

Public Meeting of the Policy and Education Committee

Thursday 15 October 2026, 10:00 - 12:30

Canopi, Meeting Room 4, Unit A, Arc House, 82 Tanner Street,
London, SE1 3GN

Committee Members are kindly reminded to declare any conflicts of interest against agenda items.

Agenda

10:00 - 10:05

5 min

1. Welcome and apologies

Information Patricia McClure

For information

 Public Agenda October 2026 FINAL.pdf (1 pages)

10:05 - 10:10

5 min

2. Minutes and matters arising from the meeting on 2 June 2026

Decision Patricia McClure

For approval

 Public Item 2 - Unconfirmed Minutes of the Public Meeting of the Policy and Education Committee 2 June 2026.pdf (11 pages)

10:10 - 10:35

25 min

3. OPS Review update

Decision Fiona Browne

For Decision

 Public Item 3 - OPS Review Update FINAL.pdf (10 pages)

 Public Item 3 - Annex A DRAFT Revised OPS Oct 2026 FINAL.pdf (34 pages)

10:35 - 11:00

25 min

4. Development of the Profession

Discussion Steven Bettles

For discussion

 Public Item 4 - Development of the profession Framework - 2027-30 - FINAL.pdf (28 pages)

11:00 - 11:10

10 min

Break

11:10 - 11:30

20 min

5. QA Update

Information Steven Bettles

For noting

 Public Item 5 - Quality assurance update FINAL.pdf (7 pages)

11:30 - 11:45

15 min

6. Policy and Education Committee – updated terms of reference

Information Lorna Coe

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For noting

 Public Item 6 - Policy and Education Committee Terms of Reference -Final.pdf (5 pages)

 Public Item 6 - Annex A - Policy and Education Committee TOR August 2026.pdf (3 pages)

11:45 - 12:00

15 min

7. Threshold Criteria

Discussion

Sheleen McCormack

For discussion

 Public Item 7 - Draft Threshold Criteria -15 October 2026 FINAL.pdf (12 pages)

12:00 - 12:30

30 min

8. Updates from Observers

Information

Patricia McClure

- COEI
 - iO
 - OA
 - SCCO
 - NCOR
-

12:30 - 12:30

0 min

9. Any other business

Information

Patricia McClure

For information

12:30 - 12:30

0 min

10. Date of next meeting 9 March 2027

Information

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The 34th meeting¹ of the Policy and Education Committee to be held in public on 15 October 2026 commencing at 10:00. Lunch will be available before the meeting. The meeting will be hosted by the General Osteopathic Council in Meeting Room 4 at Unit A, Arc House, 82 Tanner Street, London, SE1 3GN

Agenda

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|-----|--|----------------|----------------|
| 1. | Welcome and apologies | | 10:00 to 10:05 |
| 2. | Minutes and matters arising from the meeting on 2 June 2026 | For approval | 10:05 to 10:10 |
| 3. | OPS Review update | For decision | 10:10 to 10:35 |
| 4. | Development of the Profession | For discussion | 10:35 to 11:00 |
| | Break | | 11:00 to 11:10 |
| 5. | QA Update | For noting | 11:10 to 11:30 |
| 6. | Policy and Education Committee – updated terms of reference | For noting | 11:30 to 11:45 |
| 7. | Threshold Criteria | For discussion | 11:45 to 12:00 |
| 8. | Updates from Observers | For noting | 12:00 to 12:30 |
| | <ul style="list-style-type: none">• COEI• iO• OA• SCCO• NCOR | | |
| 9. | Any other business | | |
| 10. | Date of next meeting 9 March 2027 | | |

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¹ This is also the 114th meeting of the Education Committee



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
Fiona Browne, Director of Education, Standards and Development

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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) in-house. The paper was more complex than usual as it presented two alternative approaches for future reporting and invited Committee preference.

