.~~ Receive reports on the Executive's approach to organisational performance management and corporate governance and make any recommendations.

~~k.p.~~ Ensure that reports received across all aspects of the Committee's work consider the importance of equality, diversity, inclusion, and belonging.

~~l.q.~~ Make an annual report to Council on the work of the Committee and an overall opinion on the management of risk within the GOsC.

~~m.r.~~ To review periodically its own effectiveness as a Committee.

Meeting Frequency

Three times yearly or more frequently if required. Some business may be appropriately conducted out of committee. Any such activity will be reported formally to the next meeting of the committee with a record made in the minutes.

Membership

Four members:

- Two Council members (one of whom will be the Chair), of whom one must be an osteopath and the other a lay member.
- Two external members.

There is one co-opted member of Council effective from 1 April 2023.

Council Associates

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Council Associates may attend meetings of the Audit Committee and may participate in business at the discretion of the Committee Chair. Council Associates are not permitted to vote on any recommendations or decisions to be made by members of the Audit Committee.

Quorum

Three members – the Chair of the Committee (who is a Council Member) (or appointed deputy if unavailable), one Council member (which may be the co-opted member) and at least one external member.

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3.2 People Committee

Terms of Reference

The People Committee oversees appointment, performance and remuneration policy in relation to Council, non-executives² and staff of the GOsC and makes recommendations to Council where applicable. ~~To do this it will:~~

Matters fully delegated to People Committee:

- a. Ensure alignment of People Framework with GOsC strategy and values.
- b. Monitor workforce (exec and non-exec) – planning, capability, succession and future skills.
- c. Make arrangements for the performance review process for Council as a whole.
- d. Make arrangements for the appointment of the Chief Executive and make a recommendation to Council.
- e. Following appointment, make arrangements for the formal review of the probation period of the Chief Executive and Registrar to be informed by feedback from Council, staff and stakeholders.
- f. Appoint the panel, including independent members, for appointing the Chair and members of Council.
- g. Provide assurance of high standards in the appointment and performance review of all other Council appointees including non-Council members of committees and other Council appointees.
- h. If required, oversee a performance management process for the Chief Executive and Registrar, which will ensure feedback is provided to them by the Chair of Council supported by two members of the People Committee.
- i. Make arrangements for a high standard of performance review process for non-executives.
- j. If applicable, performance manage Chief Executive

² Non-executives are defined as members of Council, statutory and non-statutory committees and any other individuals, other than the Chief Executive and the executive team, appointed from time to time to undertake tasks on behalf of Council.

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- k. Consider and approve recommendations of the Chief Executive in relation to pay, performance and reward of all other staff.
- l. Consider and approve the remuneration of the Chief Executive on an annual basis.
- m. Make an annual report to Council on the work of the Committee.
- n. Consider the Equality, Diversity, Inclusion and Belonging Framework as it relates to GOsC staff and non-executives.
- o. Consider issues of health and wellbeing as they relate to Executive and Non-Executives.
- p. Receive an annual report from the Chief Executive on HR strategy.

Matters where People Committee provide advice to Council:

- a. Advise Council on the arrangements for the appointment, induction and performance review of the Chair and members of Council in accordance with the PSA's standards.
- ~~b. Appoint the panel, including independent members, for appointing the Chair and members of Council.~~
- ~~c. Provide assurance of high standards in the appointment and performance review of all other Council appointees including non-Council members of committees and other Council appointees.~~
- a. Advise Council on its structure, composition and competences.
- ~~b. Make arrangements for the performance review process for Council as a whole.~~
- ~~c. Make arrangements for the appointment of the Chief Executive and make a recommendation to Council.~~
- ~~d. Following appointment, make arrangements for the formal review of the probation period of the Chief Executive and Registrar to be informed by feedback from Council, staff and stakeholders.~~
- e.b. Advise Council that the formal review of the probation period of the Chief Executive and Registrar has been completed and clarify whether the probation period has been successfully passed or whether the probation period has been extended.
- ~~f. If required, oversee a performance management process for the Chief Executive and Registrar, which will ensure feedback is provided to them by the Chair of Council supported by two members of the People Committee.~~

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~~g.c.~~ If appropriate, make recommendations to Council concerning the removal of the Chief Executive and Registrar.

~~h. Consider and approve the remuneration of the Chief Executive on an annual basis.~~

~~i. Receive an annual report from the Chief Executive on HR strategy.~~

~~j. Consider and approve recommendations of the Chief Executive in relation to pay, performance and reward of all other staff.~~

~~k.d.~~ Consider any issues in relation to the remuneration of non-executives (including the requirements of the Charity Commission), review the remuneration of non-executives annually and make recommendations to Council.

~~l.e.~~ Consider any issues in relation to the performance review of non-executive members and make recommendations to Council.

~~m. Consider the Equality, Diversity, Inclusion and Belonging Framework as it relates to GOsC staff and non-executives.~~

~~n. Consider issues of health and wellbeing as they relate to Executive and Non-Executives.~~

~~o. Make an annual report to Council on the work of the Committee.~~

Meeting Frequency

Three times yearly or more frequently if required. Some business may be appropriately conducted out of committee. Any such activity will be reported formally to the next meeting of the committee with a record made in the minutes.

Membership

Two lay members and two osteopath members of Council and one external lay member with appropriate expertise.

There ~~are~~ is currently one ~~no~~ co-opted member.~~s.~~

Quorum

Three members - two lay members (one Council and one ~~or~~ external) and one osteopath member.

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NB: this section will be replaced by the table Scheme of Delegation that follows once changes in the delegations have been agreed by Council.

6. Scheme of delegation

1. The scheme of delegation details all the GOsC's responsibilities under the Act. It specifies where responsibility for ensuring the achievement of the GOsC's statutory responsibilities lies. Some responsibilities, such as the making of rules, are reserved to Council. Delegation might be to the Chief Executive, in his capacity as Registrar or as head of staff, or to a Committee or to an ad hoc working group. The scheme also sets out the authority delegated to committees by Council, outside of that provided for in the Act.

2. Other than where functions are specifically delegated to committees, Council regards the Chief Executive as its main point of delegation and holds the post-holder accountable for implementing the strategic objectives set by Council. The Chief Executive may delegate functions to other staff but will be held accountable by Council for the discharge of all functions delegated under the scheme.

3. The scheme sets out:

- a. Matters reserved to Council
- b. Matters delegated to the Chair of Council
- c. Matters reserved to the Policy and Education Committee
- d. Matters delegated to committees and ad hoc working groups
- e. Matters delegated to the Chief Executive which may also be carried out by persons nominated by the Chief Executive.

6.1 Withdrawal of delegated power

The Scheme remains in force unless it is amended or revoked by Council.

6.2 Exercise of delegated power

Where power is delegated under this Scheme, the power must be exercised in a manner which is consistent with the GOsC's statutory objective, other relevant legislation and the current Strategic Plan.

6.3 Matters reserved to Council

1. The Act provides for Council to:

- a. Develop and regulate the profession of osteopathy.
- b. Establish committees and to regulate their procedure.

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- c. — Appoint the Registrar.
- d. — Make rules as provided for under the Act in order to discharge its functions.
- e. — Publish the register.
- f. — Consider reports of investigations in relation to fraud or error in relation to registration.
- g. — Consult the Education Committee³ on matters relating to education, training, examinations or tests of competence.
- h. — Determine the standard of proficiency⁴.
- i. — Recognise qualifications (and withdraw recognition).
- j. — Prepare and publish and keep under review a Code of Practice⁵.
- k. — Appoint Legal Assessors, Medical Assessors and members of the statutory committees (including the approval of co-options).
- l. — Consider appeals against decisions of the Registrar.
- m. — Appoint auditors.
- n. — Keep and publish accounts and publish an annual report and strategic plan.
- o. — Delegate to any of its committees any functions other than any power to make rules.

2. — The role of Council is set out in Section 1 of this annex.

6.4 Matters delegated to the Chair of Council

The Chair will:

- a. — Authorise action on minor, non-contentious matters falling within the responsibilities of Council.
- b. — Have authority for urgent decisions necessitating a decision outside a Council meeting. In such cases the Chair will consult with the Chief Executive and, where relevant, the chair of the committee concerned with the issue. Such matters will be reported to Council at the earliest

³The work of the Education Committee is undertaken by the Policy and Education Committee.

⁴The Standard of Proficiency and the Code of Practice are combined in the Osteopathic Practice Standards.

⁵See above.

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opportunity and also at the next meeting of Council with a record made in the minutes.

c. Have responsibility for conducting regular performance and development reviews of Council members and other individuals as specified in the performance and development scheme.

d. Have responsibility for conducting the annual appraisal and mid-year review of the performance of the Chief Executive

6.5 Matters reserved to the Policy Education Committee⁶

1. The Act provides for the Policy Education Committee to:

a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.

b. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

c. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.

d. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

2. The terms of reference of the Policy and Education Committee are set out in Section 2 of the Governance Handbook

6.6 Matters delegated to committees and ad hoc working groups

1. Matters delegated by Council to committees are set out in their individual terms of reference in Sections 2 and 3 of the Governance Handbook.

2. Where any matter is to be delegated to an ad hoc working group it will be set out in the terms of reference of that working group.

6.7 Matters delegated to the Chief Executive and Registrar

The Chief Executive has responsibility for all matters provided for specifically within the Act in their role as Registrar and additional matters as set out under Role of the Chief Executive and Registrar, in section 5.2 above.

The Registration Manager has delegated authority from the Chief Executive and Registrar to sign applicants onto the Register where there are no issues

⁶n.b. for the purposes of the Osteopaths Act 1993, the Policy and Education Committee performs the role of the statutory Education Committee.

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associated with the applicant's good character, as described by the GOS Good Character Assessment Framework.

In the absence of the Chief Executive and Registrar, the Registration Manager has delegated authority to remove osteopaths from the Register in accordance with the respective legislation.

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Council

15 July 2026

Communications and Engagement Framework: progress on implementation

Classification	Public
Action	For discussion
Purpose of the paper	To give Council early notice of our progress and plans to date on the Communications and Engagement Framework shared with Council in February 2026 and to ask Council to give feedback on the progress to date.
Strategic Priority implications	This paper relates to each of the three GOsC Strategic Priorities. The overarching aim of this work is to strengthen trust and improve our relationships with those we work with. Our aim in all of this work is to champion inclusivity which is one of the key objectives set out. We also wish to embrace innovation and have set out our ambitions to seek out and take opportunities to improve what and how we do this work so we can improve our reach and our engagement and ultimately levels of trust.
Standards of Good Regulation implications	The Communications and Engagement Framework explains how we engage with our diverse audiences (including listening, giving the information needed quickly and easily and dialogue) and to that end is a core component in delivering the PSA General Standards as outlined below: Standard 1: <i>'The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.'</i> Standard 2: <i>'The regulator is clear about its purpose and ensures that its policies are applied appropriately across all of its functions and that relevant learning from one area is applied to others.'</i> Standard 3: <i>'The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its</i>

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	<i>processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.'</i> Standard 4: <i>'The regulator reports on its performance and addresses concerns identified about it and considers the findings of public inquiries and other relevant reports about healthcare regulatory issues.'</i> Standard 5: <i>'The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.'</i>
Communications implications	The paper updates on our progress with our external communications strategy.
Financial, resourcing and risk implications	The costs and resourcing of our communications and engagement framework are incorporated into our business as usual budgets.
Patient perspectives	Enable patients to have confidence that their osteopath is qualified, up to date and practises to high standards is a core part of our Communications and Engagement Framework informed by our Perceptions: public and patients survey 2023 which demonstrated that these factors were important to the public and patients in providing confidence in healthcare professionals. The actions aligned with the strategic approach will include engagement with patients and our patient partners when raising awareness of regulation and the benefits of choosing a regulated osteopath to provide their care.
Diversity implications	Diversity is fundamental to the approach we have taken; our awareness of differences is key to our inclusive approach that provides a variety of methods and channels for communication, collection and dissemination of information and insight. Through the redevelopment of the website we are going beyond compliance for accessibility by adopting inclusive content and design practices to help ensure the site will be usable by people with impaired vision, motor difficulties, cognitive impairments or learning disabilities, and by people who are deaf or have impaired hearing.

	We have set out that we will ensure our approach in all we do is to be inclusive, responsive and flexible and this represents one of the overarching aims of the strategy. An Equality Impact Assessment has been completed on the Communications and Engagement Strategy. It outlines the steps that we have taken and will take to ensure that our communications and engagement approach continues to become more accessible and inclusive over time.
Welsh language implications	The Welsh Language Scheme has been considered and for the redevelopment of the website Welsh/English parity will be maintained where required for key content and user journeys, including development of a new registration form in both languages. For other communications and engagement our internal guidance will be followed: WLS guidance for staff.doc
Annex	A. Examples of progress to date on a number of success measures outlined in the agreed Communications and Engagement Framework
Author	Liz Niman, Fiona Browne
Background reading	Communications and Engagement Framework Comms Strategy 2021-2024 Registrant Perceptions Survey, DJS, 2024 (See also Council Strategy Day September 2024 paper.) Perceptions, Public and Patients, YouGov, 2023

Recommendations	1. To consider and provide feedback on: a. Our progress to date b. Our plans for the future

Key messages

- This paper sets out our progress to date and our plans as we implement the Communications and Engagement Framework (agreed by Council in February 2026) to reduce the fear and mistrust found by our 2024 registrants perception research.
- We expect to be able to report to Council a year after the Framework was agreed, in February 2027, with our analysis to date, the actions we have taken and other actions we plan to take in response.
- In the meantime, we are reporting on our progress towards achieving the success measures outlined in the Framework through which we aim to celebrate the value of regulation; be inclusive, responsive and flexible; and to increase understanding, collaboration and trust across the sector.
- The success measures will help to set and keep us on the right path before we rerun the Registrant perceptions research to check if sentiment has improved over time.
- We have now established three new tools which will allow us to systematically check the range and breadth of our engagement, look for gaps and to analyse our insight so that we can listen, learn and report back to our audiences about our learning and the changes we have made as a result:
 - 1) a programme of audience touchpoints
 - 2) an audience engagement grid
 - 3) a success measures grid
- The next stage will be to embed the use of these tools internally. Our aim is to make others aware of the value of recording their data, making the task as easy as possible by for example attempting to minimise the amount of data we collect to that which is the most useful. We are also working towards collecting richer insight by helping staff be more purposeful in relation to the three aims of the framework.
- Over the following months we will work to embed these new tools and expect to be in a good place to more effectively analyse our data by February and to be using our insight to inform our future communications and engagement and to inform our messaging more systematically.

- In the quarter following the website launch we will need comms focus (and resource) on communications and engagement around the fees consultation, which we will use to help embed our new data gathering process within the team and the organisation.
- The Annex includes an additional number of success measures and an update on progress against them.

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Introduction

1. This paper sets out the progress we have made on our strategic communications and our plans for the future as we begin to implement the Communications and Engagement Framework which was agreed by Council in February 2026.
2. The aim of the Framework is to make more explicit our planned approach to delivering our Strategy, and towards making the continued improvements we have committed to following our [DJS Registrant perceptions research](#) which was carried out in 2024 and found a great deal of fear and mistrust of the GOsC.

Discussion

3. Our aim is to assure Council that we are working to implement the Communications and Engagement Framework, specifically in relation towards achieving the success measures outlined in Annex C of the Framework which are set out under each of GOsC's strategic themes over the short, medium and longer term.

Aims of the Framework

4. The overarching aims of our Communications and Engagement Framework attempt to shift us towards a position of reducing fear and increasing trust, and are to:
 - **Celebrate the value of regulation**
Across the sector we want to celebrate the value of regulation by emphasising our collective commitment to public protection, patient safety and public confidence, through the delivery of high-quality osteopathic care.
 - **Be inclusive, responsive and flexible**
All that we do will be centred around our belief that inclusion, responsiveness and flexibility underpin the relationships we build. This involves transforming our approach to listening, being more accessible and personalising how we interact with the sector to understand and meet their needs.
 - **Increase understanding, collaboration and trust across the sector**
Across the sector we want to raise understanding about how each of our roles fit together to support the profession to provide excellent osteopathic care, to enable patients to have confidence in their osteopath and to ensure the effectiveness of the regulation that sits around the profession.

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Pace of change

5. Making changes in levels of trust is a long slow process. The ultimate aims of the framework are long term, and the real test will come when we rerun the Registrant perceptions research to check if sentiment has improved. However, we are working hard to make a difference and monitoring our success measures will help to set and keep us on the right path.
6. At this initial stage we are achieving some positive results against the success measures in the Framework and some of these are included in the paper (below and in the Annex). But what we have discovered is that we require more robust data collection systems to help us measure our progress so we can collect information about our ongoing engagement activities, including the who, what and when, as well as the insight we glean from the activity.
7. Therefore, our main focus has been on developing the tools we need to allow us to systematically collect data and produce meaningful, evidence-based information and insight from the engagement that is taking place across the organisation with our different audience groups. This will enable more systematic monitoring and analysis and will allow us to check for gaps in frequency or audience as well as helping to ensure we are taking action on the insight itself and feeding back our action in response to those concerned.

Three new tools

8. We have now established three tools:
 - i. a programme of audience touchpoints for the Comms team to understand who we see and how often
 - ii. an audience engagement grid to track all staff's engagement and facilitate collection of the insight
 - iii. a success measures grid where we can monitor within the Comms team the actions we are taking against each measure ensuring that activity aligns to these wherever possible
9. Having these tools, and training colleagues on their use, will allow us to check the range and breadth of our engagement, look for gaps and to analyse our insight so that we can listen, learn and report back to our audiences about our learning and the changes we have made as a result.

10. These documents have been shared across the Comms team and with a number of colleagues. The audience engagement grid has been shared with all those staff who do external engagement. We have started and are continuing to meet with colleagues at team meetings to make staff aware of the importance of this insight gathering and the process for doing it.
11. Other larger organisations tend to have specific paid for tools including for example CRM systems which they use to monitor and collect data on audience engagement. We don't have this functionality at present within our CRM and so need to carry out these more manual processes. We may be able to make this a CRM based process in the future if budgets allow.

Gathering and analysing our insight

12. One of our Communications and Engagement Framework success measures is:

- ***Regular analysis of our insight to check we are on track and explore alternatives if required***

As set out above, the initial step we are taking in relation to insight, is to reinvent our data collection tools to facilitate more structured analysis. Previously we were using a very large table in an unwieldy document and doing other more ad hoc processes. We are now taking a systematic and more accessible approach.

13. We are now working towards a position where the insight we are collecting is richer. We want staff to capture their readout so we can analyse it, ensure we act on it and ensure we feed back to interested parties that we have done so, all in a more systematic way. We also want to enable staff to be more purposeful in relation to the aims of the communications and engagement framework when they are engaging with our audiences, rather than simply focusing on discussing their specific topic (eg osteopathic education, CPD or standards of practice). If they are meeting or engaging on a specific policy topic then we want them to be keeping the three Framework aims in mind or incorporating them into the engagement where appropriate.
14. These are the Framework aims and the kinds of questions staff could be considering:
 - **Celebrate the value of regulation:**
Are we using the opportunity to highlight: the value in the work we do (in a way that is natural), our shared commitments to patient safety, and/or are we listening to what it means to the other party?

- **Be inclusive, responsive and flexible:**

Are we ensuring that we are acting in this way to grow our relationships. Are we embedding, recording, sharing, analysing and acting on the insight we receive to improve those relationships and to be a better regulator who is more trusted?

- **Increase understanding, collaboration and trust across the sector:**

Have we utilised and/or created sufficient opportunities to explain what we do (and why) whenever we discover a need? Are we furthering our understanding of how the sector fits and works together and sharing this knowledge across the sector to increase understanding and trust but also effectiveness?

Culture change while we embed the process

15. We are keen to embed this process into our small busy organisation. Although this may be a challenge, interestingly, focusing on the three aims of the framework has already helped to inform both our draft fees consultation and our Annual Report, leading to inclusion of a clear narrative about our purpose which has led to positive feedback from Committee and Council members about how much clearer our role and purpose is in these documents. So we are already making some progress in this.
16. We will work towards this culture change by communicating clearly to colleagues, and by making it as simple a process as possible to help support it being sustained. We recognise it will require ongoing focus and monitoring but we have started the process of systematising this and drawing it to the attention of colleagues (a process we will continue).
17. Picking out and summarising the key insight might also be a challenge without a specific paid for tool. As mentioned previously, our previous Stakeholder Engagement and Insight Grid became a long unwieldy document.
18. Moving forward we will utilise Copilot once we have our full licence, on a trial basis to help us with this process. AI can be very useful at summarising large amounts of information so we hope that this will be very beneficial. We will check the outputs very carefully to ensure that we produce accurate summaries with human oversight in accordance with our AI Acceptable Use Policy. Once we have the information collected systematically we can work through the important actions that are highlighted as part of the insight to help us achieve our key aims and improve trust and relationships across the sector.

Plan for moving forward:

19. We have set out above the new tools we have introduced, which we are refining and embedding in the organisation to help us. In the quarter following the website launch we will need some of the Communications team's focus (and

resource) on the fees consultation, but we will therefore use this to embed our data gathering process within the team and the organisation, including a renewed focus on our digital data gathering combined with the data we gather through our new tools outlined above.

20. Over the following months we will work to embed the culture change and so expect to be in a good place to more effectively analyse the data we have. I would expect to be able to report to Council in February about progress against our success measures and our analysis to date, the actions we have taken and other actions we plan to take in response.

Executive view

21. During a busy period of activity since Council approved the Communications and Engagement Framework, key being the development of the new website, we have created useful tools to assist us and started to make some progress with our success measures. Monitoring these success measures will help to demonstrate that we are moving in the right direction in the time until we rerun the registrant perceptions research.
22. In February we will return to Council with an update on our progress and to demonstrate how what we have learned has or will inform our future communications and engagement to keep us on the right track to improving trust and reducing fear.
23. We would welcome Council's views on this paper including:
- Our progress with implementation at this stage.
 - Does this meet your expectations or are there any surprises?
 - Is there anything we have overlooked or any gaps?
 - How can we more easily support Council members to feed their own insight to us more systematically as part of this? For example from conversations you have with other osteopaths or through your own observations of social media forums where GOsC are not present.

Recommendations

1. To consider and provide feedback on:
 - a. Our progress to date
 - b. Our plans for the future

Annex A to 12

Examples of progress to date on a number of success measures outlined in the agreed Communications and Engagement Framework

- ***A programme of regular touch points to listen to and understand what matters to the profession, patients and partner organisations***
1. We have created Audience touchpoint plans in which we have mapped out our regular touchpoints with each audience group. These touchpoints give us a rich opportunity to listen and learn about what matters to the profession, patients and partner organisations with the three aims in mind. Examples include our Patient Involvement Forum and our Student Forum, the Regulator and Educator Liaison Meeting (RELM) meetings, and regular visits to regional osteopathic groups. This plan does not include our numerous ad hoc meetings which will be recorded in our Audience engagement activity grid (the second tool referred to in para 8).
 2. These touchpoints represent the high value engagement opportunities we have with key partners and audience groups that allow us to listen. We have included in the plan who we are meeting, when, in what context, and who in GOsC is meeting them.
 3. We need to understand the nature and frequency of our contact with our different audiences so we can analyse whether or not we have sufficient and appropriate touch points to be able to gain a clear picture about levels of understanding, what matters to them, and their sentiment towards us.
 4. For this reason our numerous other touchpoints, which were captured in Annex B of the Framework (in the engagement grid), are not included. For example, the methods and channels we use to communicate out our key messages and policy work such as the regular ebulletin to osteopaths and students, social media and regular emails. Also key messages are not included in these plans as our focus here is on listening.
 5. Below is a summary of the annual programme of regular touch points:

Audience/Touchpoint	Frequency	Purpose
Student Forum	4 times a year	Asking students for their views on our work
Student visits	Annual	Every year we reach out to all education providers to arrange in

		person visits with their students to present on a range of topics. This also allows us to questions and any concerns from students
Weekly online drop ins for osteopaths and students	Weekly	Weekly online drop ins: an opportunity for us to listen to osteopaths and students with no set agenda
RELM meetings with education providers	3 times a year	RELM meetings: an opportunity for us to listen to education providers
iO conference – osteopaths and partners who attend	annual in person event (the iO roadshows are every 2 years)	iO conference: annual in person event giving us the opportunity to speak with and listen to osteopaths who are in attendance
iO/GOsC meetings	Regular meetings	opportunities for our senior leaders to listen to the professional membership body who often relay the insight they have gathered from osteopaths
Joint regulator meetings on EDI and separately on communications	Regular meetings	opportunities for us to listen to the work and challenges faced by other regulators and the healthcare professionals they regulate.
Patient Involvement Forum	One development day each year plus ad hoc focus groups and meetings	opportunities for us to listen to patients about their views on our work.

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Regional osteopathic group and other CPD group meetings	10 regional group meetings across the country each year	opportunity to speak with and listen to the views, experiences and possible concerns from osteopaths across the regions and their regional leads

6. It is important to note that we are also establishing regular meetings with postgraduate education providers including the Osteopathic Alliance, Molinari Institute and Sutherland Cranial College of Osteopathy. These will then also become regular touchpoints.
7. For osteopaths, we provide multiple methods for them to get in touch with us and there are opportunities for us to listen to their views mainly through activities such as consultations, in person sector events, webinars and workshops. However, we recognise we do not currently have (aside from the weekly drop ins) a regular touchpoint as such for osteopaths.
8. In addition to these core touch points, we will have additional touch points during a 'campaign', for example a period of non-executive recruitment will involve a webinar and can involve increased attendance at regional groups (for example Matthew attended the Scotland Forum when we were recruiting for a Scotland member of Council). Currently we are planning for the fees consultation and will create important additional touch points to allow us to listen to our audience on this important topic.

Audience engagement grid:

9. The second tool referred to in para 8 is our new grid where we are collating all the events, webinars and meetings held with our audiences since April 2026 so we can understand what we are learning and where there may be gaps.
10. This enables our Senior Engagement and Insight Officer to request feedback and capture insight from attendees and/or colleagues straight after an activity, including issuing feedback forms whenever appropriate and ensuring these are followed up, and gathering insight directly from those GOsC colleagues in attendance. This means we now have a central place to store our events insight but we are continuing to learn how best to capture this information and how best to learn from it.

11. Our learning and our plans to date in relation to gaining feedback and this grid:

- The team has learned that sending requests for feedback quickly and individually to attendees, together with an explanation as to why their feedback matters and what difference it can make, increases response rates.
- We know for some audiences the incentive needs to be more substantive. For example, for students, we offer the chance to be randomly chosen to get a gift card to encourage them to respond. The increase in responses then provides us with a more solid evidence base to be able to make systematic improvements and then go back with a 'you said, we did' feedback to close the loop.
- The initial version of the grid attempts to contain all of our activity but we are considering revising this grid in the following ways to make it easier for us to use without it being overwhelming:
 - we plan to limit it to engagements with osteopaths, students and patients.
 - creating a separate grid to cover engagement with educators and education provider meetings so all this educator related information and insight is held together.
 - moving wider activity including meetings that are held with other regulators and meetings with partner organisations to a separate grid.

12. To facilitate the collation of the insight we also plan to create separate grids for each audience that we will link off to from the touchpoint plans and the audience engagement grid. These grids will include the key insight we have gained, the action we are taking as a result, and here we can include a note of whether it has been actioned and if we have yet fed back to the audience to tell them (you said, we did).

Our other success measures

13. In relation to some of the other success measures outlined in the framework, the third tool mentioned in para 8 – our internal success measures grid – will assist with monitoring of comms plans and campaigns along with the storing of ideas within the Comms team so we can ensure we are taking sufficient actions and putting sufficient resource towards achieving each of the measures. Some of our initial successes and challenges to date are outlined below.

- ***Increased promotion of our messages by partner organisations demonstrating they understand our shared goals and have chosen to support them.***

14. In February 2026, and prior to this, we rarely had our messages promoted by partner organisations. Since then we have:

- a. developed a collaborative video with organisations such as the National Council for Osteopathic Research, the Institute of Osteopathy, the Council of Osteopathic Educational Institutions and others (due for release summer 2026) to promote the value of regulation and particularly the concept of 'osteopaths holding themselves to account' which is an important proactive concept that had not previously featured in our messaging and which we have used to feed into our value of regulation comms plan.
- b. We have had an article by Fiona Browne featured in the spring 2026 issue of the Institute of Osteopathy's magazine Osteopathy Today about professional boundaries.
- c. We have also seen Matthew Redford talk about the value of regulation and mythbusting in an OsteoBiz podcast released in March.
- d. The Institute of Osteopathy has developed content for its current roadshow series covering professional boundaries and is running sessions on communication and consent (specifically on the skills needed in having difficult conversations) – and these were developed from our insight about how osteopaths can avoid concerns.
- e. We are holding collaborative workshops jointly with the Council of Osteopathic Educational Institutions, which are open to osteopathic educators, health professional educators, patients and others interested in exploring the teaching, learning and assessment of shared decision making in osteopathic education, aiming to support peer learning and good practice across the osteopathic education sector. So far we have held one in Oxford and will be at the London School of Osteopathy on 4 July.

We will develop further ways of showing progress in this as we further develop our interested parties regulator touch points and our value of regulation plan.

- ***Increased engagement with osteopaths in regional locations.***

15. We have embarked on a campaign to increase engagement in the regions and we are now aiming to see 10 groups a year, which is roughly double the number we used to see. The initial stage of the campaign involved an audit of our current regional groups and we have now completed this phase and removed inactive groups from our lists, and gained insight into the barriers for maintenance and growth of these groups identifying ways for the GOsC to help them. We discovered a number of barriers and those that we felt able to assist with included:

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- a. Providing speakers – they were finding speakers hard to source so we considered creating a directory of speakers but decided we needed to avoid being seen as ‘endorsing’ speakers. We are now able to offer our own staff on a variety of topics which acts as an incentive for engaging with us.
 - b. Suggesting reframing of messages and/or approach – we were hearing from many groups that attracting younger osteopaths as members was becoming a challenge.
 - So we suggested they offer networking opportunities and events or discussions that are more career focused.
 - We also suggested that they focus on Transition to practice as a topic as we know that this is of interest and so may help attract recent graduates who are keen to have support at this stage.
16. We analysed the geographical spread of the regional groups and identified areas of poor coverage including West Midlands/Birmingham; Thames Valley/Reading / Berkshire; Liverpool/Merseyside; Manchester/Lancashire; West Sussex/Brighton and North Wales/Cumbria. We are also aware that other regions may have a group but can involve long journeys for osteopaths so we are keen to discover other groups that are in existence.
17. We then launched a campaign of direct targeting of principals in these areas via email, social media and content in the ebulletin. The message was: do you do CPD in small groups with other osteopaths locally? Whatever kind of CPD group you are running, do let us know. No matter its size, we can offer support to help you including GOsC presentations and resources etc. This campaign is ongoing.
18. To date we have now discovered 4 new smaller groups. One of these has requested a presentation which has been set up for the autumn and we are currently in discussions about opening this up to all osteopaths in the area. We are in talks with another group’s lead about a potential visit. The other 2 groups are in Norfolk and Oxford and they have asked us to present to them in the autumn.
19. As well as doing this work to increase the range of our reach across the country to ensure we are being fair and inclusive and enabling our learning, we also need to do more to communicate about the fact that we are doing this engagement so we can demonstrate our fairness and inclusivity to others who we have found were not aware of the engagement we were already doing.

- ***Improved/positive/neutral reception of our updated communications in line with our tone of voice work.***

20. This includes a combination of the improvements we make to the communications themselves and a proxy measure to any overall increases in trust. Our material and events may be improving in line with our Framework, and at the same time all the work we do across the board to increase trust we hope will be impacting people's willingness to engage with us and leading to a more positive mindset towards our material and events. To measure this we will be looking at a number of sources of data such as social media engagement, events feedback, etc, but one example we can provide now relates to the Student Forum.
21. We held the fourth meeting in April 2026 and following this we sent out a link to an online survey (the findings form part of the evaluation of the Student Forum pilot for PEC).
22. This recent feedback survey to Forum attendees found that 100% had a better understanding of GOsC's role and work as a result of attending the forum, and 100% felt heard during the meeting. All but 1 (which looked like a user error), had the same or for most a more positive view of the regulator.
23. One example of a key piece of insight that we heard and acted upon was when we learned from the students that they were aware of the negativity and strong views held by some of the profession for both the regulator and the quality of osteopathy education. We had heard this before but it was stark hearing it directly from the students. What was key is they mentioned the closed and unmoderated OsteoBiz FaceBook forum as a place of this negativity that really impacted on them. They were keen to know how the GOsC could counteract some of the negative views. Although Matthew Redford had been in conversation with Gilly Woodhouse about recording a podcast prior to this, this piece of student insight was a strong impetus for us to prioritise this podcast and to make it happen as the benefit of doing it became much clearer. The podcast helps to clear up some common misconceptions about the regulator and we are due to increase promotion of this through Gilly Woodhouse and ourselves.
24. To gain further insight, we are planning to add questions along the lines of the following to our engagement activity feedback forms, and will be piloting some pulse surveys in our regular ebulletin and in the student ebulletin. Our aim is to try to get a feel or take a temperature of progress. We do not have expectations of high response rates, but we intend to make the surveys very short so they are not too burdensome and we will monitor if there are sufficient responses to continue doing them. We are also aware that we are demonstrating our willingness to listen and learn by running them even if response rates are low.
25. Example proposed questions:
 - a. Do you feel you have a better understanding of the role and work of the GOsC as a result of attending event/reading the ebulletin? [yes/no/not sure]

- b. Did you feel the regulator heard your views during the meeting/event?
[yes/no/not sure]
- c. Has your view of the regulator changed since attending the event?
[Yes, my view is more negative/ Yes, my view is more positive / No my view remains the same]

- ***Increased number of individuals/groups engaging with us.***

26. Here are some examples and although numbers are low, these are good baselines and already represent an improvement:

- Engaging on inclusion – we asked osteopaths about how they work to meet the needs of patients with autism, and separately for deaf and hard of hearing patients, through our ebulletin. We had two osteopaths respond to us regarding patients with autism and one regarding working with deaf patients. We were very pleased with this positive response and willingness to engage with us on this important topic.
- During our Student forum pilot we had 13 students join at least 1 meeting, with 16 students currently on our mailing list. While our voluntary sign ups for our student ebulletin remain low (12 in total) we continue to send out the ebulletin to all penultimate and final year students. We plan to track the number of students we visit during the next academic year and encourage students to complete a very short feedback form after each visit, to measure our impact.
- Final Year student presentations:
 - Through our use of insight we have changed our approach to our annual final year student presentations. Since the pandemic our final year student presentations have been held online and have included information on the CPD scheme, our role and background as regulator, and communications from the GOsC. Our insight has shown that because of the volume of work students need to do, especially in their final year, a more targeted approach may help us to increase our engagement and impact.
 - Since 2024 we have taken a different approach to our student engagement, creating our quarterly student ebulletin and visiting more students in person. This has allowed us to engage more with students directly about our role and about the purpose of regulation, so our assumption is that this year's final year students are more familiar with us as the regulator.

- Based on insight from previous webinars and our increased approach to student engagement we have replaced the one hour presentation about our role, the purpose of the regulation, our CPD scheme, our communication to osteopaths and the registration process, and are now focusing specifically on how and why to register, offering students an approach tailored to their needs.
- As part of this approach, we additionally plan to hold webinars in the autumn for newly qualified osteopaths on the topic of our CPD scheme, helping them to map out their approach to their first three year CPD cycle. We will be looking into whether we can collaborate with the Institute of Osteopathy on this as we know they are also planning some new graduate engagement in the autumn.
- ***Meeting and going beyond compliance for accessibility through our redeveloped website.***

27. The redevelopment of the GOsC website and **o** zone portal is progressing well and is due to launch in July 2026. This project makes use of the insight we have gathered ahead of and during the project itself with user testing a key integrated core part of the project. By making information easier to find we can help improve trust through enabling greater transparency.

28. We are also continuing to ensure throughout the project that accessibility remains central to the design and delivery of the new website and the **o** zone. Accessibility has been considered from the outset through the use of established accessible design patterns, simple page structures, plain English content and user testing with key audiences, including osteopaths, staff, patients and students.

29. A practical example is the approach to website navigation. We are avoiding menu designs that rely on hover interactions, as these can be difficult or impossible to use on mobile and touch devices, and can create barriers for people with motor impairments or people using keyboard navigation or assistive technologies. Instead, the new menus are being designed to work through clear click/tap interactions, visible controls and accessible navigation patterns.

30. The website and **o** zone are also being built using many established patterns from GOV.UK and related accessible design systems, helping to ensure that forms, buttons, links, error messages and navigation behave in familiar and accessible ways. We are also keeping the design deliberately simple, using clear layouts, plain English and consistent journeys to reduce cognitive load for users.

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31. Accessibility testing is planned for both the public website and ● zone before launch. We will also invite any staff members who may have accessibility concerns to test the site internally and provide feedback from an accessibility perspective. Feedback from this testing will be reviewed and prioritised before launch, with any lower-priority improvements captured in the post-launch backlog.

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Council
15 July 2026
Assurance reporting

Classification	Public
Action	For noting
Purpose of the paper	To provide Council with a set of assurance reports about the performance of the GOsC.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities.
Standards of Good Regulation implications	The assurance reports will touch on many of the PSA Standards of Good Regulation.
Communications implications	None
Financial, resourcing and risk implications	These are set out in the annexes to this report.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report provides demographic data about the Register.
Welsh language implications	We need to report annually on the number of Welsh registrants and Welsh language speakers on our Register.
Annex	A. Business Plan monitoring report – 30 June 2026 B. Financial Report – 30 June 2026
Author	Matthew Redford
Background reading	None
Recommendations	To note the assurance reports set out at the annexes.

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GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2026 - March 2027

**Monitoring Report as at
30 June 2026**

GOsC BUSINESS PLAN 2026-27

Our vision is to be an inclusive, innovative regulator trusted by all. And we recognise that to achieve our vision we need to make progress each year against the three strategic priorities agreed by Council which are:

- Strengthening trust
- Championing inclusivity
- Embracing innovation

This document, the Business Plan Monitoring Report 2025-26, sets out the detailed activities in support of each of the goals and our progress against each.

Legend

Status

■ On track

■ Delayed

■ Cancelled/postponed

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
Evaluate the Strategic Patient Partnership Programme and make recommendations about its future.	Council members, council buddies, patient partners and staff complete evaluations at three monthly intervals.	Ongoing	Data and Insight and Professional Standards	□	Evaluations are being completed.	
	Pre and post meeting briefings take place.	Ongoing		□	Meetings are taking place.	
	Evaluation is completed and considered by Council.	July 2026		□	Evaluation paper on the July 2026 agenda.	
Develop our approach to ensuring high quality patient insight informs our work	Ensure that patient feedback informs all our work including: website development and analytic and insight reports, OPS review and CPD resources to support high quality patient care	All year	Data Insight, Professional Standards and Communications	□	Patients have been heavily involved in the website user testing and will continue to be involved until the website is launched in July 2026. Patients are playing an important role in the review of the Osteopathic Practice Standards (OPS). Two patients are members of our OPS review stakeholder group and we will be engaging with our wider patient involvement forum	

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
Take long-term financial and asset decisions which support					membership when consulting on revised standards later this year/early next year. Patients were involved in the shared decision making in health professional education workshop held in Oxford in April. They contributed to the discussions throughout the day and helped the group consider what contributes to good shared decision making and how this can be strengthened within healthcare professional education.	
	Ensure that the patient voice is visible in our work: for example, through social media campaigns	All year		□	We are developing a plan over the summer to make sure patients' voices are better reflected in our work, with implementation due to begin in the autumn.	
	Hold Patient Development Day	February 2027		□		
Take long-term financial and asset decisions which support	Present Council with appropriate decision papers to enable it to make	All year	Chief Executive and Registrar	□	Papers included on May 2026 and July 2026 Council agendas.	

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
delivery of statutory responsibilities and GOsC strategic aims.	financial decisions to discharge its statutory responsibilities.					
Ensuring and enabling all to raise a concern against an osteopath	Review, update and publish our guidance documents: How to complain about an osteopath and The Fitness to Practise - Complaints Procedures (Osteopaths under investigation)	December 2026	Regulation	□		
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards.	Publish NCOR Concerns Report 2025 collaborating with NCOR, iO and insurers and disseminate learning to interested parties.	February 2027	Data and Insight, Professional Standards and Communications	□		

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 02/07/2026 11:54:46	Ongoing development of resources and engagement to support implementation of standards. This will include CPD sessions for regional groups and other osteopathic groups and ongoing development and dissemination of resources in the areas of boundaries, equity, diversity, belonging and inclusion and values based practice and shared decision making.	All year	Professional Standards, Data and Insight and Communications	□		
	Ongoing quality assurance activity as quality assurance of	All year	Professional Standards	□		

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
	osteopathic education brought in-house including ongoing visitor training, two visits, analysis of 7 annual reports, curricula analysis, evaluation including piloting graduate survey and sharing of good practice.					
	Launch consultation on the updated Osteopathic Practice Standards	November 2026	Professional Standards, Communications	□	Stakeholder reference group is currently discussing areas to be addressed in revised standards. Consultation will likely take place in January 2026-27 and we are on track for publication on 1 September 2027.	
Raise awareness of our role and increase engagement with osteopaths, students,	Complete student forum pilot and produce evaluation report and recommendations for next steps.	By March 2027	Communications	□	Paper was presented to June 2026 PEC	

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
patients and interested parties to improve trust, understanding and implementation of standards.	Implementation of the Communications and Engagement Framework including reporting on success measures: - Numbers of osteopaths promoting their registration as important protection for patients - Increased number of people using the register to confirm that an osteopath is registered - Increased promotion of our messages by partner organisations	From April 2026 and all year	Communications	□	See July 2026 Council paper for progress update.	

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Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 02/07/2026 11:54:46	- Increased engagement with osteopaths in regional locations - Increased use of a variety of communication channels - Improved positive, neutral reception of our communications - Increased number of individuals / groups engaging with us - Meeting and going beyond compliance for accessibility through our redeveloped website. - A programme of regular touch					

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
	points to listen to and understand what matters to the profession, patients and partner organisations - Regular analysis of our insight to check we are on track and explore alternatives of required Regular updates to our website with new, fresh content relevant to the profession, patients and partner organisations.					

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Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 02/07/2026 11:54:46	Social media: campaign development, implementation and evaluation including in relation to value of regulation and fitness to practise	All year	Communications	□		
	Develop and plan for implementing social media strategy update	March 2027	Communications	□		
	In collaboration with the Council of Osteopathic Educational Institutions and individual educational providers hold 3 educator roadshows to promote wider learning communities in	December 2026	Professional Standards and Communications	□		

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Target Date	Lead	Status	Narrative	Revised timing if relevant
	relation to key topics.					

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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

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
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.	Develop recommendations and publish information (where appropriate), throughout the year, including but not limited to: - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Policy development and consultations. - Aggregated enrolment and progression data for students.	From April 2026	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources	□	New Salesforce CRM system collecting EDI data from registrants at the point of renewal of registration. Full profession data set to have been collected by end January 2027.	