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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:

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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.
 - d. Expanding use of social media:

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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 Molaes 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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Policy and Education Committee

15 October 2026

Osteopathic Practice Standards (OPS) review update

Classification	Public
Action	Discussion
Purpose of the paper	This paper explains the basis for, and seeks members' views, on the emerging draft of the revised Osteopathic Practice Standards. We are also seeking a steer from committee members on any specific areas we need to cover as part of the consultation proposed during winter 2026-27.
Strategic Priority implications	Strengthening trust: The OPS are the standards which osteopaths hold themselves and others to and to which patients can hold osteopaths to account. They should also reflect the wider ethical standards that society expects of all health professionals and command confidence and trust. Our collaborative reference group brings all those voices to the heart of the review to build trust. Championing inclusivity: Inclusivity is a key part of the OPS review and will be a core feature of the updated OPS that goes to formal consultation. Embracing innovation: The updated OPS will be in force for around 7 years and so need as far as possible to be fit for the future including taking into account innovations such as digital technology.
Standards of Good Regulation implications	Standard six The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety. Standard seven The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.
Communications implications	The review is likely to be of significant interest across the profession, including with osteopaths, patients, educators and partners. Communications resource will be required including support working on the OPS document itself, the consultation, supporting material, supporting events and

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	handling promotion. Also working to ensure that language is as simple as possible and messaging is clear. A key Comms focus will be ensuring wide ranging awareness that the OPS is being updated. And to provide a sufficient variety of methods to ensure we are providing options that make it easier for people to provide us with their feedback based on their communication needs.
Financial, resourcing and risk implications	The budget for the OPS review is £7500 and is incorporated into our 2026/27 budget. The budget will primarily support engagement with the profession, patients and other stakeholders, including measures to support the participation of under-represented groups where required.
Patient perspectives	Patients have been involved as members of the OPS review reference group. It is important that the standards reflect the needs and interests of patients and the public. Their involvement will therefore form a key part of the consultation.
Diversity implications	We have developed an Equality Impact Assessment for this work and will share this with Council in November.
Welsh language implications	We will translate the standards into Welsh for the consultation in order to ensure that we are able to fully explore opportunities to use the Welsh language, have increased positive effects on opportunities to use the Welsh language and to not have adverse effects on the use of the Welsh language. We will also ensure that the consultation questions meet necessary requirements in relation to the Welsh Language Standards.
Annex(es)	Annex A: Draft revised Osteopathic Practice Standards
Author	Paul Stern, Steven Bettles, Fiona Browne
Background reading	Please see previous papers: • Policy Education Committee March 2026 – Public item 4 - Osteopathic Practice Standards review update • Policy Education Committee June 2026 – Public item 4 - Osteopathic Practice Standards review update



Recommendation(s)	The Committee is asked to consider the draft revised Osteopathic Practice Standards and provide feedback. The Committee is asked to consider any key areas for consultation.
Key messages • We have met on a number of occasions with our reference group to consider changes to the standards to ensure that they continue to set the standards required of osteopaths. • We are proposing a number of changes to the standards to reflect changes in areas such as artificial intelligence, social media and adjunctive therapies, among others. • We present the current working draft and thoughts on our approach to consultation for feedback. A further draft and a consultation document will be considered by Council in November.	

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Introduction

1. The purpose of this paper is to seek the Committee's feedback on the current draft revised Osteopathic Practice Standards and on areas to be explored through consultation. The Committee's feedback will inform the final draft standards, consultation document and equality impact assessment that will be presented to Council in November.
2. Under [the Osteopaths Act 1993](#) the General Osteopathic Council has the power to set the standards of proficiency, conduct and practice expected of registered osteopaths. These expectations are currently set out within the Osteopathic Practice Standards (2019).
3. The Committee has previously received updates of the work we have undertaken so far to review the standards, most recently at the June 2026 meeting (See Public Item 4: OPS Review Update). Since this time we have held further meetings with our OPS review reference group (including representatives from undergraduate education, postgraduate education, patients, students, the Institute of Osteopathy and the National Council for Osteopathic Research) and discussed how the standards could be improved with the chairs of the Investigating Committee and Professional Conduct Committee. These discussions have provided a range of perspectives and contributed to the evidence informing the proposed changes.
4. The draft has been informed by a range of sources of evidence to ensure that they are up to date in the wider health care context as well as being appropriate and bespoke for the context in which osteopathy is practised. The draft has been informed by the ethical and competence standards of other health professional regulators, our own ethical queries from osteopaths, our fitness to practise cases and the NCOR concerns and complaints report, we have also considered the recent reports and reviews, such as the Lord Mann Review on antisemitism and other forms of racism in the NHS (to reflect on strengthening inclusive practise and being anti racist), the joint regulator shared anti-racism principles, recent inquiries such as the Independent Investigation into Maternity and Neonatal Services (informing aspects of learning and reflection from complaints and encouraging speaking up) and the National Commission report on the regulation of AI in healthcare (ensuring the standards remain up to date as use and development of digital technology continues at pace).