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Championing inclusivity:

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Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
	People Framework implementation					
	Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or mitigations put in place.	From April 2026		□	EIAs completed and presented to Council and Committees where relevant.	
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Publish a new Equity, Diversity, Inclusion and Belonging Annual Report, which demonstrates progress against our EDIB Framework	July 2026	Chief Executive and all departments	□	See July 2026 Council agenda	
Support workforce recruitment and retention to maintain and increase a	In collaboration with the Institute of Osteopathy, work to progress proposed actions from the October	June 2026	Professional Standards, Communications	□		

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

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
sustainable, diverse profession and to support osteopaths to practice in accordance with high standards.	workshop including a practitioner / patient charter and mechanisms for measuring impact.					
	Pilot charter, pilot graduate survey	November 2026	Professional Standards, Communications	□		
	In collaboration with the Council for Osteopathic Educational Institutions support work to develop a collaborative prospectus for osteopathic education to support clearer understanding about what osteopathic education delivers and how	June 2026	Professional Standards	□		

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Championing inclusivity:

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Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Coe Lorna 02/07/2026 11:54:46	osteopathy can be developed post registration.					
	Work with NCOR to publish and disseminate the commissioned research in relation to enablers and barriers to recruitment and leavers projects.	February 2027	Data and Insight	□		
	Ongoing discussions with international regulators to clarify requirements for the recognition of professional qualifications and agree next steps.	All year	Chief Executive and Registrar	□		

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

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Strengthen equity, diversity, inclusion and belonging with the GOSCPD scheme.	Agree updated accessible layered CPD Guidance, PDR forms and resources to support CPD in inclusive practice: equity, diversity, inclusion and belonging and boundaries.	May 2026	Professional Standards, Communications	□	Guidance produced and considered at May 2026 Council.	
	Support the ongoing dissemination of materials to support osteopaths and patients in high quality inclusive practice.	From July 2026	Professional Standards, Communications	□		

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Implement and launch a new public website which provides scope for more modern, innovative and engaging channels and content.	Development of a new public website.	From April 2026	Communications	□	The redevelopment of the GOsC website and ● zone is progressing well and remains on track and on budget. The project has moved from design and build into final content preparation, testing, assurance and launch readiness.	
	Launch of a new public website.	June 2026	Communications	□	Launch is due to take place in the week commencing 6 July.	
	Gather feedback, systemise analytics and dissemination and evaluate the impact of the new public website.	From July 2026	Communications	□		
	Use insights to inform systematic, evidence informed and regular updates across the organisation	Ongoing following launch	Communications and all departments	□		

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Consider the impact on osteopathic standards, regulation and patient care of Artificial Intelligence.	Work collaboratively with the Council for Osteopathic Educational Institutions to implement guidance on AI and to collaborate on learning and good practice.	Ongoing	Professional Standards	□		
	Develop and disseminate resources to support the use of AI in accordance with safe regulator standards.	June 2026	Professional Standards	□	Guidance issued.	
	Put in place mechanisms for assessing use of AI in osteopathic practice and emerging risks	July 2026		□		

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
	Continue ongoing engagement with other health professional regulators and wider regulators to promote coherent regulatory framework to support safe standards in practice.	All year		□		
	Implement AI pilot within GOsC staff team supported by the Appropriate Usage Guidance.	From April 2026	Governance, IT	□	Acceptable User Guidance for staff developed and shared with staff. Equivalent policy for governance members considered at May 2026 Council. Microsoft Copilot licenced rollout happening, June 2026.	

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Embracing innovation:

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Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.	Implement recommendations arising from the Board Effectiveness review and Internal Audit reviews.	From April 2026	Governance, Resources	□	Recommendations – Scheme of Delegation and Strategic Measures – considered at May 2026 Council. Scheme of Delegation with revised delegations returning to July 2026 Council.	
Implement more streamlined approach to data mapping, collection, insight and analysis and actions.	Collate comprehensive data map across organisation and update privacy policy and collection notices.	From April 2026	Professional Standards, Data and Insight	□	Work ongoing with consideration of updates to privacy policies currently with Senior Management Team	
	Align data sets and develop systematic analysis and reporting.	From April 2026	Professional Standards, Data and Insight	□		

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Target date	Lead	Status	Narrative	Revised timing if relevant
Develop mechanisms/structures for facilitating sector wide conversations which are build on trust, respect and psychological safety.	Evaluate learning arising from the sector wide development day held in January 2026.	May 2026	Chief Executive, Professional Standards	□	Development day feedback and next steps considered by PEC, June 2026.	
	Develop proposals for facilitating more sector wide conversations.	July 2026	Chief Executive, Professional Standards	□		
	Consider options for sector wide development day, 2027.	October 2026	Chief Executive, Professional Standards	□		

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GOsC metrics to help ensure we are delivering efficient and effective regulation.

In 2026-27 we expect to:

Metric	Status	Narrative, if relevant
Process c5,500 registration forms (UK and International applicants and annual renewal of registration forms)	🟢	2,711 renewal of registration forms processed to end June 2026.
Support c220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).	🟢	29 new applications fully processed at end June 2026. 1 international application fully processed at end June 2026.
Receive c200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c75 fitness to practise cases being opened, of which c30 will be referred for investigation leading to c12 being referred for a final determination hearing.	🟢	As of 30/06/2026: 33 queries/concerns received. 13 opened as an FTP case, of which 3 currently referred for Investigation. 9 substantive hearings heard and two cases disposed of by Rule 8 process (consensual disposal).
Undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.	🟢	Ongoing. Seven annual reports analyses from Osteopathic Education Providers will be considered by the Policy and Education Committee in March 2027. Two review visits are planned this year – University of Derby (October 2026) and Liverpool John Moores University (December 2026).
Holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.	🟢	We have continued to meet with COEI as a group and with education providers on a 1:1 basis. We continue to offer engagement with all new students (in person or online) to introduce them to regulation and professionalism, and to any other student year group as requested by the provider/s. We held an event in conjunction with the Collaborating Centre for Values Based Practice in Health and Social Care in Oxford in April 2026 – this was focused on shared decision making and aimed at educators in particular. An Educator workshop is planned for 4 July 2026, to be held at the LSO but open to educators from any provider.

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Metric	Status	Narrative, if relevant
Respond to c2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c60 policy and ethical queries related to our standards; c4,600 registration queries and c650 student queries.	□	437 queries received at 30 June 2026. 16 policy and ethical queries related to the application of the OPS at 30 June 2026. 2,393 registration queries received at 30 June 2026. 209 student queries received at 30 June 2026.
Send out 12 monthly ebuletins to registrants achieving an open rate of c60%.	□	April – 60% May – 60%
Send out 4 quarterly English language student ebuletins to 450 students (penultimate and final year) achieving an open rate of c40%.	□	April – 66% May – 60%
Send out 4 quarterly Welsh student ebuletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.	□	April – 46% May – 36%
Receive and fulfil 150 requests for personalised Registration Marks	□	35 requests received at 30 June 2026
Attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.	□	Between April and June 26, we have attended 24 meetings events or conferences reaching approximately 120 osteopaths, patients and students
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.	□	3 patient engagement events held as at end June 2026. 206 individual touch-points with patients including where patients provide follow-up ideas to our work as at June 2026.
Host 2 recruitment webinars attracting interested applicants for our governance roles.	□	IC recruitment webinar in June 26 with 60 delegates, 25 of these were osteopaths
Continue to regularly request feedback after our webinars and events and hope that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic	□	Feedback collected from: East midlands CPD group presentation, sector development day
Ensure Council and Committee scrutiny and oversight of our work through servicing 15 meetings.	□	Council and Committee meetings have been held throughout the business year.

Annex A to 14

Metric	Status	Narrative, if relevant
Provide training, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.	🟡	Induction meetings for new members happened from April. Council development/strategy day held in September. Education visitor training held. Sector wide development day held, January 2026
Provide training and development opportunities for our staff team.	🟡	Ongoing throughout the year.

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Financial Report 2026-27 (two months to May 2026)

Key messages from the report:

- Total income is around £531k and is £5k over budget for the first two months of the year.
- Operational expenditure is around £564k and is £5k over budget for the two month period. Spending from designated reserves was £5k in the first two months of the year.
- Cash at bank is currently around £44k higher than at year end, at £64k; we have actioned a £250k drawdown on the investment portfolio to fund large cash spends on the website project, along with the increase in Regulation expenditure. Other operational spending is much as we had anticipated.

Background information

1. Our current financial year commenced on 1 April 2026 and will conclude on 31 March 2027. In this report it will be referred to as FY2026-27.
2. The budget for FY2026-27 was approved by Council in February 2026.
3. Council receives a financial report at each meeting which presents the cumulative financial results for a given period. Where possible, the reports try to cover quarterly periods within the financial year.
4. In circumstances where the Council papers are being dispatched close to the end of a quarter, it may not always be possible for the financial report to cover the full period. To give Council more robust financial information, we may from time to time shorten the reporting period and issue reports outside of the Council meeting cycle.
5. The financial quarters are as follows:

	Start	End
Quarter 1	1 April	30 June
Quarter 2	1 July	30 September
Quarter 3	1 October	31 December
Quarter 4	1 January	31 March

6. This financial report covers the period ending 31 May 2026, which is two months into the new financial year.

7. Forecast figures reflect the spend in the year to date, with adjustments to reflect any non-linear spend in the year. This intends to give an idea of what the position will be at the end of the year.

8. The structure of this report is:

- Summary of financial position - income/expenditure narrative
- Income and Expenditure Account (top-level department summary)
- Balance Sheet, including explanatory notes and an update on reserves
- Cash flow: overview and projection
- Expenditure Account (detailed departmental summaries)

Summary of financial position

9. At the end of the two month period to 31 May 2026, the income and expenditure account shows a deficit position (before designated spending from reserves) of £33k. Spending from reserves budgets in the two months was £5k.
10. We have budgeted a deficit position of around £264k, before designated spending, by year end.

Income

11. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.
12. At 31 May 2026, total year to date income totalled around £531k, which is approximately £5k over budget for the same period. Registration fees accounted for just under 100% of the total income received. Registration assessments and bank interest accounted for just over 0% of income in the same period.

Expenditure

13. After the first two months of the year, we have recorded actual expenditure of around £564k. This is approximately £5k over budget for the same period; expenditure in the first two months of the year is largely in line with expectations.

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Income and Expenditure Account (top-level summary)

14. The Income and Expenditure Account is set out below:

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration fees	529,345	510,995	18,350	4	3,065,970	3,176,071
Registration assessments	1,380	1,667	(287)	(17)	10,000	8,280
Other income	255	13,258	(13,003)	(98)	79,550	1,529
Total	530,980	525,920	5,060	1	3,155,520	3,185,880
Expenditure						
Employment costs	321,542	330,651	9,109	3	1,989,807	2,004,732
Education and professional standards	3,817	4,374	557	13	72,500	69,156
Communications and development	10,058	17,233	7,175	42	103,398	60,346
Data, research, and evaluation	7,117	3,871	(3,246)	(84)	24,327	25,234
Registration administration	1,864	1,667	(197)	(12)	10,000	11,187
IT and infrastructure	23,637	20,314	(3,323)	(16)	121,885	141,822
Fitness to practise	106,194	94,174	(12,020)	(13)	565,045	552,205
Governance	38,939	35,634	(3,305)	(9)	218,804	206,036
Central resources and financing	51,297	51,193	(104)	0	313,734	284,168
Total	564,465	559,111	(5,354)	(1)	3,419,500	3,354,886
Deficit before designated spending	(33,485)	(33,191)	(294)		(263,980)	(169,006)
Designated spending	5,272	17,750	12,478		106,500	31,634
(Deficit)/surplus after designated spending	(38,757)	(50,941)	12,184		(370,480)	(200,640)

NB: a positive variance indicates better than budgeted performance, and vice versa. This applies to all tables which show a variance in this paper.

15. Detailed departmental expenditure accounts can be found further in the document.

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Balance Sheet

16. The Balance Sheet at 31 May 2026 shows total reserves of £2.30m (including designated funds). Cash held in hand and at bank totals £64k with a further £596k in the managed investment portfolio. The balance sheet below reflects the May 2026 valuation of the investment portfolio.

17. The Balance Sheet as at 31 May 2026 is set out below:

	31 May 2026		31 March 2026	
	£	£	£	£
Non-current assets				
Assets (fixed/intangible)		2,264,141		2,160,719
Investment (portfolio)		595,835		845,835
Current assets				
Debtors	130,107		109,508	
Cash in bank and in hand	64,245		19,918	
	194,352		129,426	
Liabilities				
Creditors: within one year	(758,246)		(801,141)	
	(758,246)		(801,141)	
Net current liabilities		(563,894)		(671,715)
Total assets less total liabilities		2,296,082		2,334,839
Reserves				
General reserve		2,110,064		2,173,549
Designated funds		186,018		161,290
Total Reserves		2,296,082		2,334,839

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Balance Sheet explanatory notes

Debtors

18. Debtors have decreased to £130k from the year end position of £110k. This is predominantly due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

Creditors

19. Creditors have decreased to £758k from the year end position of £801k. The main contributor since year end is in relation to expense accruals and invoices payable; we have a lower creditor balance than we did in March 2026.

Designated reserves update

20. Spending on designated reserves in the year is shown below:

Reserve	Reserve at March 2026	New allocation in year	Spend in year	Transfer (to)/from General reserve	Reserve at May 2026
NCOR infrastructure costs	94,800	-	4,429	-	90,371
NCOR research project	-	30,000	-	-	30,000
Innovation fund	66,490	-	843	-	65,647
Total	161,290	30,000	5,272	-	186,018

NB: We have capitalised the spend on the new website development, and will amortise the cost of this over its useful life once it has been implemented.

Cash flow and investments

21. Council closely monitors its cashflow and reserves. The following section provides an overview of the cash flow position and current cash flow projection.
22. The cash at bank balance has increased to £64k from the year end position of £20k. Over the last year, the cash and investments position has trended down, largely due to spending on major projects like the new CRM and website, and an increase in Fitness to Practise activity. To manage the cash position, we have actioned drawdowns from the investment portfolio.

Investment portfolio

23. At 31 May 2026, the investment portfolio stood at £596k.

Annex B to 14

Charity Commission reporting

24. As well as being a statutory regulator, GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.
25. We do not foresee any need to make a report to the Charity Commission during financial year 2026-27.

Departmental Expenditure Accounts

26. The individual departmental accounts are listed below with further narrative to support each business area.

Employment costs

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Salaries & pensions	307,414	316,167	8,753	3	1,897,000	1,919,064
Recruitment	5,516	2,500	(3,016)	(121)	15,000	18,098
Staff development & training	2,787	6,667	3,880	58	40,004	26,723
Pension scheme admin costs	954	-	(954)	(100)	-	5,724
Temporary staff	-	-	-	-	3,000	3,000
Annual P11d tax cost	-	-	-	-	1,500	1,500
Job evaluation & benchmarking	-	-	-	-	1,400	1,400
Staff benefits:						
Insurance premiums	2,794	3,183	389	12	19,100	16,762
Other staff costs & benefits	2,077	2,134	57	3	12,803	12,461
Total	321,542	330,651	9,109	3	1,989,807	2,004,732

27. The position after the opening two months of the year shows a total expenditure of £322k, against a year-to-date budget allocation of £331k. The underspend is predominately due to the budgeted increase in salaries not having been approved yet. The overspend in recruitment was offset by the underspent in development and training costs.

28. The expense for pension scheme admin costs was previously included within pension costs; however following the March 2026 year end, it was decided to show this separately, and will remain over budget until we refresh the budget following the completion of the sale of the building.

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Education and professional standards

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Educator roadshows	2,473	2,500	27	1	15,000	14,836
Osteopathic Practice Standards	720	1,250	530	42	7,500	4,320
Quality Assurance	624	624	-	0	50,000	50,000
Total	3,817	4,374	557	13	72,500	69,156

29. The position after the opening two months of the year shows a total expenditure of £4k, against a year-to-date budget allocation of £4k. We will phase the budget allocation as QA visits and training happen, so that the presented accounts are more timely and relevant. Visits are scheduled for October and December this year, with training in early autumn.

Communications and development

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Research – IJOM	4,406	4,394	(12)	0	26,362	26,435
Website & Digital	4,273	5,155	882	17	30,931	25,638
Welsh Language Scheme	509	2,833	2,324	82	17,000	3,054
Engagement and events	494	2,417	1,923	80	14,500	2,964
Publications	376	2,434	2,058	85	14,605	2,255
Total	10,058	17,233	7,175	42	103,398	60,346

30. The position after the opening two months of the year shows a total expenditure of £10k, against a year-to-date budget allocation of £17k. The underspend is predominantly due to the Welsh language scheme and Publications. We expect to see more spend on the Welsh language scheme as the year progresses, especially related to the new website. Other departmental spends are likely to pick up as the year progresses.

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Data, research, and evaluation

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Research activity, including patients	5,973	3,038	(2,935)	(97)	18,227	17,272
CPD	1,144	833	(311)	(37)	5,000	6,862
NCOR Concerns & Complaints report	-	-	-	-	1,100	1,100
Total	7,117	3,871	(3,246)	(84)	24,327	25,234

31. The position after the opening two months of the year shows a total expenditure of £7k, against a year-to-date budget allocation of £4k. The overspend is predominantly due to just under £5k of the expenses in Research activity relating to the previous year; the forecasted expenditure has been updated to reflect this. CPD expense is likely to end the year over budget due to some subscriptions being more expensive than anticipated (such as Survey Monkey and Perform Learn Develop).

Registration administration

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Income						
Registration assessment income	1,380	1,667	(287)	(17)	10,000	8,280
Total	1,380	1,667	(287)	(17)	10,000	8,280
Expenditure						
Registration assessments	1,864	1,667	(197)	(12)	10,000	11,187
Total	1,864	1,667	(197)	(12)	10,000	11,187
Net expenditure	484	-	(484)		-	2,907

32. The position after the opening two months of the year shows a total net expenditure of just under £500. The cost of registration assessments is largely offset by the fee-paying applicants applying for the assessments, and we expect the income and expenditure to be largely equal and opposite once assessments are completed.

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IT infrastructure

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
CRM and infrastructure	12,706	11,517	(1,189)	(10)	69,104	76,236
IT Security	5,302	4,436	(866)	(20)	26,614	31,814
Software licenses	3,568	2,688	(880)	(33)	16,127	21,408
Other IT costs	1,221	833	(388)	(46)	5,000	7,324
IT Consultancy cover	840	840	-	0	5,040	5,040
Total	23,637	20,314	(3,323)	(16)	121,885	141,822

33. The position after the opening two months of the year shows a total expenditure of £24k, against a year-to-date budget allocation of £20k. The overspend is predominantly due to spending on CRM and Infrastructure, IT security, and software licences. CRM spend is overbudget due to an additional £2k invoice for the FtP service add-on which is a new quarterly charge we hadn't budgeted for; this will be rectified when we re-budget following completion of the sale of the building.

34. IT security and software licencing are slightly over due to some unplanned or unknown increases in the cost of licences. We plan in a 5% increase but occasionally the vendors increase their prices by more.

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Annex B to 14

Fitness to practise

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee	66,688	81,551	14,863	18	489,305	370,908
• Investigating Committee	31,719	7,957	(23,762)	(299)	47,740	157,702
FtP panel member holiday pay & pension	6,259	3,833	(2,426)	(63)	23,000	19,394
Section 32 cases	1,528	833	(695)	(83)	5,000	4,201
Total	106,194	94,174	(12,020)	(13)	565,045	552,205

35. The position after the opening two months of the year shows a total expenditure of £106k, against a year-to-date budget allocation of £94k. There is an overspend of £9k in costs across the various committees in the year so far due to the continued increase in cases. £20k of the costs in the year so far relate to the previous year, so the forecasted expenditure has been updated to reflect this.

36. FtP panel member holiday pay and pension costs is showing as over budget for the year, but in the same way as committee fees, the forecasted expenditure has been updated to reflect that £3k of the current year spend relates to the previous year.

37. Statutory committee costs (including panel member holiday pay and pension costs) represent 99% of the department expenditure so far this year, and reflect the work of the Investigating, Professional Conduct and Health Committees. Council members are aware that this area of business represents the most significant area of risk to the expenditure forecasts in terms of volatility.

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Annex B to 14

38. As of 30 June 2026, the following hearings and meetings for the next six months are scheduled:

July 2026	August 2026
1x 1-day PCC review hearing 1x 1-day Rule 8 meeting (2 cases being considered in 1 day – case 1 AM & case 2 PM) 1 x 1-day IC meeting 1 x half-day PCC panel chair training	1x 4-day PCC Substantive hearing (resuming) 1x 1-day IC meeting 1 x 10-day PCC Substantive hearing (resuming)
September 2026	October 2026
2x 1-day IC meetings	1x 1-day PCC review hearing 1x 1-day IC meeting
November 2026	December 2026
1x 12-day PCC Substantive hearing (resuming) – first 5 days	2x 1-day IC meetings 1x 12-day PCC Substantive hearing (resuming) – remaining 7 days from November

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Annex B to 14

Governance

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Honorariums & responsibility allowances	18,278	18,333	55	0	110,000	109,666
Council & committee costs, incl reappointments	14,213	10,179	(4,034)	(40)	61,073	51,619
Internal Audit	2,898	3,075	177	6	18,450	18,450
PSA levy	2,604	2,597	(7)	0	15,581	15,624
International conferences	946	1,117	171	15	6,700	5,677
Tax liability (Council expenses)	-	-	-	-	5,000	5,000
Equality & Diversity	-	333	333	100	2,000	-
Total	38,939	35,634	(3,305)	(9)	218,804	206,036

39. The position after the opening two months of the year shows a total expenditure of £39k, against a year-to-date budget allocation of £36k. The majority of the overspend is due to additional work undertaken to longlist applications for a Council member role (we received 160 applications).

40. Honorarium and responsibility allowances of £18k represent 47% of the total expenditure for the nine month period.

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Annex B to 14

Central resources and financing

	Year to Date 1 April 2026 – 31 May 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Premises	17,785	14,248	(3,537)	(30)	82,062	73,093
Depreciation and amortisation	14,721	17,250	2,529	15	103,500	88,329
Office administration	6,882	7,453	571	8	54,719	51,292
Financing	5,720	6,667	947	14	40,000	34,321
Financial audit fee	4,873	4,534	(339)	(7)	27,203	29,236
Publications and subscriptions	1,316	1,041	(275)	(26)	6,250	7,897
Total	51,297	51,193	(104)	(1)	313,734	284,168

41. The position after the opening two months of the year shows a total expenditure of £51k, against a year-to-date budget allocation of £51k. We had an overspend on expenses in Premises due to some work that needed to be carried out on the office air conditioning system (this amounted to around £5,600). This overspend was offset by some underspends in depreciation and financing costs.

42. The two principal areas of expenditure within the Central resources department (not including depreciation or financing) are the cost of premises including rates and service contracts (£18k), and office administration including insurance, postage, and photocopying (£7k). These two areas represent 48% of the total expenditure after the two month period.

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Council
15 July 2026
Fitness to Practise report

Classification	Public
Action	For noting
Purpose of the paper	Quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.
Strategic Priority implications	Delivery of our statutory fitness to practise activity in a timely and fair manner will help with the strategic priority of Strengthening Trust. We have outdated, prescriptive legislation so to be efficient and cost-effective and fair we also Embrace Innovation.
Standards of Good Regulation implications	There are five Standards of Good Regulation which relate specifically to Fitness to Practise. The paper and annexes speak to these five Standards - see background reading.
Communications implications	We engage with registrants, complainants and third parties throughout the whole fitness to practise process. All parties involved in an investigation have access to the Independent Support Service.
Financial, resourcing and risk implications	Financial aspects of Fitness to Practise activity are considered in Annex B of the Chief Executive and Registrar Report.
Patient perspectives	Our fitness to practise processes are central to patient protection and the public interest. We support complainants who raise concerns at every stage of the fitness to practise process.
Diversity implications	Ongoing monitoring of equality and diversity trends will form part of the Regulation department's future quality assurance framework.
Welsh language implications	There are no implications for the Welsh Language arising from this paper.
Annex(es)	A. Fitness to Practise Data Set B. Fitness to Practise Dashboard

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Author	Sheleen McCormack, David Bryan
Background reading	PSA Standards of Good Regulation The GOsC Concerns Process Fitness to Practise Annual Report 2024-25 Protecting the osteopathic title, Section 32

Recommendation(s)	To note the report.
Key messages • Although there has been a decrease in our caseload over this reporting period we continue to manage a high number of open cases. • Currently 40% of the overall caseload relates to concerns regarding breach of boundaries. This represents a small increase in the number boundary concerns since the last quarter (38%). • The Investigating Committee (IC) met on three occasions and considered 13 cases in total. • During this reporting period the Professional Conduct Committee (PCC) considered ten substantive hearings, concluding eight of them. The PCC also considered two review hearings as well as a restoration application. • There was a high volume of hearing days during this quarter with a total of 32 hearing days. This continues the trend of back to back hearing days we managed in the previous quarter (34 days). • On 9 June 2026, we arranged external training for the Regulation team on the use of expert witnesses and allegation drafting. • We held Screener training for our osteopathic members of the Investigating Committee on 22 April 2026	

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Fitness to practise caseload and case trends

1. In this reporting period, the Regulation Department received 15 concerns, with 8 formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 19 concerns and 11 formal complaints were opened.
2. Of the 15 concerns received: 2 related to a breach of boundaries, 3 related to poor communication, 2 related to conduct not linked to treatment, 1 related to a registrant's caution/conviction, 2 related to a data breach, 1 related to the Registrants poor health, 3 related to inadequate treatment and 1 a lack of insurance.
3. Of the 8 formal concerns opened: 1 related to breaching boundaries, 1 poor communication, 2 related to conduct not linked to treatment, 2 related to inadequate treatment, 1 lack of insurance and 1 misuse of social media.
4. Currently 40% of the overall caseload relates to alleged breach of boundaries, a 2% increase from the last quarter. The majority of these cases relate to allegations of sexual touching / sexually motivated conduct.
5. As at 30 June 2026, the Regulation Department's fitness to practise caseload was 87 cases (72 formal complaints and 15 concerns) which represents a decrease by 11 cases reported last quarter (98). In comparison, the Regulation department's fitness to practise caseload as of 30 June 2025, was 86 cases (62 formal complaints and 24 concerns). An explanation on the impact throughout the end to end FtP processes is illustrated below:
 - There has been a sustained increase in the number of new concerns received over each quarter during the last year, resulting in the highest number of concerns received in a year since 2019/2020.
 - Over recent quarters screeners have referred more concerns to the Investigating Committee. This means that there are a higher number of cases at the IC stage.
 - The number of third party cases, over the last few years, has impacted the number of live cases as these cases remain open for longer due to ongoing police investigation and/or court procedures. This negatively impacts timeliness and output against KPI's.
6. We continue to encounter delays in the progress of some cases related to third-party investigations. During the reporting period 24% of our total caseload is a third party investigation.
7. We also have continued to experience ongoing difficulties in terms of engaging and re-engaging complainants. This has negatively impacted on the expeditious

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progression of some cases. This is particularly challenging in light of the high number of serious concerns we received, particularly over the last year. We are managing several complex cases involving vulnerable witnesses and have also had to navigate fluctuations in their engagement with the FtP process.

8. During the reporting period, there was one application to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO). There was also one application for an ISO made to the PCC, in which suspension orders were imposed in both cases.
9. During the reporting period 10 substantive hearings were considered by the PCC over 32 hearing days. The PCC considered ten hearings, concluding eight of them. The PCC also considered two review hearings as well as a restoration application.

Fitness to practise case progression

10. Performance against the performance targets for this reporting period, is as follows:

Case stage	Key Performance Indicator	Performance Target	Median figures achieved this quarter	Median figures excluding 3rd party cases
Screening	Median time from receipt of concern to the screener's decision	9 weeks	11 weeks	9 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	51 weeks	54 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	56 weeks	74 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A	N/A

11. In this reporting period the Screener KPI was met.
12. The IC KPI was not met during this reporting period. This was affected by the sporadic engagement of complainants and/or witnesses in several cases. To ensure that the timely progress of concerns that are impacted by lack of engagement by witnesses are still actively progressed, we have developed a first draft of our Escalation Policy designed to manage concerns where witnesses disengage and then re-engage with us after raising concerns about an osteopath.

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13. In summary, cases that are otherwise ready for consideration by the IC cannot be considered for the next IC meeting (or two) due to the fact that the IC has been unable to consider more than around 2/3 cases per meeting and advance agendas are already full. The remaining cases from those considered by the IC over the reporting period were affected by this.
14. We previously reported to Council that we would be implementing a new pilot to improve IC efficiency by enabling more cases to be considered at meetings whilst not compromising the quality of decision making and the written reasons. We decided to implement a pilot which we hope will streamline how written reasons are finalised using SharePoint so that the IC can make best use of the time available to it. After initial problems in May, the pilot commenced at the last IC meeting in June with the IC considering five cases. We have decided that the pilot should run initially until the end of September 2026 to understand how effective it is. We plan to report to Council at the November 2026 meeting in more detail.
15. The median output of the PCC cases was 98 weeks, and the KPI of 52 weeks was not met during this quarter. It is noted that this is particularly high. Some reasons for this was that in half of the cases considered by the PCC, we struggled with witness engagement due to reasons such as a witness' serious illness and family members passing away. In another case there were multiple witnesses which inevitably took longer to progress through the FTP process.

Third party investigations - data comparison

16. We are unable to progress cases that are being investigated by the police and/or are before the courts. We have provided a table below where 'third party' investigations have been excluded from the median figures provided.

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	7 weeks	5 weeks	1 (7%)
IC stage	31 weeks	31 weeks	6 (15%)
PCC stage	89 weeks	77 weeks	12 (50%)
Total	36 weeks	31 weeks	19 (24%)

Regulation team training

17. On 9 June 2026, we held training for the Regulation team. This training consisted of instructing and utilising expert witnesses and drafting allegations. The training was delivered by two of our experienced Barristers we regularly instruct to present hearings. Both sessions were interactive, focussing on case studies.

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Working with Others

18. The Head of FtP attended a cross regulatory meeting to discuss rising fitness to practise caseloads across the healthcare sector. This was noted as a shared problem for all healthcare regulators in recent years. A summary of the discussion is set out below:

- Regulators are experiencing a sustained rise in FtP concerns, with several reporting volumes significantly above pre-COVID levels. A rising proportion of new cases relate to sexual boundary issues, complex complaints involving vulnerable witnesses, and an increase in service-related dissatisfaction, whistleblowing, and safeguarding concerns. Social media activity and AI-generated complaints are also contributing to higher caseloads.
- In response, regulators are strengthening early-stage triage, improving signposting and online complaint routes, expanding or piloting mediation and local resolution, and increasing staffing - though most acknowledge this is not a long-term solution. Many are exploring the potential of AI tools to support case handling, while being mindful of risks and limitations. Several regulators are also updating policies, enhancing staff training, and investing in new case management systems.
- The PSA, who were also in attendance, emphasised four priority areas: understanding the drivers of rising caseloads, the role of AI, the importance of appropriate local resolution, and sharing good practice across regulators. They noted that current volumes appear to represent a new normal, and signalled interest in whether the existing FTP model remains fit for purpose as future reforms approach.

19. On 20 April 2026, the Head of FtP attended a 'witness to harm' meeting with other regulators. At this meeting the presenters focussed on a preview of animated material that they had produced with a view to using it to train panellists across all healthcare regulators. Feedback during the meeting from Louise Wallace, who leads the Witness to Harm Project, was that GOsC is providing excellent care to witnesses.

20. On 21 May 2026, the Senior Regulation Case Manager attended the PSA Section 29 Conference. This was designed as a collaborative event to strengthen cross-regulator approaches to sexual misconduct cases. The event brought together senior staff from the 10 health and social care regulators to explore shared challenges, improve consistency in panel decision-making, and develop practical solutions.

Screener Training

21. On 22 April 2026, we hosted remote screener training for our Osteopathic members of the IC. The purpose was to enable the new members of the IC to thoroughly understand the screening procedure and its application to screening

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cases. It also provided an invaluable opportunity for existing and more experienced members to provide their insight and knowledge. The training encompassed the role of a screener, the Screeners Guidance and the Threshold Criteria, together with report writing. This session was well received and feedback seemed to have been positive from attendees.

The future of in person hearings

22. We are in the process of developing a shared understanding and a clear, sustainable plan on our approach to how in-person hearings will operate once the headquarter building is sold. This will take account of both the use of suitable venues and where hearings will be held.
23. As part of these arrangements, we will need to consider a range of practical and operational factors, including the fact that the Regulation team is relatively small, manages a large and complex caseload, and is geographically concentrated in the South East. It will also be essential that any future arrangements take account of individual requirements and reasonable adjustments to support effective participation in hearings. A collaborative and pragmatic approach with all parties, witnesses and panellists will help ensure that our hearing arrangements remain fair, efficient and sustainable for all involved. We plan to update our guidance in the next few months.

Executive view

24. We are of the view that our fitness to practise process enables GOsC to deal with cases fairly, justly and expeditiously in the public interest. We are mindful that dealing with cases justly and at proportionate cost includes dealing with a case proportionately:
 - i. to the importance of the case
 - ii. to the complexity of the issues.

Recommendation: To note the report.

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Annex A to 15

Fitness to practise dashboard 01 April 2026 to 30 June 2026 (Q1)

Case progression – at a glance

- We have received 15 new concerns during the reporting period, this represents a decrease by 4 concerns from the previous quarter.
- The Investigating Committee (IC) met remotely on three occasions and considered 13 cases – adjourning one case.
- During this reporting period the Professional Conduct Committee (PCC) considered ten substantive hearings, concluding eight of them. The PCC also considered two review hearings as well as a restoration application¹.

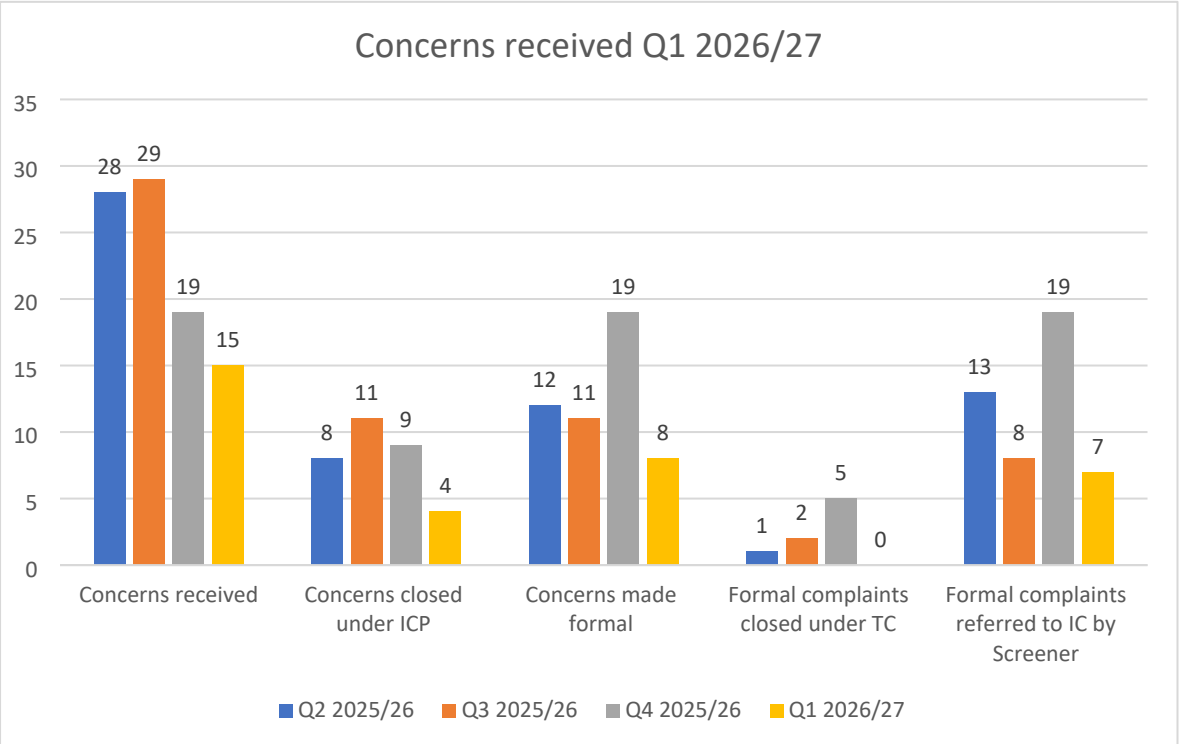
Referrals Received	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Formal complaints closed under TC	1	2	5	0
Formal complaints referred to IC by Screener	13	8	19	7
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	34	32	43	40
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	30	30	29	24
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	16	14	15	6
PCC/HC Cases part heard (as at end of quarter)	2	1	4	3
Formal complaints open (as at end of quarter)	67	68	80	72
Cases that need review hearings (as at end of quarter)	3	6	8	8

Age of Caseload from Date Received	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
52 weeks – 103 weeks	16	13	16	16
104 weeks – 155 weeks	9	11	10	5
156 weeks and above	7	10	8	8

¹ Please note we have not included the restoration hearing in the FtP dataset

New Referrals

- We have received 15 new concerns during the reporting period.
- Four were closed under the Initial Closure Procedure (ICP).
- No cases were closed under the threshold criteria.
- There were 13 cases considered by screeners, in which seven were referred to the IC.



Referrals Received	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Concerns received	28	29	19	15
Concerns closed under ICP	8	11	9	4
Concerns made formal	12	11	19	8
Formal complaints closed under TC	1	2	5	0
Formal complaints referred to IC by Screener	13	8	19	7

Note – the number of concerns received during the reporting period will not directly correlate to the number of concerns that are made formal, or decisions by the screeners, during the reporting period.

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Annex A to 15

Source of formal complaints	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Self-referral by the registrant	1	3	1	1
Registrar's allegation	0	0	0	0
Non-NHS employer	0	1	1	1
Patient or service user	9	20	16	5
NHS	0	0	0	0
Another registrant	0	1	0	0
Anonymous complainant	0	0	0	0
Another regulatory body	0	0	0	0
Any other complainant	2	4	1	1
Total	12	29	19	8

Key Performance Indicators

- The Screener KPI was met, at nine weeks.
- The Investigating Committee KPI was not met, at 58 weeks.
- The Professional Conduct Committee KPI was not met, at 98 weeks.

Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27
Screening	Median time from receipt of concern to the screener's decision	9 weeks	9 weeks	8 weeks	11 weeks	9 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	26 weeks	42 weeks	51 weeks	58 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	72 weeks	124 weeks	56 weeks	98 weeks

Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Median	9 weeks	8 weeks	11 weeks	9 weeks
Longest case	33 weeks	28 weeks	30 weeks	32 weeks
Shortest case	1 week	1 week	3 weeks	2 weeks
Time from receipt of complaint to final IC decision (26 weeks)	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Median	26 weeks	42 weeks	51 weeks	58 weeks

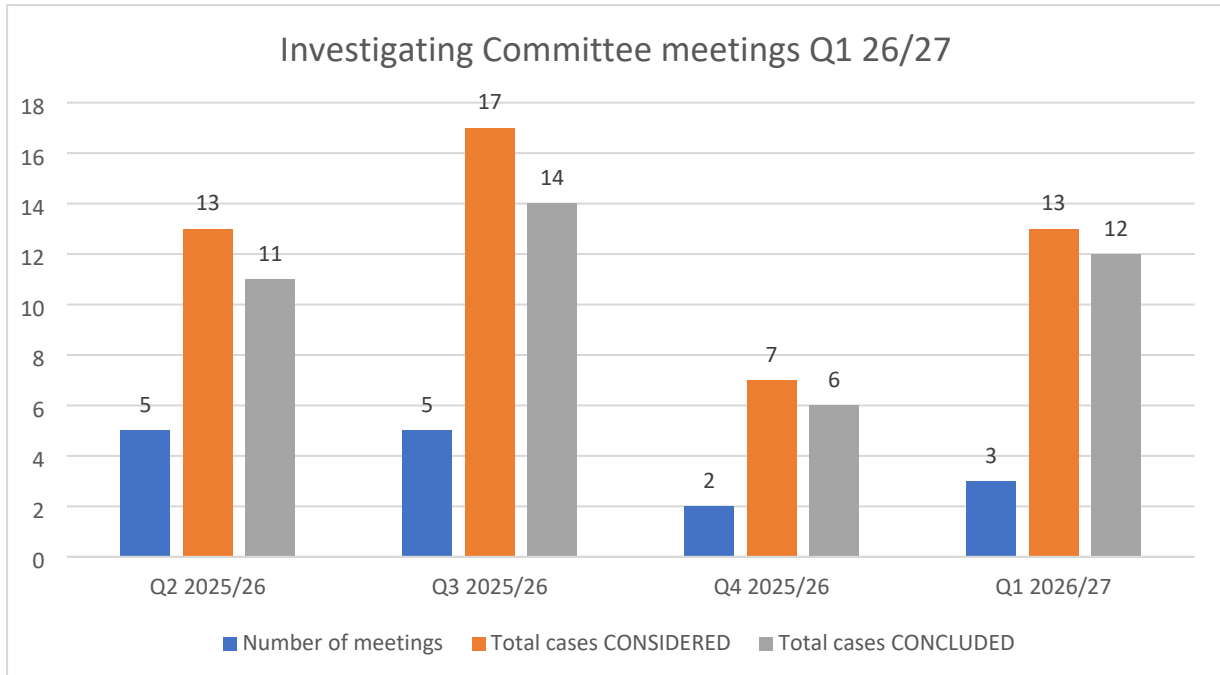
Annex A to 15

Longest case	110 weeks	104 weeks	100 weeks	180 weeks
Shortest case	26 weeks	10 weeks	29 weeks	38 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Median	43 weeks	45 weeks	46 weeks	35 weeks
Longest case	24 weeks	175 weeks	98 weeks	181 weeks
Shortest case	153 weeks	29 weeks	22 weeks	29 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Median	72 weeks	124 weeks	56 weeks	98 weeks
Longest case	174 weeks	203 weeks	76 weeks	217 weeks
Shortest case	72 weeks	58 weeks	45 weeks	51 weeks
Median time to interim order committee decision:	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
From receipt of referral	23 weeks	9 weeks	N/A	15 weeks
From decision that there is information indicating the need for an interim order	5 weeks	4 weeks	N/A	8 weeks

Investigating Committee

- The IC met remotely on three occasions during the reporting period and considered 13 cases.
- The IC KPI was not met during this quarter, at 58 weeks.
- The overall number of cases awaiting IC consideration (ie under investigation) sits at 40 cases, which is a slight reduction from last quarter (42 cases). Although, this is still a high number of cases at this stage, this is largely due to the large number of screener decisions made and the higher number of concerns referred to the IC during the previous quarter.
- 6 of the 40 cases (15%) at the IC stage are currently recorded as third party cases.
- The IC considered one Interim Suspension Order (ISO) application during the reporting period, in which undertakings were accepted.