Discussion

5. Our review and feedback received to date suggests that the structure and much of the content of the current OPS remain appropriate. We have therefore retained the four-theme framework and focused on targeted changes to improve clarity, reflect contemporary practice and address relevant legal, regulatory and healthcare developments.
6. Our OPS review reference group has now met on five occasions. The group considered both additions to the standards, including a more proactive approach

to inclusive practice, and whether existing requirements could be removed or consolidated, including the incorporation of Standard D8 into Standard D1.

7. The focus of the meetings developed over time, starting with consideration of the remit of the group and the evidence gathered through the call for feedback. Following this the group considered the core areas identified where change was required and what they might look like as well as undertake a detailed review of the current standards and guidance. Lastly the group considered the OPS as a complete framework as well as some early thoughts with regards to what should be covered within the consultation.
8. During the process, members were able to review and comment on emerging wording between meetings through a shared working document.
9. In addition to gathering views through our OPS review reference group, we have also discussed the standards review with the chairs of the Investigating Committee and Professional Conduct Committee.
10. The outcomes from these discussions have informed the draft Standards that we are presenting today within Annex A.
11. The draft standards have been informed by discussions with the reference group and the chairs of the Investigating Committee and Professional Conduct Committee. The following sections summarise the most significant proposed changes and their rationale and should be read alongside the draft at Annex A.
12. It is often difficult to get the balance right between providing sufficient detail to ensure that the standards are meaningful and useful for registrants, while also ensuring that they are provided at the right level to be applicable to the different context and ways that osteopaths can practice. We have been mindful of this throughout the drafting process and this will also be tested in formal consultation during 2026/27.

Artificial Intelligence (see Standard A3, Standard B1, Standard B3, and Standard D5)

13. In the previous review of the OPS, artificial intelligence was not significantly used within healthcare. As AI-enabled tools become increasingly available in healthcare and professional practice, the reference group considered that the standards provide clarity around expectations for osteopaths if using AI within their practice. However, the reference group thought the standards should refer to this technology only in a limited way, with more detailed expectations set out in separate guidance to enable the standards to be at high level whilst also enabling more detailed guidance that can be kept up to date more regularly.
14. We have taken the approach not to mention AI specifically within the standards given the potential that the terminology could become outdated in the future. Where appropriate we have referred to osteopaths responsibilities when using 'digital technology' as we think this term incorporates the use of AI, but also other forms of technology, such as keeping patient notes electronically.

15. We have made only limited reference to digital technology in the draft. The reference group considered that detailed expectations for the use of AI would be better set out in separate external guidance, which can be updated more quickly as the technology develops.

Social media usage (see Standard D7)

16. Osteopaths use social media to promote the services they provide and to engage with others by expressing their views and beliefs. While there are many advantages to using social media, it is important that osteopaths consider how their behaviour may affect the rights and interests of others, their own professional reputation and the impact this has on the reputation of the profession.
17. Although the current OPS refer to osteopaths' use of social media, and separate guidance on social media use is already available, we consider that setting out osteopaths' responsibilities more explicitly will provide patients, the public and osteopaths with greater clarity about the expected standards of conduct.

Adjunctive therapies (see introductory paragraph)

18. Although we publish separate guidance on adjunctive therapies, we continue to receive queries from osteopaths about how the standards apply when they use these therapies as part of their practice. Adjunctive therapies have also featured in a number of fitness-to-practise cases. We therefore propose making clearer that the OPS continue to apply whenever an osteopath uses an adjunctive therapy as part of their professional practice. More detailed information will remain in our separate guidance on adjunctive therapies.
19. We have decided not to refer to adjunctive therapies, or to name specific therapies, within the standards or underpinning guidance. Instead, we have amended the introductory text to make clear that the standards apply to all 'approaches and interventions you use in patient care'. To highlight this further, we have also included a paragraph on adjunctive therapies and other approaches in the introduction borrowing wording used in our adjunctive therapies guidance. Osteopaths must therefore consider and apply all relevant standards when using an adjunctive therapy, such as acupuncture, Pilates or sports massage, as part of their practice.

Professional boundaries (see Standard A3 and Standard D2)

20. Professional-boundary concerns, including sexual-boundary concerns, continue to arise in fitness-to-practise cases. Although there are a small number in comparison to the overall number of registrants, they have a significant impact on patients and the profession.

21. Poor communication has been identified as a relevant factor in some cases. We have therefore provided additionally clarity around what needs to be

communicated with patients prior to attending an osteopathic appointment, not just during the appointment.

Professional boundaries in the workplace (see Standard D2)

22. Osteopaths are increasingly working with other osteopaths, other healthcare professionals or with students. The current standards focus on direct osteopath and patient relationships, so we have sought to broaden this out to include those who osteopaths work with.

Equity, diversity, inclusion and belonging (see Standard A7 and Standard D6)

23. Osteopaths have a responsibility to provide fair, inclusive and person-centred care to all patients. To do this effectively, they should reflect on how their own assumptions, views and beliefs may shape their practice and take steps to ensure that their care meets the needs of the diverse communities they serve.
24. The current standards require osteopaths to comply with equality law. We propose making clear that professional responsibilities extend beyond legal compliance: osteopaths should practise inclusively, reflect on how their own assumptions, views and beliefs may affect their practice, and respond appropriately if they witness or experience discrimination.

Safeguarding (see Standard C4)

25. The current OPS only requires osteopaths have an awareness of current safeguarding procedures. The reference group considered that this requirement should be strengthened. The draft therefore clarifies that osteopaths must remain up to date with safeguarding procedures and understand how to apply them.

Reflective practice (see Standard B4)

26. Responses to our call for feedback highlighted a lack of clarity about how osteopaths could demonstrate that they meet Standard B4, which requires them to reflect on their practice to improve the care they provide. We have clarified the different ways in which osteopaths may gather information about their practice and reinforced their responsibility to reflect on and use that information to improve their practice.

Safety netting (see paragraph 1.9 of Standard C1)

27. Safety netting is not explicitly addressed in the current standards. Our reference group considered that the OPS should make clearer the importance of advising patients about what to expect, when they may need to seek further advice or care, and any appropriate follow-up arrangements if their condition does not improve as expected. We have therefore added guidance under Standard C1 to reflect this.

Osteopaths' wider role as a healthcare professional (see Standard C6)

28. Expectations of healthcare professionals have increased with respect to their wider contribution to public health, health improvement and the prevention of ill health.
29. We have revised Standard C6 and its guidance to make this expectation clearer, while ensuring that it remains proportionate to osteopathic practice. The proposed wording recognises that osteopaths should maintain awareness of relevant public health issues and, where relevant to a patient's needs and circumstances, identify appropriate opportunities within their professional role to support the patient's health and wellbeing.

Other areas discussed

30. The group considered removing Standard C3 or incorporating its content into the underpinning guidance for another standard because some requirements overlap with other parts of the OPS. It concluded that C3 should be retained because it sets an important expectation about handling and providing information that is not addressed elsewhere in the OPS.
31. The group also discussed concerns about osteopaths' safety and professional boundaries, including discriminatory, harassing or otherwise inappropriate behaviour by patients. It agreed that the proposed additions to Standard A7 should make clearer that an osteopath may end a professional relationship in response to behaviour of this kind—for example, racist comments, requests for a date or inappropriate comments about the osteopath's appearance—while continuing to meet any relevant responsibilities when ending the relationship.
32. Some minor drafting changes have also taken place in order to improve clarity.

Key questions for the committee

33. Upon reviewing the draft, committee members are asked to consider the following key questions:
 - a. Do you think the revised standards reflect what patients, the public and the profession would expect of osteopaths today?
 - b. Is there anything important missing from the draft, or anything that feels too strong or not strong enough?
 - c. Does the draft achieve an appropriate balance between requirements contained in the standards and those set out in the supporting guidance?
 - d. Are there any issues that must be resolved before the draft is presented to Council for approval to consult?
 - e. Which parts of the draft do you think are most likely to generate debate or challenge during the consultation?

Consultation

34. We have been considering our approach to consultation and are currently developing our consultation strategy.
35. We propose structuring the consultation around three types of question: high-level questions seeking overall views on the draft; questions about the clarity and usability of individual standards that have been revised; and potential questions on significant cross-cutting issues, such as artificial intelligence and social media use.
36. We have identified our key audiences as osteopaths, patients, students, pre and post educators and professional/research bodies.
37. Members are invited to identify any specific areas that should be explored through the consultation.

Next steps

38. We will consider members' feedback and make any further amendments to the standards following the Committee meeting. A revised version of the draft standards, consultation document and equality impact assessment will be presented to Council in November.