Annex A to 15



Investigating Committee Decisions	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
No Case to Answer	3	4	3	8
No Case to Answer with advice	0	2	1	1
Referred to PCC	7	6	2	3
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	2	3	1	1
Stayed	0	0	0	0
Rule 19 agreed	1	2	0	0

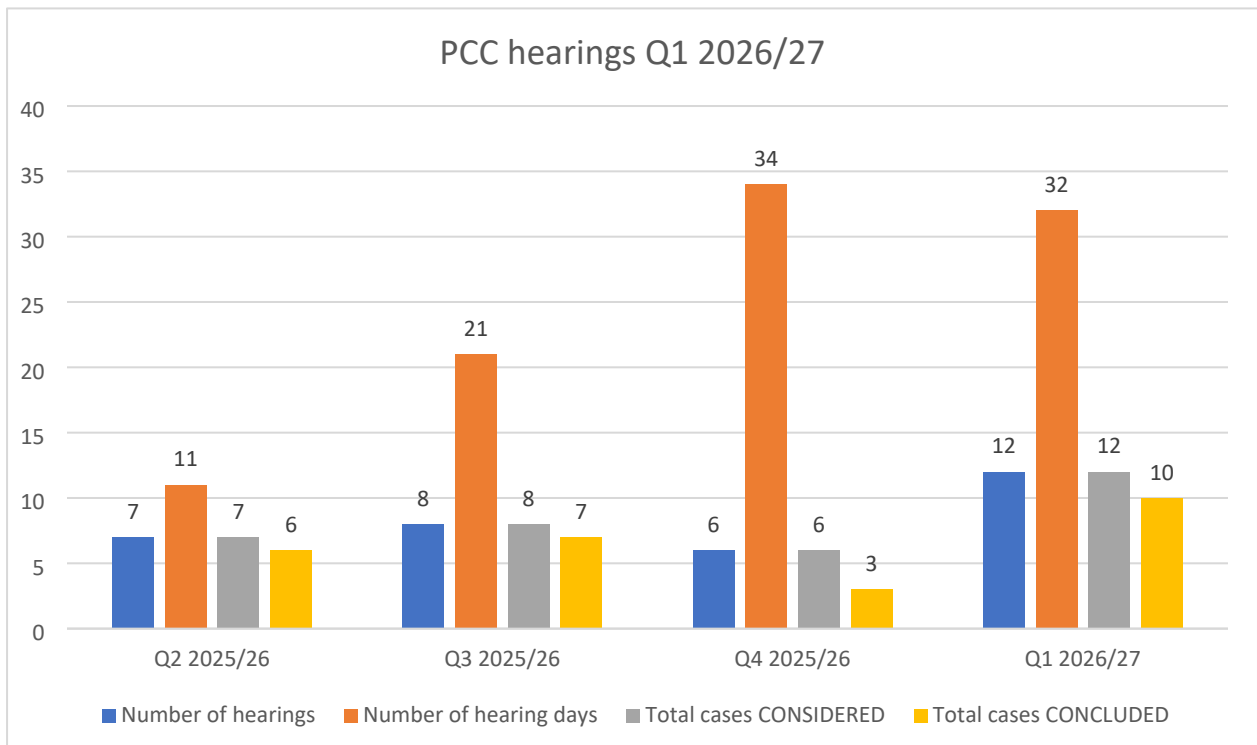
Professional Conduct Committee

- During this reporting period the Professional Conduct Committee (PCC) considered ten hearings, concluding eight of them with two going part heard.
- The PCC also considered two review hearings, and a restoration hearing.
- The number of cases at the PCC stage (24) has decreased by five cases since the previous quarter.
- 50% of cases at the PCC stage are, or were, third party cases which is an increase from 41% recorded at the previous quarter.
- The status of the 24 cases at the PCC stage are broken down as follows:

Annex A to 15

- Four cases are currently third party cases and are unable to be progressed.
- Four are listed for hearing.
- Five cases we are actively looking to list the hearing.
- Four cases are part heard.
- Seven cases we are preparing for service.

Professional Conduct Committee Hearings	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Number of hearings	7	8	6	12
Number of hearing days	11	21	34	32
Total cases CONSIDERED	7	8	6	12
Total cases CONCLUDED	6	7	3	10



PCC Decisions	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Allegation not 'well founded'	2	1	1	2
Admonished	1	1	0	4
Conditions of Practice	0	1	0	1
Suspension	0	2	1	2
Removal	0	0	1	1

Annex A to 15

Rule 19	1	2	0	0
Adjourned	1	1	4	2
Conditions/Suspension to expire at end of order	0	0	0	0
Rule 8 Admonishment	2	0	0	0
Stayed	0	0	0	0
Referred to the HC	0	0	0	0
Referred to PCC hearing (rule 8)	0	0	0	0
Conviction has no material relevance	0	0	0	0

Health Committee

- The Health Committee (HC) considered no hearings during the reporting period.

Interim Suspension Orders

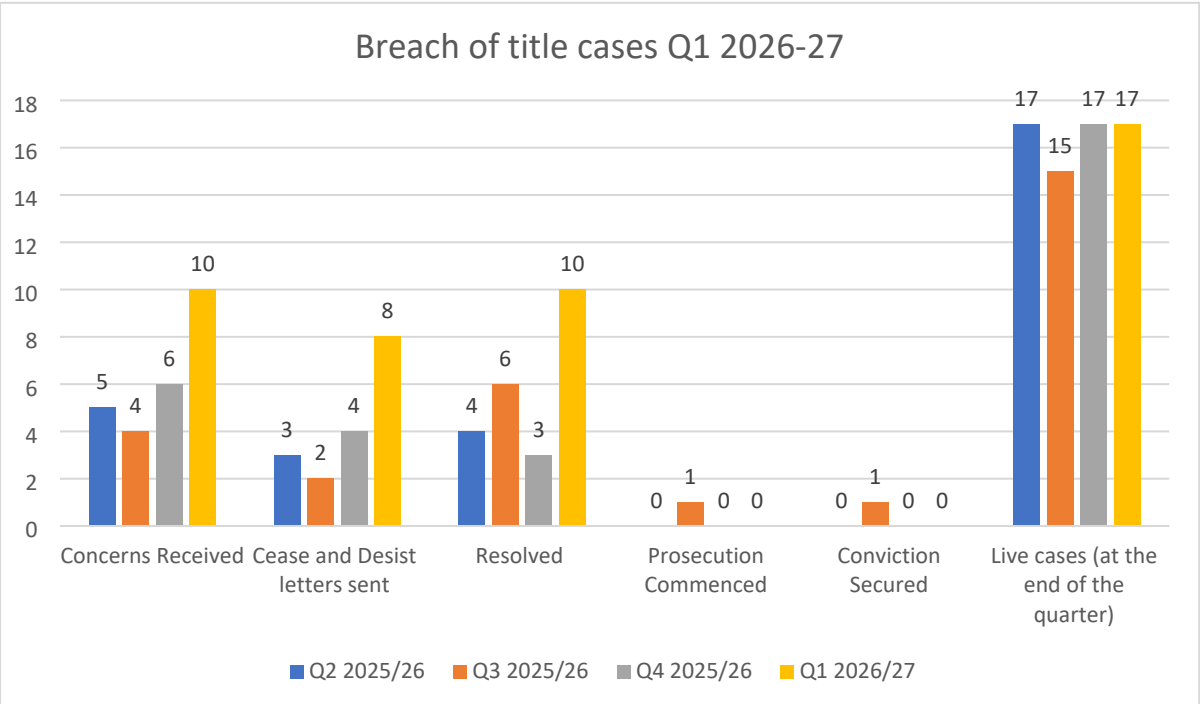
IC Interim Suspension Order Decisions	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27
Applications made	4	4	4	1
Interim Suspension Order imposed	1	3	3	0
Undertaking	0	1	1	1
Adjourned	0	0	0	0
Median time to IC decision from receipt of referral	23 weeks	9 weeks	9 weeks	19 weeks
Median time to IC decision from decision that there is information indicating the need for interim order	5 weeks	4 weeks	4 weeks	6 weeks

PCC/HC Interim Suspension Order Decisions	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27
Applications made	1	3	2	1
Interim Suspension Order imposed	1	3	2	1
Undertaking	0	0	0	0

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Protection of Title

- There are currently 17 active Section 32 investigations.



Protection of Title	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Concerns Received	5	4	6	10
Cease and Desist letters sent	3	2	4	8
Resolved	4	6	3	10
Prosecution Commenced	0	1	0	0
Conviction Secured	0	1	0	0
Live cases (at the end of the quarter)	17	15	17	17

Appeals

- No appeals have been received during the reporting period.

Total number of registrant appeals in the quarter which are:	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Ongoing	0	0	0	0
Opened	0	1	0	0
Concluded	0	1	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Upheld and outcome substituted	0	0	0	0

Annex A to 15

Upheld and case remitted to regulator for re-hearing	0	0	0	0
Settled by consent	0	1	0	0

Voluntary Removal

- No voluntary removal applications have been received n the reporting period.

Number of voluntary erasure/removal applications: Subsequent to the FTP case being considered by an IC.	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Received	3	2	0	0
Granted	0	0	0	0

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Statistics at a glance

Key:

Green represents that this statistic is on target, amber represents that the fact we are over KPI but there is both active progression of cases and cogent reason for being over KPI, with red representing that there was no active progression of cases or cogent reasons for being over KPI.

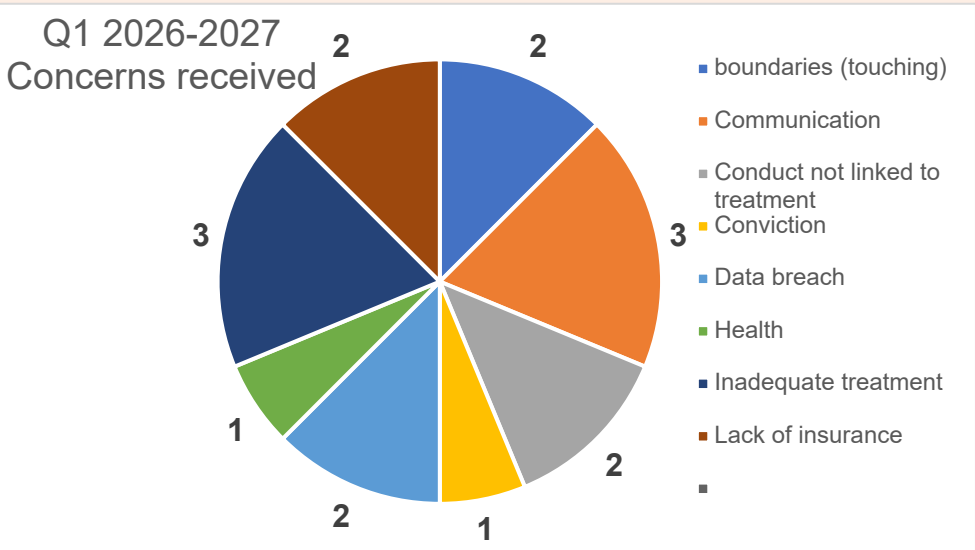
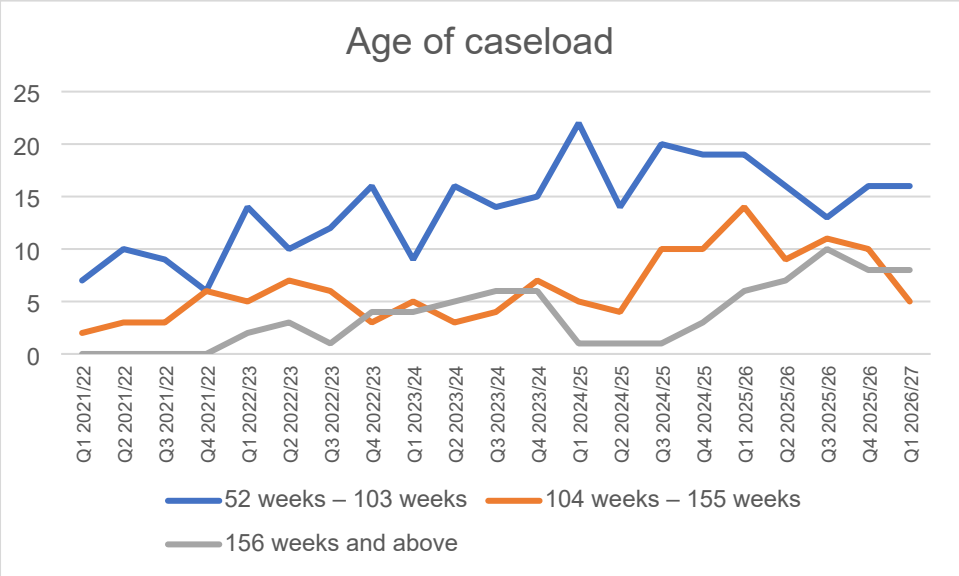
	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Screener stage				
Formal concerns referred to IC by Screener	13	8	19	7
IC stage				
Concerns referred to the PCC	7	6	2	3
Awaiting IC consideration	34	32	43	40
PCC stage				
Awaiting PCC consideration	30	30	29	24
Awaiting PCC consideration – listed for hearing	16	14	5	4
PCC/HC Cases part heard	2	1	5	3
Cases that need review hearings	3	6	8	8
General statistics				
Formal complaints open	67	68	80	72

	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Receipt to screener decisions (9 weeks)	9 weeks	8 weeks	11 weeks	9 weeks
Receipt to IC decision (26 weeks)	26 weeks	42 weeks	51 weeks	58 weeks
Receipt to PCC decision (52 weeks)	72 weeks	124 weeks	56 weeks	98 weeks

Third party statistics

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	7 weeks	5 weeks	1 (7%)
IC stage	31 weeks	31 weeks	6 (15%)
PCC stage	89 weeks	77 weeks	12 (50%)
Total	36 weeks	31 weeks	19 (24%)

Age of Caseload



Screeners stage

Referrals Received	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Concerns received	28	29	19	15
Concerns made formal	12	11	19	8
Screeners decisions made	17	21	33	13

Source of formal complaints	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Self-referral by the registrant	1	3	1	1
Registrar's allegation	0	0	0	0
Non-NHS employer	0	1	1	1
Patient or service user	9	20	16	5
NHS	0	0	0	0
Another registrant	0	1	0	0

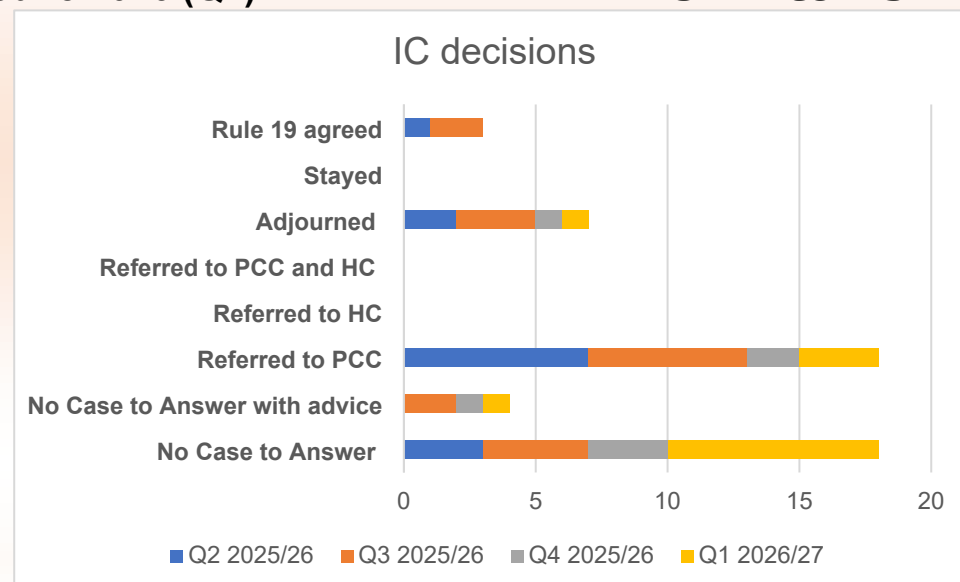
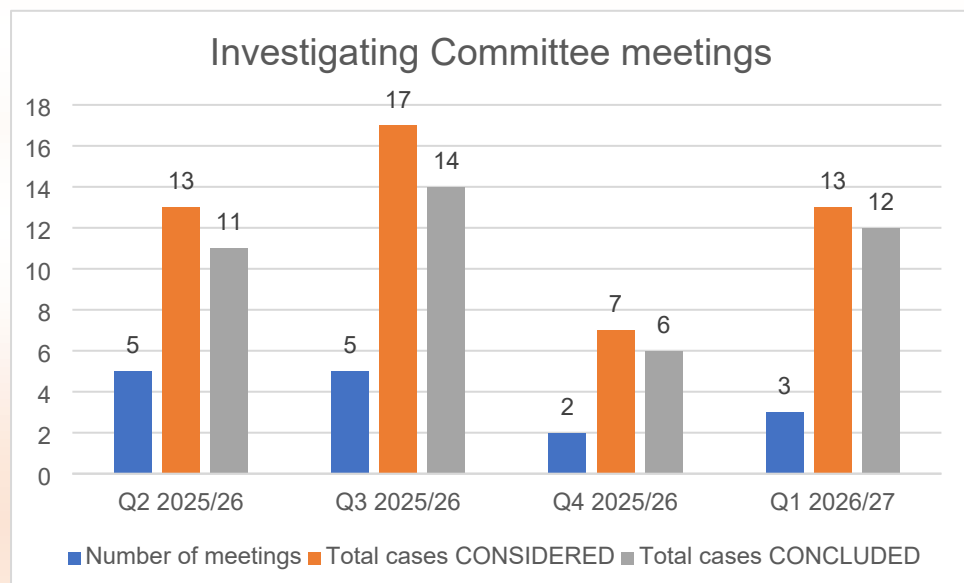
Fitness to Practise dashboard

01 April 2026 – 30 June 2026 (Q1)

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Anonymous complainant	0	0	0	0
Another regulatory body	0	0	0	0
Any other complainant	2	4	1	1
Total	12	29	19	8

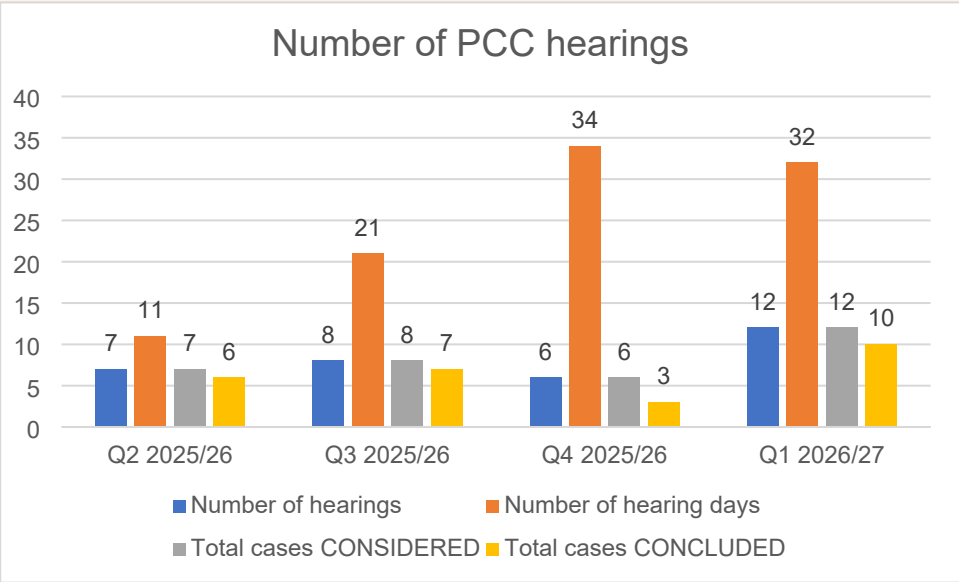
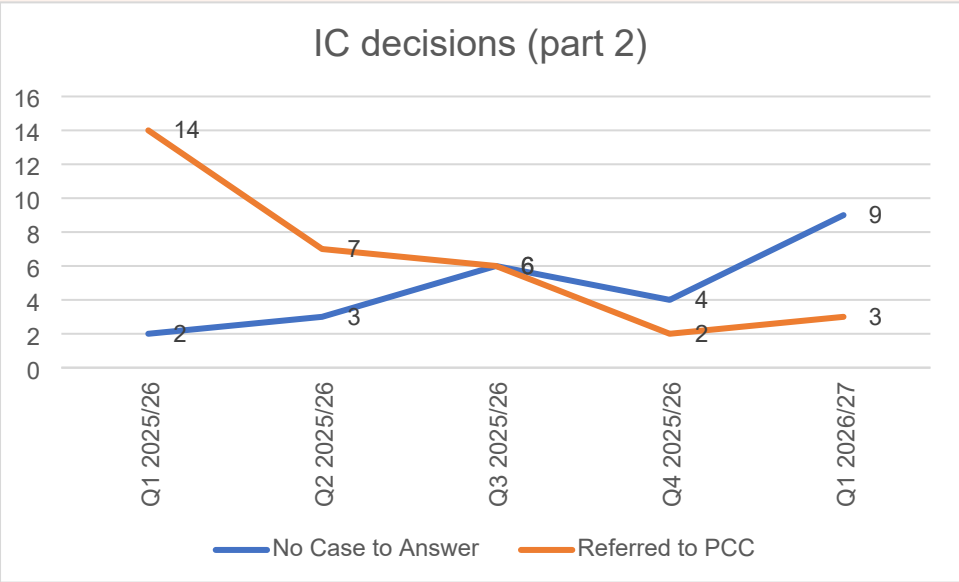
Investigating Committee stage



IC stage observations

- Feedback from the IC suggests that cases are taking longer for the IC to consider at meetings. Such causes are the particulars being lengthy and that the remote environment can cause technical delays.
- There were 13 cases considered by the IC during the reporting period, with the new Sharepoint pilot being utilised for one of the meetings.

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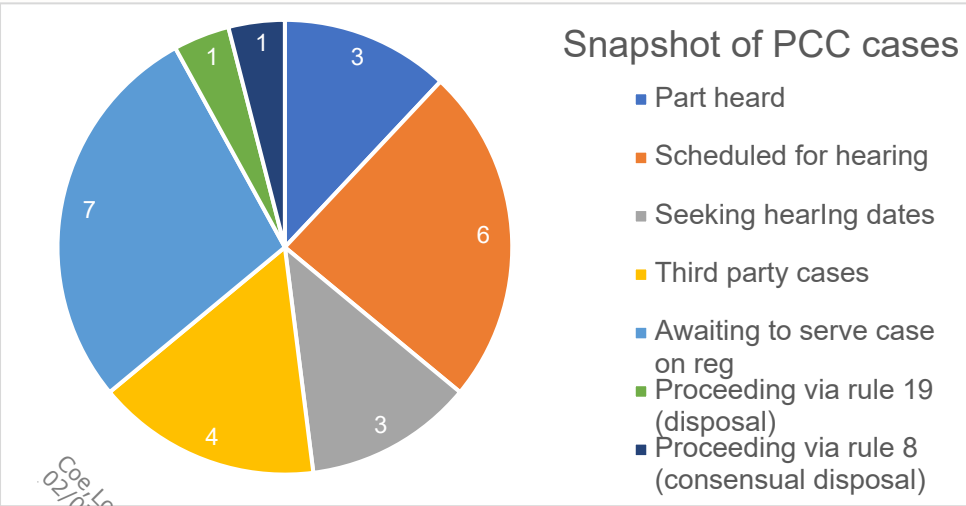
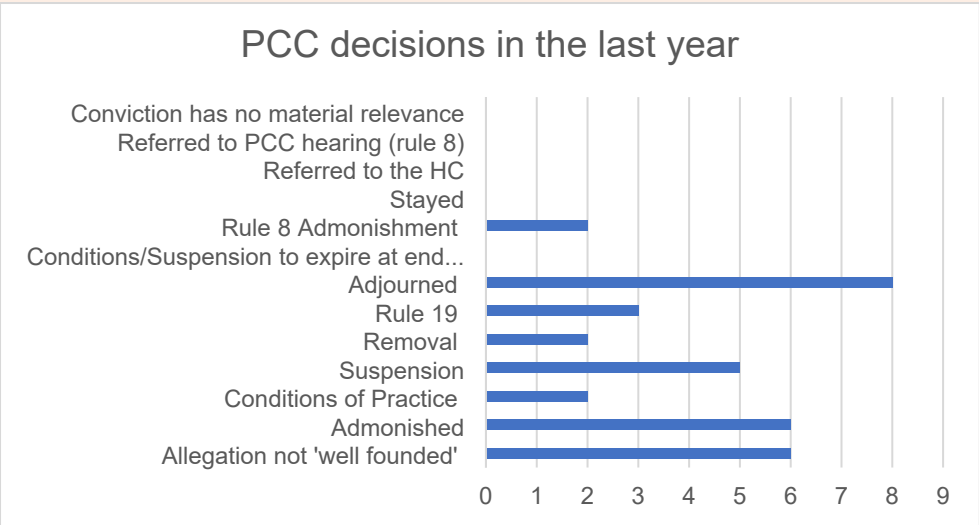


Professional Conduct Committee stage

PCC stage observations

- 12 hearings were conducted by the PCC during the reporting period, which is the highest number of hearings for at least eight years.
- We are actively looking to schedule five further hearings.

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Council
15 July 2026
Annual report to the Welsh Language Commissioner

Classification	Public
Action	For decision
Purpose of the paper	To share and agree our draft report to the Welsh Language Commissioner explaining how we have complied with the Welsh Language Standards (No. 8) Regulations 2022 from 1 April 2025 – 31 March 2026. This report will then be sent to the Commissioner and published on our website.
Strategic Priority implications	This work relates to our priority for Championing Inclusion by making sure the people who interact with us can be their true selves.
Standards of Good Regulation implications	None
Communications implications	The report will be published as web content on our new website and sent to the Welsh Language Commissioner.
Financial, resourcing and risk implications	Costs associated with our Welsh language work are factored into our budget which is approved by Council.
Patient perspectives	The standards ensure that Welsh-speaking patients can access our core services in Welsh if they wish to.
Diversity implications	Our work to comply with Welsh Language Standards makes sure we are upholding the rights of Welsh-speakers when accessing our services.
Welsh language implications	This report explains our compliance with the Welsh language standards and will be published in Welsh to our website.



Annex(es)	Annual report to the Welsh Language Commissioner 2025-26
Author	Jess Davies
Background reading	Our compliance notice from the Welsh Language Commissioner outlining the standards with which we must comply.

Recommendation(s)	1. To consider and agree to publish the Annual Report to the Welsh Language Commissioner
Key messages • GOsC is under duty to comply with the Welsh Language Standards (No.8) Regulations 2022. During 2025-26 our compliance was mostly business as usual, maintaining existing processes we established to support Welsh speakers to access our services using the Welsh language. • During this period the GOsC consulted on proposed changes we want to make to the Osteopaths Act 1993 that would allow us to better protect the osteopathic title. Included in our consultation was our Welsh language impact assessment, which noted that we would seek to expand protection for patients in Wales when we seek to expand our protection of the osteopathic title. • In January 2026 our new CRM system and database was launched and allowed us to integrate an online form in Welsh for osteopaths who want to renew their registration in Welsh. This means we are now fully compliant with Standard 20. • We continue to promote our Welsh language services to osteopaths, students, patients and members of the public. • Our new website will include Welsh translations of relevant new content and technical features that make it easier for users to navigate between Welsh and English content.	

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Introduction

1. The Welsh Language (Wales) Measure 2011 is the legislation that created the Welsh Language Standards. The standards aim to promote and facilitate the use of the Welsh language, and ensure that the Welsh language is not treated less favourably than the English language in Wales.
2. GOsC is under duty to comply with the Welsh Language Standards (No.8) Regulations 2022. In accordance with our compliance statement from the Welsh Language Commissioner, we must comply with 67 standards, including policy-making, operational, service delivery and record-keeping standards.

Discussion

How we have complied with the standards during from 1 April 2025 – 31 March 2026

3. The report explains how we have complied with the standards, which we outline briefly below. The report also details the numbers of osteopaths and osteopathic students in Wales as of 31 March 2026. We hope this can provide useful context for Council and the Commissioner regarding our approach to implementing the standards in a way that is proportionate to our size and reach as an organisation.
4. During this reporting period, our compliance has been mostly business as usual, continuing to implement the processes we established in December 2024 when the new standards came into effect. This included publishing information in Welsh on our website, including:
 - Guidance on studying osteopathy with a disability or health condition
 - Information about our Student Forum
 - Fitness to Practise Annual Report 2024-25
 - Annual Report and Accounts 2024-25
5. In January 2026 our new CRM system and database was launched and allowed us to integrate an online form in Welsh for osteopaths who want to renew their registration in Welsh. This means we are now fully compliant with Standard 20, after previously making the Welsh Language Commissioner aware of the limitations of our old system and our plans to introduce a new CRM. To date, no osteopaths have used this Welsh form.
6. We continue to promote this service and all of our other Welsh language services available to osteopaths, students, patients and members of the public. We promote in our monthly ebulletin to osteopaths, and we send our student ebulletin in Welsh and English to students in Wales. We also promote our Welsh language services in Welsh to our social media channels.

7. During this period the GOsC consulted on proposed changes we want to make to the Osteopaths Act 1993 that would allow us to better protect the osteopathic title by broadening the terminology included in our legislation. Included in our consultation was our Welsh language impact assessment, which noted that according to our current legislation, if a person not registered with the GOsC were to describe themselves using any of the protected terms in Welsh, they would breach the law. We would seek to expand protection for patients in Wales when we seek to expand our protection of the osteopathic title.
8. We also piloted our Student Forum during this period. When we onboarded students we made sure to ask if they would like to receive any information from us Welsh. No students requested Welsh information and one student from Swansea joined a forum meeting.

Welsh language on our new website

9. Not included in this period (but useful for Council to note) is the work we are doing to make sure our new website is compliant with the Welsh Language Standards. Our new website will include technical features that make it easier for Welsh-speakers to navigate between English and Welsh versions of the same page. We will be making sure all new content relevant to Welsh speakers, for example information about our Welsh language services, is translated and made available on our new website.
10. Connected with our website project is our project to update our branding, and to remain compliant with the Welsh Language Standards our new logo will also be designed in Welsh and made available on the Welsh pages of our new website.
11. Our new website will make it easier to create forms, which means Welsh language forms that were previously available only in PDF formats will be online and easier for Welsh-speakers to use.

Executive view

12. We continue to demonstrate our commitment to treating the Welsh language no less favourably than the English, while also taking an approach that is proportionate to our size and reach as an organisation.

Recommendations:

1. To consider and agree to publish the Annual Report to the Welsh Language Commissioner.

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Our Annual Report to the Welsh Language Commissioner

April 2025 – March 2026

About the Welsh Language Standards

By law, the General Osteopathic Council must comply with the Welsh Language Standards (No. 8) Regulations. The exact standards we must comply with are available to read on our website.

We are committed to treating the Welsh language as we do the English language, because we recognise the importance of Welsh for the people of Wales. As a small regulator, we do our best to support the use of Welsh for those using our regulatory services. This report explains how we have done this from 1 April 2025 to 31 March 2026.

About the GOsC

We regulate osteopathy in the UK, including Northern Ireland, Scotland and Wales, meaning only those on our Register can legally practise osteopathy in the UK.

Our role is to protect the public and the reputation of the osteopathic profession by setting and maintaining high standards of practice, maintaining a Register of osteopaths who are fit to practise, checking and assuring the quality of undergraduate osteopathic education and training, and investigating concerns about osteopaths.

As of 31 March 2026, there are 164 osteopaths living and/or practising in Wales, and 139 students studying and/or living in Wales. Swansea University is currently the only undergraduate osteopathic education provider in Wales.

We are a small organisation with less than 30 members of staff and with an office that is currently based in London, England. We are governed by our Council which has a statutory requirement to include at least one Welsh member (a person based wholly or mainly in Wales who may be lay or osteopathic) to help us consider and support the needs of Welsh osteopaths, patients and Welsh members of the public when making strategic regulatory decisions.

We currently do not have any Welsh speaking members of staff.

How we have complied with the standards

Between 1 April 2025 and 31 March 2026 our compliance with the standards was mostly business as usual, meaning we managed the existing processes we have in place to allow Welsh speakers to use Welsh if they wish to when accessing our services.

Only a small number of osteopaths on our Register live and/or practise in Wales, so our assumption is that the number of Welsh-speaking osteopathy patients is also relatively low (although we do not have exact numbers). During this period, we did not have patients, students or osteopaths request to access our services in Welsh.

Providing information in Welsh

We continued to provide information in Welsh on our website, and during this period we published the following new information in Welsh:

- Guidance on studying osteopathy with a disability or health condition
- Fitness to Practise Annual Report 2024-25
- Annual Report and Accounts 2024-25

Every few months we send out our student ebulletin to osteopathy students in their penultimate and final years of education, and for those studying in Wales, we also send the ebulletin in Welsh.

During this period we also piloted our Student Forum – a quarterly online meeting with students to discuss the work of the GOsC. We promoted the forum to students in both Welsh and English, and when onboarding students to the forum, we asked them if they would like to receive any information about the forum in Welsh – none required Welsh information. We had one student from Swansea university attend a forum meeting.

We continued to promote our Welsh language services using our social media channels, and in our monthly ebulletin to osteopaths. Information on our services is available on our website.

Consultations

In June 2025 we published a consultation on proposed changes we want to make to the Osteopaths Act 1993 that would allow us to better protect the osteopathic title by broadening the terminology included in our legislation. This means anyone who is not registered with the GOsC but who is using terms associated with the osteopathic title would be breaching the law. Included in our consultation was our assessment of the impact on opportunities to use the Welsh language.

Our assessment noted that currently, the Osteopaths Act 1993 includes protection of title for a person who describes themselves as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath. If a person not registered with the GOsC were to describe themselves using any of these terms in Welsh, they would also breach the law.

This means currently patients and osteopaths in Wales are given equal protection by the Osteopaths Act as those in England, Scotland and Northern Ireland. Any expansion of Section 32 should continue to provide this equal protection across the UK.

In our consultation we acknowledged that while we do not know how many osteopathic patients there are in Wales, a change in legislation broadening the terminology around protection of title in the Act would also afford a greater level of protection to patients in Wales who may be receiving such treatment from people not currently registered with the GOsC.

Even though our assessment found that this approach may not allow for more opportunities to use the Welsh language, it noted that it may in some ways encourage the use of the language by osteopaths and their patients, and those looking to study and practise osteopathy in Wales in the future by strengthening the laws protecting osteopaths and the value of the title.

Using the Welsh language for registration

In January 2026 our new CRM system and database was launched, allowing us to have a fully integrated online Welsh form for Welsh-speaking osteopaths to use to renew their registration. This means we are now fully compliant with standard 20 of the Welsh Language Standards, after previously raising with the Welsh Language Commissioner our limitations due to our old systems.

To date, no osteopaths have renewed their registration using the Welsh form however we continue to promote this to osteopaths on a regular basis.

Further information about our compliance with the Welsh Language Standards

The number of complaints GOsC received from 1 April 2025 – 31 March 2026 that relate to GOsC's compliance with the standards:	None
The number of employees who have Welsh language skills as of 31 March 2026:	None
The number of new and vacant posts that GOsC advertised (excluding	None

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governance/non-executive posts) where Welsh language skills were essential:	
The number of new and vacant posts that GOsC advertised (excluding governance/non-executive posts) where Welsh language skills were essential:	None
The number of new and vacant posts that GOsC advertised (excluding governance/non-executive posts) where Welsh language skills were essential where Welsh language skills needed to be learnt:	None
The number of new and vacant posts that GOsC advertised (excluding governance/non-executive posts) where Welsh language skills were desirable:	None
The number of new and vacant posts that GOsC advertised (excluding governance/non-executive posts) where Welsh language skills were not desirable:	5

How to contact us in Welsh

Queries in Welsh can be sent to GOsC by email, WhatsApp or post and will receive a written response in Welsh. Queries sent to us through any of our social media channels (Facebook or LinkedIn) will also receive a response in Welsh. We usually aim to respond to emails and contact through social media within 5 working days. On WhatsApp, we aim to respond within 24 hours.

As we do not currently have a Welsh speaking member of staff, we are unable to answer phone calls in Welsh.

If you would like to contact us about our Welsh language services or the content of this annual report, you can do so by emailing info@osteopathy.org.uk

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Council
15 July 2026
Committee Annual Reports

Classification	Public
Action	For noting
Purpose of the paper	Each Committee is required to report annually on its work to Council.
Strategic Priority implications	The work of the Committees aligns with all three of the GOsC strategic priorities around trust, inclusivity and innovation.
Standards of Good Regulation implications	The Committees' work touches upon many of the PSA Standards.
Communications implications	None arising
Financial, resourcing and risk implications	These are set out in the papers.
Patient perspectives	The work of the Committees consider the perspectives of patients as part of each item, particularly through the participation of our Patient Partners in PEC.
Diversity implications	The committees consider equality, diversity, inclusion and belonging implications as part of every paper they scrutinise.
Welsh language implications	The work of the Committees consider diversity implications as part of each item.
Annex(es)	A. Policy and Education Committee Report B. Audit Committee Report C. People Committee Report
Author	Lorna Coe
Background reading	N/A

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Recommendation(s)	1. To note the content of the report.
Key messages • The Committees are required to provide an annual report to Council every year. • This paper is to provide a summary of the work of each committee throughout the year 2025-2026. • Council is asked to note the content of the report.	

Annual Report of the Policy and Education Committee 2025-26

Introduction

1. The role of the Policy and Education Committee is to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.
2. The Committee performs the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also has a key role in giving advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the [Osteopaths Act 1993](#)).
3. The terms of reference of the Committee can be found at the end of the report at the annex.

Membership

4. The Committee consists of five members of Council and four appointed external members. In addition, the key osteopathic sector organisations are invited to send an observer with speaking rights to each meeting. Observers may not take part in any part of the meeting where the business is that reserved to the statutory Education Committee.
5. These observer with speaking rights members are:
 - the Council of Osteopathic Education Institutions (COEI)
 - the Institute of Osteopathy (iO)
 - the National Council for Osteopathic Research (NCOR)
 - the Osteopathic Alliance (OA)
6. Whilst specifications for visits and visit reports are considered in public, other matters related to educational institutions are considered in private due to the commercial nature of the osteopathic educational institutions.

Quality assurance of 'recognised qualifications'

7. During the year, as part of its role to assure the quality of osteopathic recognised qualifications (RQs) which entitle applicants to register with GOsC and practise as an osteopath, and to offer advice to Council about the recognition of qualifications, the Committee considered the following:

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Activity	2025-2026
Consideration of RQ specifications / appointment of Visitors	Three OEIs BCNO (June 2025) LJMU (March 2026) College of Osteopaths / University of Derby (October 2025 and March 2026)
Consideration of Education Visitor RQ reports (including new RQs, renewal of RQs and monitoring visits)	Three OEIs BCNO (June 2025) (Mott) HSU (October 2025) (Mott) BCNO (March 2026) (GOsC)
RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions or annual report follow ups	Three OEIs College of Osteopaths (October 2025) BCNO Group (October 2025) Swansea University (October 2025)
Consideration of annual report analyses (including external examiner and internal annual monitoring reports, and information about student fitness to practise.)	Seven OEIs
Recommendation of withdrawal of RQ	No OEIs

Quality Assurance: Annual Report and themes

- The purpose of the RQ annual reports is to assist the Committee confirm the maintenance of the Osteopathic Practice Standards and the Standards for Education and Training including the Graduate Outcomes, and patient safety and public protection in pre-registration education. The report process also enables us to be assured that issues are being identified for action and monitored on an annual basis or more frequently as appropriate. Finally, the annual report provides a regular consideration of good practice for sustaining and sharing across the sector. This approach requires a focus on the institution's management of risk and enhancement of practice. The reports provide both self-reported and third-party data and information – such as external examiner reports. Our approach is not undertaken in isolation, but is part of the wider picture of quality assurance and enhancement.

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Annex A to 17

9. Quality Assurance was taken in house from July 2025 following a decision of the Committee in 2024. The Committee explored how GOsC would ensure, when moving the analysis process in house, that it was fair, transparent and unbiased and how the OEIs had been involved in that implementation process.
10. The Committee agreed the Annual Report and included a requirement for review of the Student Protection Plans of all the OEIs.
11. In March 2026, the Committee considered the analysis undertaken by the GOsC QA team. The executive team described the evidence gathering, analysis, moderation, quality checking undertaken internally and noted the sector-wide issues observed which included recruitment challenges for educators, financial sustainability pressures and small student fitness to practise caseload with too few cases to draw meaningful sector themes.

Quality Assurance Services from 2025

12. The Committee has continued to monitor the implementation of in house quality assurance services. The Committee noted progress including:
 - a. Observation of QA Visits facilitated by Mott.
 - b. Ongoing meetings with education providers
 - c. Progress on recruitment of the QA Manager (including the opportunity for the Council for Osteopathic Educational Institutions to be able to monitor the process)
13. The Committee also approved the updated interim QA Handbook (including updates about the GOsC values, the incorporation of the values, culture and behaviour statement which had been piloted previously).
14. In October 2025, the Committee noted a further update about the implementation of the in house quality assurance. This included:
 - a. Comprehensive training day with positive feedback from Visitors and lots of ideas about how the quality assurance process could be improved.
 - b. Ongoing engagement plans with osteopathic educational institutions to ensure feedback on the process.

Continuous quality assurance process improvement

15. The Committee considered the annual accounts from the osteopathic educational institutions and also reflected on mechanisms to strengthen the oversight and understanding of the sustainability of osteopathic educational institutions, how this was assessed and how risks were mitigated.
16. The Committee has had a strong focus on improvement of the quality assurance process this year to ensure an efficient and effective process. Changes as a result of feedback have included:

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- Piloting a values, culture and behaviour document for educational providers and for Visitors, developed in collaboration with Visitors and educational providers to ensure that the tone of the visit is explicit and clear to aid communication
- More clarity about the context of a recommendation and the link to the relevant standard to enable it to be responded to appropriately.
- Strengthened expectations on the role of the new QA Visit Manager in relation to the management of the visit and the report writing.
- Building in more explicit links to evidence in relation to RQ visit reports as the process is moved in house
- Additional pre-visit meetings to improve clarity around expectations on both sides and outcomes
- Updating the process of raising concerns about the quality assurance process during the visit
- Ensuring that conflicts of interest with Visitors are checked against staff lists.
- A workshop with the OEIs to explore good reflection in an annual report narrative.

Transition into Practice

17. The Committee noted that an initial workshop took place on 14 October 2025 to take forward the findings and feedback about the transition into practice which has been positive and collaborative. The Committee considered the progress of the development of the transition into practice work and reflected on the workshop's intended outcomes.

Registration processes: Enhanced Checks for Regulated Activity

18. The Committee considered a registration policy discussion paper about the frequency of enhanced checks for regulated activity for registrants. The paper explained that the GOsC was the only regulator to require enhanced checks for regulated activity at the point of initial registration and the question was whether self-declaration after this was sufficient or whether the frequency needed to be increased. The Committee also noted the Bailey Review and discussions by the Professional Standards Authority in this context.

Registration processes: routes to registration for internationally qualified graduates.

19. The Committee considered alternative models to support the Registrar's decision making in relation to internationally qualified osteopaths.

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Osteopathy Apprenticeships

20. The Committee agreed that the draft osteopath apprenticeship presented is aligned with and capable of delivering the Graduate Outcomes as demonstrated by the mapping and the overarching requirements statement.
21. The Committee noted that any qualifications developed to deliver the osteopath apprenticeship standard will be subject to the usual quality assurance arrangements to inform the Education Committee's statutory recommendations about recognition to Council in accordance with the Osteopaths Act 1993.
22. The Committee noted that the Apprenticeship Standard has been submitted to Skills England and once all their processes were complete that it would be put forward to the Secretary of State for Agreement.