Executive view

The draft has been developed very collaboratively alongside our key partners. This is important because the Osteopathic Practice Standards are not simply 'imposed' by GOsC, they must feel like the standards to which osteopaths can and will hold themselves to account to as well as holding each other to account. They should be professional standards that are meaningful to the osteopathic profession and to the patients they treat as well as being recognisable to other health professions and the public.

In this context, we welcome feedback from the Committee.

The draft will be further refined by the executive team and the OPS Working Group prior to Council and we will also develop the consultation document so that we can seek meaningful feedback from the profession as a whole, patients and others.

Consultation will take place in 2026 /27. We will continue to work collaboratively with the OPS Working Group with a view to bringing a further version back to the Committee and Council in June and July 2027 with publication after that.

The revised Osteopathic Practice Standards will come into effect one year after publication.

Recommendations –

1. The Committee is asked to consider the draft revised Osteopathic Practice Standards and provide feedback.

2. The Committee is asked to consider any key areas for consultation.

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Osteopathic Practice Standards

DRAFT 5 October 2026

DRAFT

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This document constitutes the Standard of Proficiency and also the Code of Practice. A statement of changes between the previous Osteopathic Practice Standards (effective from 2012) and those within this document is available on the General Osteopathic Council's website.

Section 13 of the Osteopaths Act 1993 (as amended) requires the General Osteopathic Council (GOsC) to determine the standard of proficiency required for the competent and safe practice of osteopathy.

Section 19 of the Osteopaths Act 1993 (as amended) requires the GOsC to publish a Code of Practice laying down the standards of conduct and practice expected of osteopaths and giving advice in relation to the practice of osteopathy.

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The Osteopathic Practice Standards and your practice

The Osteopathic Practice Standards set out the standards of conduct, ethics and competence required of osteopaths to promote patients' health and wellbeing and to protect them from harm. It brings together the Standard of Proficiency and Code of Practice required by the Osteopaths Act 1993.

The standards provide a framework to support the delivery of ethical, competent and safe osteopathic care. The standards also play a central role in the requirements for osteopathic training and gaining registration with the General Osteopathic Council for both UK and international graduates in osteopathy.

The standards set out what patients and the public can expect from osteopaths as regulated healthcare professionals. They reflect the values, knowledge, skills and behaviours that osteopaths embody in their practice and provide a shared framework for maintaining and developing high standards across the profession.

They apply across all aspects of professional practice, regardless of the setting in which osteopaths work, the roles they undertake, or the approaches and interventions used in patient care. This could include remote practice, education, research, leadership, business activity, and work with students, colleagues and other professionals.

Patients must be able to trust osteopaths with their health. To justify that trust osteopaths must meet the standards expected in the Osteopathic Practice Standards. Osteopaths are personally accountable for their professional practice and must always be prepared to justify their decisions and actions, explaining how they have exercised their professional judgement.

The standards and guidance are arranged in four main themes:

- A. Communication and patient partnership
- B. Knowledge, skills and performance
- C. Safety and quality in practice
- D. Professionalism

The standards in each theme are listed at the start of each section. They are then reproduced, with, in each case, supporting guidance.

Within the Osteopathic Practice Standards the terms 'must', 'should' and 'may' are used in the following ways:

- **'Must'** is used where osteopaths are expected to comply. Failure to do so may put the osteopath at risk of fitness to practise proceedings.
- **'Should'** is used to indicate how the standard can be met. It is also used where the relevant duty or principle will not apply in all situations or circumstances, or where there may be factors outside the osteopath's control that affect whether or how they comply with the guidance.

- **'May'** is used in the guidance to indicate that osteopaths have a choice as to whether to carry out certain actions or not.

Adjunctive therapies and other interventions:

Many osteopaths use a range of treatment approaches in addition to those covered in their pre-registration education. These standards apply to everything you do as an osteopath, including all techniques, treatment approaches and adjunctive therapies. You must apply the standards in the context of the particular approach or intervention you use. For example, the standards apply whether you treat a patient using spinal manipulation, acupuncture or another intervention.

Before moving into a new area of practice, you should use your professional judgement to ensure that you can work lawfully, safely and effectively. You should undertake any necessary training and gain appropriate experience before doing so.

For further information, please read our adjunctive therapies guidance.