Advanced clinical practice

23. The Committee noted the collaborative work with the Health and Care Professions Council to ensure a consistent message about the alignment in regulatory frameworks in relation to the fourteen allied health professions and clarity about the regulatory position with regards to advanced practice and patient safety. The Committee noted the proactive interested party engagement and clear messages about what the webinars were and what they were not.
24. It was noted that the webinars had had very positive engagement and feedback with more than 4 stars out of 5 and a significant number of registrants and managers registered to attend.
25. The Committee noted the GOsC / HCPC Advanced Practice Webinars and next stages planned for the project. The Committee considered feedback about the areas for discussion in the webinars and implications for the osteopathic profession.

Review of the Osteopathic Practice Standards (OPS)

26. In June 2025, the Committee noted an analysis of the ethical queries about the application of the Osteopathic Practice standards and agreed a plan for the next review of the Osteopathic Practice Standards and that this included the adjunctive therapies guidance.
27. The review of the Osteopathic Practice Standards was launched in December 2025 with a 'call for feedback' on the current version of the OPS.

28. In March 2026, the Committee considered an analysis of the feedback along with specific feedback from the Student Forum and the Patient Involvement

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Forum.

29. The Committee agreed the Terms of Reference for the Collaborative OPS Review Group and that Professor Patricia McClure should chair the group.

Continuing Professional Development (CPD)

30. In June 2025, the Committee noted the analysis of the findings from the CPD consultation which took place from 6 December to 3 March 2024. Whilst the consultation findings had supported the proposed changes to include additional mandatory CPD in the area of establishing and maintaining professional boundaries and inclusive practice: equity, diversity, inclusion and belonging (EDIB), the Committee considered that further work needed to be undertaken on the development of resources to support CPD in these areas and for the guidance to be made more accessible using a 'layered' approach. The Committee agreed that CPD on boundaries and inclusive practice should be encouraged and that the guidance should be further developed for accessibility.
31. In March 2026, the Committee received updated CPD guidance which included concise, standards and detailed versions to take account of the different learning styles of the osteopath. The revised layered Guidance and the Professional Boundaries and inclusive practise (EDIB) resources were developed and tested with expert advice commissioned to assure accessibility and with specific feedback from osteopaths who were neurodiverse in order to ensure that the guidance and resources were fit for purpose. Additional supporting CPD materials had also been developed.
32. The Committee agreed to recommend to Council that Professional Boundaries and inclusive practice (equity, diversity, inclusion and belonging) became mandatory CPD elements. The Committee also agreed that the revised layered CPD Guidance (concise, standard and detailed versions) be published).

Artificial Intelligence (AI) and implications for osteopathic regulation

33. The Committee considered an update on our work in Artificial intelligence and particularly the work on the use of artificial intelligence in osteopathic education and practice and in GOsCs work.

Research Strategy

34. The Committee considered a Research Strategy which would ensure that research and evaluation were embedded into GOsC activities. The Committee provided feedback on the Research Strategy and a final version would be considered by Council later in the year.

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Recognition of professional qualifications

35. The Committee noted that we are continuing to work with international interested parties to improve the recognition of UK qualifications in Europe and explore streamlined international registration routes.
36. This supports our work to address sustainability issues in the sector, helping us to continue to maintain standards and to continue to exercise our statutory functions.

Patients

37. This year, our patient work has been reported to the Committee as an integrated part of other activities. For example:

- **CPD consultation** - We held a focus group with patients to gather feedback on the CPD Consultation early in 2025.
- Specific case studies for osteopaths in our inclusive practice workbook including: transgender patient, a patient with a specific disability and treating a patient from a particular religious background and others on considerations when treating a pregnant woman and an elderly patient
- **Research Framework** - public and patient benefit is one of the criteria applied when deciding whether to fund a research proposal.
- **In Quality Assurance** - Patient perspectives are reviewed within RQ visits and annual reporting from education providers. The Graduate Outcomes that all students must meet prior to graduation include the theme Communication and Patient Partnership (see in particular paragraph 15). The Standards for Education and Training include a range of standards putting patients at the heart of education in Theme 9 Patients (see p22). In 2025-26 we also collected data on staff:patient ratios for the first time with committee advised of trends we have observed.
- **Section 32 consultation** – although reported direct to Council, patients were significantly involved in our work on the Section 32 'Protecting the osteopathic title' consultation. Patients were involved in designing the section 32 consultation and also gave their views as part of the consultation process.
- **Strategic development day** – patients attended and contributed to discussions during the GOsC and sector wide development day in January 2026.
- **Osteopathic Practice Standards (OPS) review** – patients are involved the review directly through being part of the OPS review reference group.
- **Additional activities** – We held our Patient Involvement Forum Development Day in March 2026, which included training in influencing skills, feedback on our Boundaries research and feedback on our role as a regulator and into our Osteopathic Practice Standards review. We received positive feedback from patients.
- **Testing the public website:** Patients have been involved in testing the usability of the proposed new website.

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Strategic Patient Engagement

38. The Committee welcomed the patient partners to the Committee as part of the Patient Partner Pilot.

Committee Development Day 2025

39. The Committee undertook a development day in January 2025 and the Committee considered the evaluation in June 2025. The evaluation showed that it had been a positive experience for attendees which achieved its goals in terms of:

- listening to stakeholders about current opportunities, challenges and priorities for the future in osteopathic education and for the osteopathic education sector in the context of promoting high standards of education.
- facilitating dialogue, greater understanding and improving trust, inclusivity between stakeholders and with stakeholders and the Committee about roles and context.
- reflecting on our strategic leadership in a context of change and uncertainty reflecting on innovation
- considering key priorities, key risks and mitigations for the coming year

40. The Committee reflected on the feedback from interested parties about the Development Day and compared this to the Strategy and Business Plan.

41. Committee members participated in a wider Strategic Sector Development Day in January 2026 alongside members of Council, students, patients, osteopaths, educators and representatives of sector organisations across the breadth of the osteopathic sector. The aims of the Development Day were to:

- Reflect on our collective strategic leadership in a context of change and uncertainty
- Facilitate dialogue, greater understanding, enhanced relationships and to improve trust and inclusivity between people and organisations
- Listen to each other about current priorities, opportunities, challenges and priorities for the sector, and how we work together, in the context of ensuring high quality patient care.

42. The keynote speaker was Brendan Hall. Brendan talked about leadership and his experience leading a winning race around the world in a yacht. Brendan discussed the tensions of leadership, emotional intelligence, the trust equation (See figure 1 below), psychological safety and the growth mindset, the blame cycle, mental health and wellbeing, ownership and empowerment,

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43. The afternoon session focussed on how the sector should work together and signs of success and challenge. Feedback from the day was very positive and led to constructive actions.

New members

44. The Committee welcomed new co-opted members: Patrick Gauthier (external co-opted osteopathic member), Andrew MacMillan (external co-opted osteopathic member) , Kate Kettle (external co-opted lay member) and Jayne Walters (external co-opted lay member) were appointed from 1 April 2026. An additional co-opted registrant member, Laura Turner, was appointed on 1 March 2026 to provide additional osteopathic input to the Committee.

Membership

45. During the period April 2025 to March 2026 the Policy and Education Committee membership comprised:

Name	Member details	Meetings attended
Daniel Bailey	Council registrant member	3 / 3 and Sector Development Day
David Propert ¹	Council registrant member	2 / 2
Gill Edelmann ²	Council lay member	1 / 2
Patrick Gauthier	External registrant member	2 / 3 and Sector Development Day
Andrew MacMillan	External registrant member	3 / 3 and Sector Development Day
Jayne Walters	Council registrant member	3 / 3 and Sector Development Day
Professor Patricia McClure (Chair)	Council lay member	3 / 3 and Sector Development Day
Kate Kettle	External lay member	2 / 3

¹ David Propert was appointed to Council from 1 September 2025 until 31 March 2029.
² Gill Edelman resigned from Council from 17 December 2025.

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Name	Member details	Meetings attended
Laura Turner ³	External registrant member	1 / 1

46. Observers with speaking rights attended public meetings:

Name	Meetings attended
The Council for Osteopathic Education Institutions	3/3
The Institute of Osteopathy	3/3
The National Council for Osteopathic Research	2/3
The Osteopathic Alliance	3/3

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³ Laura Turner was appointed as an additional co-opted registrant member from 1 March 2026 to 31 March 2029.

Terms of reference and membership of the Policy and Education Committee

The role of the Policy and Education Committee is to contribute to the development of Council policy. To do this it will:

- a. Advise Council on all matters of policy including:
 - i. The standards required for initial registration and appropriate means for assessing those standards.
 - ii. On all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
 - iii. Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
 - iv. The management, investigation and adjudication of concerns about the fitness to practise of registrants.
 - v. Matters relating to the exercise of powers under section 32 of the act (protection of title).
 - vi. The development of the osteopathic profession.
 - vii. Measures to encourage research and research dissemination within the osteopathic profession.
 - viii. Any research needs to support the GOsC's work.
- b. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.
- c. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.
- d. Make an annual report for Council on the work of the Committee.

The Committee will also undertake the statutory functions that are reserved to the Education Committee, which are to:

- a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.
- b. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

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- c. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.
- d. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

Meeting Frequency

Three times yearly or more frequently if required. Some business may be conducted out of committee where required.

Membership

Ordinary members

- Five members of Council, of whom two shall be osteopaths and three shall be lay members. One of the lay members shall be appointed by Council to be Chair of the Committee.
- Four members who are not members of Council.

Co-opted members

The Committee may co-opt up to five members in accordance with Rule 3 of the Statutory Committee Rules.

Observers with speaking rights

The member organisations of the Osteopathic Development Group are invited to send an observer with speaking rights to each meeting.

Observers may not take part in any part of the meeting where the business is that reserved to the Education Committee.

Quorum

Five, of which:

- at least one must be a lay person and one must be an osteopath.
- at least two must be members of Council and two must be members who are not members of Council.

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Audit Committee Annual Report to Council

Introduction

1. General Osteopathic Council (GOsC) has agreed a sale of its headquarter building and will be moving into a co-location workspace. Contracts for the sale of the headquarter building are due to be signed imminently.

Discussion

2. The Audit Committee met on three occasions in the year; June 2025, October 2025 and March 2026.

Financial Audit, auditor evaluation, Annual Report

3. During the year the Audit Committee considered the Audit Findings Document and draft Annual Report and Accounts for financial year 2024-25. The document set out the key issues affecting the financial results of the GOsC including the preparation of the financial statements. The Committee agreed the audit had been completed satisfactorily. This was the third undertaken by HaysMac.
4. The Committee considered an auditor evaluation framework for evaluating the performance of the external financial auditors. Audit Committee met with the external auditors and questioned the Executive and the external auditors before noting the evaluation document.
5. A recommendation was made to Council that the external auditors contract be extended for a further two years, with the Committee keeping close attention to the performance of the auditors. Council agreed this recommendation.
6. The Committee received HaysMac's external financial audit plan for 2025-26 at the March 2026 meeting. The document was approved.

Statement of internal financial controls

7. Audit Committee received the statement of internal financial controls for review in March 2026. The Audit Committee noted the control framework and changes which reflected the move to the new Salesforce CRM system.

Review of principal accounting policies

8. Audit Committee received the principal accounting policies for annual review in March 2026 which were noted.

Internal Audit

9. TIAA undertook their first internal audits following their appointment from 1 April 2025. They have completed their first year and have audited four areas of activity, reporting their findings to Audit Committee. The areas of focus were:

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registration, fitness to practise, financial and budgetary control and risk management.

10. TIAA have four levels of assurance being:

Assurance level	Narrative
Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

11. TIAA reported to Audit Committee the following:

Audit area	Assurance level
Registration	Substantial assurance
Fitness to Practise	Reasonable assurance
Financial and budgetary control	Reasonable assurance
Risk Management	Reasonable assurance

12. Each audit identified recommendations for action and these are being taken forward by the Executive leads, with Audit Committee monitoring the implementation of these actions.

Risk Register

13. At each meeting the Audit Committee reviewed the Risk Register which includes a report from the Executive highlighting any movements in the risk level and discussion of action to manage risks.

14. During the year Audit Committee agreed a revised reporting structure for the Risk Register which was recommended to Council and subsequently approved. This structure will be in place for the next 18-months to enable consistent reporting against risks to Audit Committee and Council.

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15. The Committee agreed that it would be beneficial to hear from members of the Executive at future meetings (commencing in 2026) so there could be some 'deeper dives' into specific risk areas.

Website Development Project

16. The Committee received updates at each meeting on the website development project, noting progress reported by the external consultant, Martin Chaney. The Committee noted the project was on track for delivery by the agreed date in Summer 2026.

Salesforce CRM project

17. The Committee received updates at each meeting on the Salesforce CRM implementation, which was concluded in January 2026. Updates were provided by the external IT consultant, Michael Evans. A paper outlining realised benefits of the Salesforce system will be reported to Audit Committee in June 2026.

IT security

18. The Audit Committee received updates at each meeting noting that security testing had been delayed due to the implementation of the Salesforce CRM and the new website. The Audit Committee noted the dependencies of these matters.

Monitoring report

19. The Committee received a report at each meeting from the Executive on any serious events including fraud notification, data breaches and corporate complaints.
20. In 2025-26, the Executive reported to the Committee the following:
 - a. One critical incident relating to an historical registration application (zero in the prior year)
 - b. One incident of fraud, relating to a fraudulent registration entry (zero in the prior year)
 - c. One report to the police of threatening behaviour and harassment towards a member of staff (zero in the prior year)
 - d. One major data breach which led to six corporate complaints and one money claim (One major data breach in the prior year, no corporate complaints arising)
 - e. One minor data breach (two in the prior year)
 - f. One corporate complaint (not data breach related) (five in the prior year)
 - g. Two learning points from the Professional Standards Authority (zero in the prior year)

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Change of Investment Manager

21. At the request of Council, Audit Committee scrutinised the proposal to change investment manager from Brewin Dolphin to Cambridge Investments. The Committee recommended a change was made. Council approved this decision in May 2026.

Professional Standards Authority (PSA) Performance Review and consultation

22. The Audit Committee discussed the PSA Performance Report for the period covering 2024-25. The Committee noted that the GOsC had met all standards for the 15th year in succession.

Forward work plan

23. At each meeting, the Committee received a report from the Executive which set out what items were likely to appear on future Audit Committee agendas. Audit Committee was able to comment upon the proposed future agendas and to influence its own workplans.

Membership

24. During the period 2025-26 the Audit Committee membership comprised:

Name	Member details	Dates of membership	Meetings attended
Harry Barton (Chair)	Council lay member	All year	3/3
Graham Masters	External lay member	All year	3/3
Rob Jones	External lay member	All year	3/3
Caroline Guy	Council registrant member	All year	3/3
Sandie Ennis	Council registrant member	All year	2/3

NB: In the reporting year a new co-opted member, Dinah Cobbinah was appointed. Dinah observed the March 2026 meeting.

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Cost of the Audit Committee

25. It is estimated that the cost of the Audit Committee and its related activities, excluding staff time, is approximately £25k. This is calculated as follows:

Activity	Cost £
Committee members: fees and expenses	2,608
External financial audit fee (excl. VAT)	21,950
Total	24,558

Opinion of the Audit Committee

26. It is the opinion of the Audit Committee that its work during the past year is in line with the purpose and the Terms of Reference of the Committee. The Committee also believes Council can take assurance that the organisation has proper and appropriate systems in place to enable it to discharge its statutory responsibilities.
27. The work reviewed by the Committee demonstrates the Executive has a mature approach to financial and non-financial control frameworks and a willingness to implement improvements where identified. This is underpinned by the introduction of Internal Audit in the period under report.
28. Council can take assurance that the controls upon which the organisation relies to manage risk are suitably designed, consistently applied and proportionate.
29. During the course of the year, the Committee has undertaken a wide range of activity as described in the report above. It is the view of the Committee that its approach has been supportive to the Executive while retaining the necessary rigour and challenge.

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Audit Committee terms of reference 2025 - 2026

The role of the Audit Committee is to provide advice 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. To do this it will:

- a. Review and make recommendations to Council about the content and structure of the risk register at the start of each business planning cycle and keep it under review.
- b. Review and make recommendations to Council about the effectiveness and proportionality of the risk management process.
- c. Request and receive reports on the management of risk areas identified in the register and make recommendations to Council about improvements needed.
- d. Review the internal financial controls and advise Council on these controls.
- e. Make a recommendation to Council on the appointment of external financial auditors to conduct the annual financial audit.
- f. Receive a report on preparations for the annual external financial audit.
- g. Receive the audit report, Audits Findings Report (AFR), draft Annual Report and Accounts, and Governance Statement and make recommendations to Council on the approval of these, and monitor the implementation of agreed recommendations in the AFR.
- h. Approve proposals for the commissioning of internal audits of key functions within the organisation and to recommend any areas where special investigation might be necessary.
- i. Receive audit reports and the Executive's response and make recommendations to Council on the implementation of recommendations arising from such audits and investigations, and monitor the implementation of agreed recommendations.
- j. Receive reports on any incidents reportable under the serious events framework, data breaches and corporate complaints or whistleblowing, and the Executive's response to them, and make any recommendations to the Executive and Council.
- k. Receive reports on the Executive's approach to organisational performance management and corporate governance and make any recommendations.
- l. Ensure that reports received across all aspects of the Committee's work consider the importance of equality, diversity, inclusion, and belonging.

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m. Make an annual report to Council on the work of the Committee and an overall opinion on the management of risk within the GOsC.

n. To review periodically its own effectiveness as a Committee.

Meeting Frequency

Three times yearly or more frequently if required. Some business may be appropriately conducted out of committee. Any such activity will be reported formally to the next meeting of the committee with a record made in the minutes.

Membership (please note, this section needs to be updated to reflect new membership from 01 April 2026)

Four members:

- Two Council members (one of whom will be the Chair), of whom one must be an osteopath and the other a lay member.
- Two external members.

There is one co-opted member of Council effective from 1 April 2023.

Council Associates

Council Associates may attend meetings of the Audit Committee and may participate in business at the discretion of the Committee Chair. Council Associates are not permitted to vote on any recommendations or decisions to be made by members of the Audit Committee.

Quorum

Three members – the Chair of the Committee (who is a Council Member) (or appointed deputy if unavailable), one Council member (which may be the co-opted member) and at least one external member.

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People Committee Annual Report 2025-26

1. The People Committee met on three occasions during 2025-26, being June 2025, October 2025 and April 2026 (rescheduled from March).
2. The Committee's terms of reference are attached at Annex A.

People Framework and Action Plan Monitoring tool

3. In October 2025 and April 2026, the Committee considered and approved the People Framework and Action Plan Monitoring Tool.

Reward and recognition

4. At its April 2026 meeting (rescheduled from March), the Committee considered the annual staff pay review paper alongside a staff pension package review. The Committee agreed to defer this to October 2026 so that both could be considered as part of a wider total rewards paper.

People Effectiveness survey

5. In October 2025 and April 2026, the Committee considered the planning and analysis of the results of the People Effectiveness survey. The survey questions will be explored further at a workshop involving Committee members, the Chief Executive and HR Manager to support collective discussion and improvements.

Human Resources Report

6. At each meeting the People Committee received a Human Resources report from the HR Manager, providing a strategic overview, an update on Human Resources activities and statistical analysis since the previous meeting.
7. The Committee monitored key workforce indicators throughout the year. A summary is provided below.

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People data overview

Inclusivity and Belonging

Team meetings and 1-1s happen monthly to bi-monthly across all teams.

Indicator	2025-26	2024-25
SMT and Leadership Meetings	20	28
All staff collaboration sessions	9	6

Wellbeing

Indicator	2025-26	2024-25	Comments
Number of days sickness absence per employee	3.8	16	CIPD Health and Wellbeing at Work Report 2025 reports a UK average of 9.4 days per year.
Utilisation of Employee Assistance Programme (EAP) service	19%	16%	Evidence shows that organisations which actively promote their EAP achieve utilisation rates of 15%+, compared with the UK baseline of 3–10% (PAM Group Health at Work Report 2025. Employee Assistance Professionals Association (EAPA) UK 2024). EAPA UK, 2026 sector report similarly identifies 3–10% as typical utilisation.

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Indicator	2025-26	2024-25	Comments
Staff participation in EAP service (calls, digital log-ins, self-help tool use, online resources accessed, app activity, webinars / workshops)	68%	70%	Consistent participation

Reward and recognition

Indicator	2025-26	2024-25
London Living Wage Accreditation status	Accreditation achieved	Accreditation achieved

Recruitment and retention

Indicator	2025-26	2024-25	Comments
Overall staff turnover ⁴	9%	10%	The latest CIPD analysis (June 2024), based on the ONS Annual Population Survey, reports a national average staff turnover rate of 34%
Number of staff recruited	5 ⁵	6 ⁶	-

⁴ All voluntary turnover
⁵ This includes 1 maternity cover and 3 fixed term
⁶ This includes 1 fixed term contracts and 1 temp

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Indicator	2025-26	2024-25	Comments
Number of appointments processes overseen by PC	8	21	-
Number of applications received for appointments processes	138	489	
Breakdown of appointments made	4 lay, 4 osteopath	8 lay, 12 osteopath, 2 patient	Further details on roles recruited are provided below.
Number of reappointments processes PC oversaw	3	3	-

In **2025–26**, we appointed 8 non-executives, including:

- One Independent member of Audit Committee
- One lay Council member, Wales
- Two lay and two osteopath members of Investigating Committee
- One osteopath member of Council, Scotland
- One Council Associate

In **2024–25**, we appointed 21 non-executives, including:

- Two lay and three osteopath members of Investigating Committee
- Four lay and three osteopath members of Professional Conduct Committee
- Two lay and two osteopath members of Policy and Education Committee
- Two osteopath members of Council
- Two Council Associate (one commencing in 2026 and one in 2027)
- Two Patient Partners

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Exit Interview data

Exit Interviews	2025-26	2024-25
Reason for leaving	Further education and retirement	Career progression and retirement
Recruitment and induction	Good – excellent	Good – excellent
Salary	Very poor – Good	Good
Benefits	Good	Good
Relationship with Line Manager	Good – excellent	Good – excellent
Relationships across teams	Good – excellent	Good – excellent
Suggestions listened to	Good – excellent	Good – excellent
Recognition	Good – excellent	Good – excellent
EDIB	Good – excellent	Good
Learning and development	Good – excellent	Good
Mental health support	Good – excellent	Good

Committee membership

8. Membership of the Committee during the year was as follows:

Name	Member details	Dates of membership	Meetings attended
Debra Towse (Chair)	Lay member of Council	All year	3/3
Sandie Ennis	Registrant Council member	All year	2/3

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Kate Husselbee	Independent lay member	All year	3/3
Harry Barton	Lay Council member	All year	2/3
Katie Oswell	Registrant Council member (Scotland)	1 February 2026 (first meeting, April 2026)	1/1

Cost of People Committee-related work

9. The table below reflects the cost of the People Committee and the GOsC employment costs.

Governance costs

Governance costs	2025-26 £	2024-25 £	Variance £	Variance %
Committee members: fees and expenses	1,349	413	+936	+227%
Governance appointments (advertising, longlisting, right to work checks)	14,931	31,648	-16,717	-53%
Governance appointments: fees and expenses	6,627	14,947	-8,320	-56%
Set up and running of FTP pension scheme	3,756	0	+3,756	n/a
Governance development	4,280	2,000	+2,280	+114%
Board Effectiveness Review	43,200	0	+43,200	n/a
—Total	74,143	49,008	+25,135	+51%

The increase in governance costs is primarily due to the Board Effectiveness Review (£43,200), which was a one-off expenditure and will not recur in future years.

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Staff costs

Total Reward

Total reward costs	2025-26 £	2024-25 £	Variance £	Variance %
Salaries	1,518,170	1,549,239	-31,069	-2.0%
Social security costs ⁷	190,816	149,946	+40,870	+27%
P11D tax expense	1,414	1,448	-34	-2%
Pension costs ⁸	150,733	146,315	+4,418	+3%
Death in service premium	6,485	6,338	+147	+2%
Staff benefits (including health insurance premium)	12,582	11,494	+1,088	+9%
Reward and recognition scheme	552	697	-145	-21%
Job Evaluation and Benchmarking	1,379	1,379	0	0%
Total reward: Total	1,882,131	1,866,856	+15,275	+0.8%

⁷ This is a direct impact of the ER NI increase that the Chancellor imposed in her first budget

⁸ This is the monthly pension fund admin expense, and the setup costs and quarterly admin expense for the FfP panel member pension scheme

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Recruitment

Recruitment costs	2025-26 £	2024-25 £	Variance £	Variance %
— Recruitment (advertising, right to work checks)	28,179	17,106	+11,073	+65%
— Temporary staff member	3,032	7,505	-4,473	-60%
— Recruitment: Total	31,211	24,611	+6,600	+27%

In **2025–26**, we recruited five staff members, including:

- In the Comms team, a four-month fixed-term contract to provide additional support, followed by a permanent appointment to the two-days-per-week role.
- In the Regulation team, maternity cover for a Case Manager role and two fixed-term contracts to provide additional capacity.
- A Quality Assurance Visit Manager (three days per week) in Professional Standards, as this function has now been brought in-house.

In **2024–25**, we recruited six staff members, including:

- Head of Resources and Assurance
- Governance Manager (part time)
- Executive Assistant (part time)
- In the Regulation team, one permanent Case Manager and one fixed-term Case Manager.
- A temporary role to support a one-off project to review all registrant files.

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Other staff costs

Other staff costs	2025-26 £	2024-25 £	Variance £	Variance %
— Learning and development	25,331	18,971	+6,360	+34%
— Health and wellbeing support costs (EAP, DSE, reasonable adjustments, Occupational Health etc.)	5,992	3,738	+2,254	+60%
— Mediation	0	0	0	0%
— Other staff costs	3,431	3,600	-169	-5%
Other staff costs: Total	34,754	26,309	+8,445	+32%

In **2025–26**, we provided the following training to staff:

- New and Aspirant CEO Masterclass
- Leadership Course
- Essential Management Skills
- Communicating for impact
- Emotional intelligence
- AI
- Quality Assurance compliance
- Essential Health and Safety
- Mental Health First Aider
- First Aid
- Annual training on EDI, Cyber Security Awareness, GDPR, Mental Health and Wellbeing, Anti-Bullying and Harassment, Health and Safety and Fire Awareness.

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In **2024–25**, we provided the following training to staff:

- High Performing Leadership
- Essential Management Skills
- Strategic Thinking
- Coaching skills
- Digital Comms Conference
- Assertiveness to develop confidence
- Neurodiversity Awareness
- Equality Impact Assessments
- Excel
- Annual training on EDI, Cyber Security Awareness, GDPR, Mental Health and Wellbeing, Anti-Bullying and Harassment, Health and Safety and Fire Awareness.

Total staff costs

	2025-26 £	2024-25 £	Variance £	Variance %
Total Staff Costs	1,948,096	1,917,776	+30,320	+1.6%

Total governance and staff costs

	2025-26 £	2024-25 £	Variance £	Variance %
Total governance and staff costs	2,022,239	1,966,784	+55,455	+2.8%

10. Governance appointment costs have reduced significantly (**£16,717 / –53%**) due to fewer recruitment campaigns. Committee member fees and expenses have increased (**£936 / +227%**) reflecting higher activity levels and governance development costs have also risen (**£2,280 / +114%**). The introduction of the FTP pension scheme and the Board Effectiveness Review has further increased overall governance expenditure, contributing to a total year-on-year increase of **£25,135 (+51%)**.

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11. Staff total reward costs have increased slightly overall (**£15,275 / +0.8%**), driven mainly by increases in social security and pension costs. Recruitment expenditure has risen (**£6,600 / +27%**) due to increased advertising and compliance requirements, and learning and development spend has also grown (**£6,360 / +34%**). Other staff-related costs have increased by **£8,445 (+32%)**. When combined with governance expenditure, total governance and staff costs have increased by **£55,455 (+2.8%)** year on year. These variances highlight both emerging cost pressures and areas where efficiencies have been realised.

Recommendation: To agree the People Committee Annual Report for submission to Council in July 2026.

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People Committee

Terms of Reference: 2025 - 2026

The People Committee oversees appointment, performance and remuneration policy in relation to Council, non-executives⁹ and staff of the GOsC and makes recommendations to Council. To do this it will:

- a. Advise Council on the arrangements for the appointment, induction and performance review of the Chair and members of Council in accordance with the PSA's standards.
- b. Appoint the panel, including independent members, for appointing the Chair and members of Council.
- c. Provide assurance of high standards in the appointment and performance review of all other Council appointees including non-Council members of committees and other Council appointees.
- d. Advise Council on its structure, composition and competencies.
- e. Make arrangements for the performance review process for Council as a whole.
- f. Make arrangements for the appointment of the Chief Executive and make a recommendation to Council.
- g. Following appointment, make arrangements for the formal review of the probation period of the Chief Executive and Registrar to be informed by feedback from Council, staff and stakeholders.
- h. Advise Council that the formal review of the probation period of the Chief Executive and Registrar has been completed and clarify whether the probation period has been successfully passed or whether the probation period has been extended.
- i. If required, oversee a performance management process for the Chief Executive and Registrar, which will ensure feedback is provided to them by the Chair of Council supported by two members of the People Committee.
- j. If appropriate, make recommendations to Council concerning the removal of the Chief Executive and Registrar.
- k. Consider and approve the remuneration of the Chief Executive on an annual basis.
- l. Receive an annual report from the Chief Executive on HR strategy.

⁹ Non-executives are defined as members of Council, statutory and non-statutory committees and any other individuals, other than the Chief Executive and the executive team, appointed from time to time to undertake tasks on behalf of Council.

Annex C to 17

- m. Consider and approve recommendations of the Chief Executive in relation to pay, performance and reward of all other staff.
- n. Consider any issues in relation to the remuneration of non-executives (including the requirements of the Charity Commission), review the remuneration of non-executives annually and make recommendations to Council.
- o. Consider any issues in relation to the performance review of non-executive members and make recommendations to Council.
- p. Consider the Equality, Diversity and Inclusion Framework as it relates to GOsC staff and non-executives.
- q. Consider issues of health and wellbeing as they relate to Executive and Non-Executives.
- r. Make an annual report to Council on the work of the Committee.

Meeting Frequency

Three times yearly or more frequently if required. Some business may be appropriately conducted out of committee. Any such activity will be reported formally to the next meeting of the committee with a record made in the minutes.

Membership

Two lay members and two osteopath members of Council and one external lay member with appropriate expertise.

There are no co-opted members.

Quorum

Three members - two lay members (Council or external) and one osteopath member.

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Public Meeting of the Policy and Education Committee

Unconfirmed

Minutes of the 33rd Policy and Education Committee held in public Tuesday 2 June 2026 via Zoom online video conference.

Chair: Professor Patricia McClure (Council, Lay)
Present: Caroline Guy (Council, Registrant)
Professor Debra Towse (Council, Lay)
David Probert (Council, Registrant)
Jayne Walters (Independent, Lay)
Patrick Gauthier (Independent, Registrant)
Andrew MacMillan (Independent, Registrant)
Laura Turner (Co-opted Independent, Registrant)
Kate Kettle (Independent, Lay)

Observers from Council:

Arwel Roberts (Council Associate)
Stephanie Jenkins (Council Associate)
Amanda Cheesley (Patient Partner)
Reena Ainscough (Patient Partner)
Jo Clift (Chair of Council)

Observers with Speaking Rights:

Nikky Godfrey, Council of Osteopathic Educational Institutions (COEI)
Sharon Potter, Council of Osteopathic Educational Institutions (COEI)
Georgina Leelodharry, Institute of Osteopathy (iO)
Santosh Jassal, Secretary to the Osteopathic Alliance (OA)

Observers without Speaking Rights:

Jane Easty, Sutherland Cranial College (SCCO)

In attendance: Steven Bettles, Head of Education and Policy

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Fiona Browne, Director of Education, Standards and Development
 Nerissa Allen, Executive Assistant to the Chief Executive and Registrar
 Lorna Coe, Governance Manager
 Paul Stern, Senior Research and Policy Officer
 Dr Stacey Clift, Head of Research, Data and Insight
 Liz Niman, Head of Communications
 Banye Kanon, Senior Quality Assurance Officer
 Rekita Sparrow, Quality Assurance Visit Manager
 Jess Davies, Senior Engagement and Insight Officer (Communications)

Apologies:

Dr Jerry Draper-Rodi, NCOR
 Collette Byrne, PSA
 Alison Canham-Robinson, Institute of Osteopathy

Item 1: Welcome and Introductions

1. The Chair welcomed all attendees and facilitated introductions from all participants.
2. The Chair noted recent changes to membership arrangements. It was confirmed that Dr Daniel Bailey had moved to a different committee, and members formally recorded their appreciation for his contribution to the work of the Committee over a number of years.
3. The Chair welcomed Caroline Guy as a new member, noting the value of her professional experience in supporting the Committee's work going forward.

Item 2: Minutes and Matters Arising

4. The minutes of the previous meeting, 12 March 2026, were approved as an accurate record and no additional matters were raised.

**Item 3: Quality Assurance Update and Annual Report Process
 (Reserved Item)**

5. The Committee considered a paper outlining proposed changes to the annual reporting process following the first year of bringing Quality Assurance (QA)

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in-house. The paper was more complex than usual as it presented two alternative approaches for future reporting and invited Committee preference.

6. It was noted that over the past year, significant QA activity had taken place, including educational visits, implementation of the annual reporting process, Visitor training and engagement with students and educators.
7. This period had also been used to develop a more collaborative and responsive QA approach, working closely with institutions rather than replicating previous models.
8. Feedback from education providers on the current annual reporting format (based on reporting against standards each year) was mixed:
 - a. Some providers valued the ability to maintain up-to-date alignment with standards.
 - b. Others found the process burdensome and overly repetitive, likening it to a full review visit each year.
9. Two options were proposed:
 - a. Option 1: Continue with annual reporting against the Standards for Education and Training as previously, with a revised format that aligned more closely with the RQ review mapping tool (See draft as Annex A)
Data capture in relation to students/educators to continue as previously.
 - b. Option 2: Introduce a more focused, risk-based approach, concentrating on:
 - I. Progress against previous recommendations
 - II. Key risks
 - III. Independent sources of data (e.g. students, educators, external examiner reports and the annual monitoring report to the university where appropriate).

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10. The second option had been discussed with providers at the May 2026 Regulator and Educator Liaison meeting. They were largely supportive of it as a more proportionate and useful approach.
11. Discussions supported the move towards the less burdensome approach and made some additional proposals:
 - a. Introducing thematic reviews (e.g. artificial intelligence (AI), equity, diversity, inclusion and belonging (EDIB and osteopathic identity): a powerful form of quality enhancement to support quality assurance.
 - b. Moving from survey-based data collection to qualitative interviews to reduce burden in quality enhancement and support sharing of good practice.
 - c. Encouraging institutions to reflect on engagement with the wider sector.
 - d. Exploring ways to improve sector collaboration despite structural barriers (e.g. workload pressures, attendance constraints).

Decision:

Committee noted the updates in relation to quality assurance activity since this was taken in-house.

Committee considered the options outlined in relation to annual reporting for the 2025-26 academic year and agreed to Option 2, a focussed, risk-based approach concentrating on:

- **Progress against previous recommendations**
- **Key risks**
- **Independent sources of data (e.g. students and educators)**

Committee agreed the format of the annual report for 2026/27.

Committee agreed the approach to Thematic Reviews for 2026/27.

Item 4: Osteopathic Practice Standards (OPS) Review Update

12. The Committee received an update on progress of the review of the Osteopathic Practice Standards (OPS) which was progressing well with broad stakeholder involvement including registrants, students and patients, resulting in high quality discussions.

13. The two meetings held so far covered:

a. Setting the context and identifying key themes.

b. Developing and discussing draft text.

14. The paper included a proposed adjustment to the timeline, specifically adding additional meetings ahead of the consultation to allow full consideration of the emerging themes (AI, social media, professional boundaries, EDIB, safeguarding, workplace culture) leading to stronger draft standards and a more effective consultation process.

15. The proposed adjusted timeline would not add cost to the process as additional meetings would be held online and the majority of attributable costs were staff time.

16. The Committee raised additional points:

a. The importance of including public health and wider social care considerations.

b. Recognition of patient behaviour issues, not just registrants' conduct.

c. Concerns about social media forums run by individuals who were not osteopaths, whose views were affecting the profession's reputation and particularly shaping osteopathic students' perceptions of the profession.

17. The Committee commended the work on the OPS review for its quality, balance and inclusiveness of the reference group.

18. The Committee noted this was a significant opportunity to produce an improved, high-quality set of standards and considered that the additional time for discussion should be embraced to achieve this.

Decision:

Committee noted the progress update on the Osteopathic Practice Standards review.

Committee agreed the amended timeline for the OPS review as outlined at Annex A.

Item 5: Strategic Engagement with Students – Interim Evaluation

19. The Committee received an update on student engagement activity. A structured engagement programme had been implemented since 2025, including in-person visits, a student forum pilot, and targeted communication.
20. Although participation numbers had been relatively small (13 students across 4 sessions) engagement had been effective with discussion on various topics, some student-led, and practical suggestions offered by students to help mitigate the negative perceptions of regulation such as greater visibility through media e.g. podcasts.
21. It was noted that engagement improved students' understanding of the regulator's role, gave them a sense of being heard and mostly improved perception.
22. Suggested future topics from students included transition to practice, consent and quality assurance (noting widespread misconceptions).
23. The Committee discussed an awareness of negative perceptions amongst students and made some suggestions to try and improve engagement such as:
 - a. Delivering sessions as part of timetabled teaching to maximise attendance.
 - b. Using interactive or informal approaches, including incentives (e.g. run sessions at lunchtime and offer pizza).
 - c. Exploring joint engagement with professional bodies to clarify roles.

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d. Expanding use of social media:

I. e.g. Instagram and using polls and interactive content.

II. Collaboration with influential, positive voices in the profession.

24. The Committee discussed the use of Council Members, particularly registrants, as Ambassadors for GOsC, speaking with students to improve relatability and trust in regulation.

Decision:

Committee considered and provided feedback on what the Executive had learned as a result of the student engagement so far and the aims for 2026-27 engagement.

Committee agreed the approach to further development of student engagement.

Item 6: Strategic Engagement with Educators

25. The Committee received an update on educator engagement activity and recognised all the efforts to improve this, noting it was a challenging but important area of work.

26. Initial activities, including educator workshops and collaboration with sector experts, were welcomed as a positive starting point. However, participation levels had been relatively low, reflecting broader challenges such as educator workload, competing priorities, and limited incentives to engage.

27. The Committee discussed expectations for educator roles within the sector in terms of qualifications, accepting that clinical teaching required different skills from academic teaching.

28. The Standards for Education require that that providers must ensure that educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

29. Members emphasised the importance of engaging institutional leadership to increase participation and improve the perceived value of engagement with the regulator.

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30. The timing of engagement activities was also identified as an ongoing challenge due to variation in academic calendars.
31. The Committee suggested measuring engagement over a longer period of time (e.g. three to five years) as, over time, continued activity in this area was likely to reach a larger proportion of educators and build relationships across the sector.

Decision:

Committee noted the plan for engaging with educators.

Committee noted the evaluation and learning from the first educator workshop.

Committee agreed the approach to educator engagement.

Item 7: Liverpool John Moores University – Initial RQ Review

32. The Committee received a paper seeking approval of visitor appointments and review specification for the upcoming RQ review of the new course at Liverpool John Moores University.
33. The approach suggested was more collaborative than usual as it would be conducted in tandem with the University's internal validation event with a view to improving efficiency, proving less burdensome for the OEIs and being more consistent with practice in other regulated professions.
34. The Executive assured the Committee that independent regulatory oversight would still be maintained with Visitors having control over the agenda, lines of enquiry, that there would be space for confidential conversations and separate meetings where required and that documentary evidence would still be submitted in advance of the visit.
35. The length of visit was shorter than usual, two rather than three days, because the course had not commenced so there were no students to meet.

36. The Committee discussed whether the visitors were required to hold academic qualifications matching the level of the programme they were assessing and it was clarified there were no strict requirements on that.

Visitors were appointed in line with a person specification and a team specification which needed a combination of relevant professional experience and educational expertise.

37. The primary focus of visits was to establish whether the programme delivered the required outcomes and standards.

Decision:

Committee agreed the updated review specification at the Annex.

Committee agreed to the appointment of Steven Vogel, Sandra Stephenson, and Ana Molares Bargiela as visitors for the initial review of the following programme to be offered by Liverpool John Moores University:

- **Masters in Osteopathy (MOst)**

Item 8: University of Derby – RQ Review (Teach-Out)

38. Committee received a paper seeking approval of visitor appointments for an upcoming RQ review of the University of Derby programme, following changes to its delivery.

39. The review specification had already been approved at a previous meeting, and no changes had been made. The Committee was asked to approve the appointment of suitably qualified and trained visitors.

40. It was confirmed that all visitors had completed the necessary training and that no conflicts of interest had been identified. The selection process aimed to ensure a balanced mix of clinical and educational expertise, with one visitor providing continuity through involvement in a previous review of the provider.

Decision:

Committee agreed to the appointment of Ceira Kinch, Brian McKenna, and Mark Foster as visitors for the review of the following University of Derby programme:-

Bachelor of Osteopathy (BOst).

Item 9: Board Effectiveness Review – Scheme of Delegation

41. The Committee received an update on proposed changes to governance arrangements following the Board Effectiveness Review. A key focus of this work has been revising the Scheme of Delegation to clarify where decisions are made and to improve overall efficiency.
42. Council had approved a revised format of the Scheme of Delegation, which presents decision-making responsibilities more clearly in a table format. The next phase was to consider whether certain decisions, particularly those requiring technical expertise, could be delegated from Council to Committees.
43. The Policy and Education Committee was expected to be most affected by these changes. For example, decisions relating to recognition of programmes and Quality Assurance could in future be taken directly by the Committee rather than being recommended to Council.
44. Any changes would be subject to legal advice to ensure compliance with statutory requirements and if implemented, would require updates to the Committee's Terms of Reference.
45. The update was provided to give Committee members early visibility of potential changes and to allow time for consideration ahead of formal proposals.

Decision:

Committee noted the update.

Item 10: Policy and Education Committee Annual Report

46. The Committee received the draft Annual Report which detailed all the work carried out by the Committee in the year 2025-2026.
47. It was noted minor amendments would be made prior to submission – Professor Debra Towse to be added as member of the Committee.

Decision:

Committee agreed the Policy and Education Committee Annual Report to Council for 2025-26 subject to amendment as above.

Item 11: Update from Observers

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48. COEI have been holding strategic discussions about the future of COIE noting the challenges of getting people from all institutions together.

Project wise COEI advised:

- a. the AI Education baseline survey looking at what OEIs were doing with AI and will lead on to bigger projects.
- b. Student non-progression data review.
- c. Collaboration with other organisations including GOsC on Educator workshops and supporting the iO with student recruitment work.

49. iO will be attending the University of East London for a two-day UCAS event which was being run in conjunction with COEI. A footfall of about 8000 people was expected so hoped to get lots of visitors and that it would translate into increased student numbers. Another two events were to follow in Birmingham and Bedford. Work on the professional development framework was continuing and the new graduate support programme was underway.

50. OA – there was an upcoming meeting so there was little to share at the point of this meeting other than continued support and resources for colleges and graduates entering the profession after studies.

51. NCOR sent apologies for this meeting.

Item 12: Any other business

52. There was no other business.

Item 13: Date of Next Meeting Thursday 15 October 2026

Meeting closed at 1200.

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