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A. Communication and patient partnership

This theme sets the standards relating to communication, the formation of effective patient partnerships, and consent. Patients should **must** be at the centre of **their** healthcare **and be supported to participate in decisions about their care. Effective communication is a two-way process that enables osteopaths and patients to share information, understand patient preferences, and make informed decisions together.** These standards support therapeutic relationships built on good communication, trust and confidence.

Standards

- | | |
|----|--|
| A1 | You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy. |
| A2 | You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them. |
| A3 | You must give patients the information they want or need to know in a way they can understand. |
| A4 | You must receive valid consent for all aspects of examination, and treatment and other interventions in a patient's care, and record this as appropriate. |
| A5 | You must support patients in caring for themselves to improve and maintain their own health and wellbeing. |
| A6 | You must respect your patients' dignity and modesty. |
| A7 | You must make sure your beliefs and values do not prejudice your |

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

1. Effective communication is a two-way exchange that involves listening with care, sharing information clearly and checking understanding. Poor communication is at the root of most patient complaints.
2. You should be alert to patients' unspoken signals; for example, when a patient's body language or tone of voice indicates that they may be uneasy, experiencing discomfort, or anxious and vulnerable.
3. Patients will come to you with different experiences and expectations and may understand their health and care in different ways. You should try to work with patients to understand their preferences and accommodate these as far as possible without compromising the care you can provide. If you cannot do so, you should explain why you are unable to do so.
4. Be aware that patients will also have particular needs or values in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical and mental health and disability. You must be able to respond respectfully and appropriately to these needs. You should ask questions to encourage patients to express what matters to them.
5. Your patients should have your full attention and you should allow sufficient time to deal properly with their needs. If you are in sole practice, you should seek to minimise interruptions while you are with a patient.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

1. Trust is an essential part of a clinical relationship and requires effective communication between osteopath and patient.
2. You must care for your patients and do your best to understand their symptoms and support their health.
3. You should be sensitive to the specific needs of patients and be able to select and utilise use effective forms of communication, which take these into account.
4. You should share accurate and relevant information with patients, and encourage them to ask questions and to take an active part in decisions about their treatment and care.
5. The most appropriate outcomes treatment for patients will sometimes involve:

- 5.1 referring them to another osteopath or other healthcare professional
- 5.2 providing advice on self-care
- 5.3 not treating them at all.

A3 You must give patients the information they want or need to know in a way they can understand.

~~Before examining or treating a patient you should ensure that they understand:~~

~~their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time
what they can realistically expect from you as an osteopath.~~

1. Before a consultation, you should explain to patients: (1.1) their rights as a patient; (1.2) their right to have a chaperone present; (1.3) that they may need to undress; (1.4) the treatment approaches you provide including any complementary therapies; (1.5) their right to stop the examination or treatment at any time; (1.6) your use of digital technologies in their care; and (1.7) what they can realistically expect from you as an osteopath.
2. You must satisfy yourself that the patient has understood the above before proceeding with examination or treatment.
3. You should ensure patients are informed about how digital technology may be used in their care and consider whether more active discussion or specific consent is needed, taking account of the nature, purpose and potential impact of the technology.
4. You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits as well as any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should **must** explain any potential risks and benefits associated with this.
5. If you propose to examine or treat a patient who has difficulty communicating or understanding, you should take all reasonable steps to assist them. For example, make use of an appropriate interpreter if the patient communicates in a different language to you. If you are unable to communicate sufficiently with the patient, you should not treat them.

A4 You must receive valid consent for all aspects of examination, and **treatment and other interventions in a patient's care, and record this as appropriate.**

1. Gaining consent is a fundamental part of your practice. ~~It is and is both an ethical and a legal requirement~~ **and supports patients to make informed**

choices about their care. If you examine or treat a patient without consent, you may face criminal, civil or GOsC proceedings.

2. Gaining consent is an ongoing process. You must ensure that patients are able to make decisions at all stages of their treatment and care and continue to give consent. **Patients should be reminded they can withdraw consent at any time.**
3. For consent to be valid, it must be given:
 - 3.1 voluntarily
 - 3.2 by an appropriately informed person
 - 3.3 with the capacity to consent to the intervention in question.

Voluntarily

4. For consent to be voluntary, the patient must not be under any form of pressure or undue influence to consent to osteopathic care. You must ensure that patients are given the information **and time** they need to reach their own decision and give consent.
5. Situations where you might question whether consent is voluntary might include patients being put under pressure by employers or relatives to accept osteopathic care or where a patient might otherwise be vulnerable.

By an appropriately informed person

6. The patient needs to understand the nature, purpose, benefits and material or significant risks to them of the examination or treatment proposed. The patient must then be free to either accept or refuse the proposed examination or treatment. Some patients may need time to reflect on what you have proposed before they give their consent to it.
7. Where your diagnostic examination and treatment are carried out simultaneously, consent could be obtained by explaining your approach, describing the types of treatment methods you might like to use, setting the parameters within which you will work, and explaining how the patient may indicate that they wish the treatment to stop. If the patient consents to you proceeding on this basis, you may do so. If the patient expresses concern that you are going outside the agreed treatment plan, you must stop the treatment.
8. Before deciding that consent has been given, you should consider **check** whether patients have been given the information they want or need, and how well they understand the details and implications of what is proposed.
9. It is particularly important to ensure that your patient understands and consents to the proposed examination or treatment of any intimate area before it is administered. Intimate areas include the groin, pubis, perineum, breast and anus, but this list is not exhaustive, and patients may regard

other areas of their body as 'intimate'. Some patients may not have come prepared for such a procedure and you should offer to conduct this at a subsequent appointment, and offer a chaperone.

Capacity

10. Capacity, in this context, relates to the ability of an individual to understand, retain and evaluate information and to make and communicate a decision regarding their health needs and treatment options.
11. You must not assume that a patient lacks capacity solely because of their age, disability, appearance, behaviour, medical condition, beliefs, or because they make a decision with which you disagree. The starting point should always be a presumption of capacity.
12. The law recognises that some patients – because of illness, mental capacity or age – are not competent to give consent for a particular examination or treatment. This is because they may not be able to absorb or weigh up the information and make an informed decision.
13. When an adult lacks mental capacity, decisions about their treatment must be taken in their best interests and in accordance with relevant legislation. Further details on the relevant legislation in England and Wales, Northern Ireland, and Scotland are provided in the GOsC guidance documents for each jurisdiction entitled Obtaining Consent.

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Treatment of children and young people

Note that in the summary below a 'child' is a person under the age of 16 years and a 'young person' is a person aged 16 or 17 years.

14. Obtaining consent for treatment to be given to a child or young person is a complex issue. If you treat children, you must be aware of the law in this respect, which may vary depending on where you practise in the UK. Further details are provided in the GOsC guidance document Obtaining Consent.
15. A child may have the capacity to consent. You will need to apply the law, and use your professional judgement in assessing the capacity of each patient under 16 years of age, which will depend on their maturity and ability to understand what is involved. You are strongly advised to involve a person with parental responsibility for the child when seeking consent.
16. You should involve children and young people as much as possible in discussions about their care, even if they are not able to make decisions on their own.
17. A young person can be treated as an adult and can be presumed to have the ability to make decisions about their own care. Nevertheless, you will need to use your professional judgement to assess whether the young person in fact has the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid.

Records of consent

18. You must record key elements of your discussion with the patient. This should include information discussed, any particular concerns, expectations or requests for information raised by the patient, how you addressed these, and any decisions made. It is important that such issues are evidenced in the patient records (see Standard C2).
19. The validity of consent does not depend on the form in which it is given. Written consent may serve as evidence of consent, but if the elements of voluntariness, appropriate information and capacity have not been satisfied, a signature on a form will not by itself make the consent valid.
20. Valid consent does not always have to be given in writing by the patient. However, if you are proposing a vaginal or rectal examination or technique, written consent must be obtained and kept with the patient records. You may also consider gaining written consent for other procedures, particularly those relating to areas which the patient considers intimate.

Sharing of information

21. You must obtain specific consent from patients regarding the sharing of any information about them with others.

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

1. Supporting patients in caring for themselves may include:
 - 1.1 providing information on the effects of their life choices and lifestyle on their health and wellbeing
 - 1.2 supporting decision-making about lifestyle changes where appropriate
 - 1.3 encouraging and supporting patients to seek help from others, including other health professionals or those coordinating their care, if necessary
 - 1.4 respecting patients' decisions about their care, even if you disagree with those decisions.

A6 You must respect your patients' dignity and modesty.

1. Patients will have different requirements for maintaining their dignity and modesty during a consultation, and you must be sensitive to these. Some of these ideas may have been shaped by a patient's culture or religion, but it is unwise to make assumptions about any patient's ideas of modesty.
2. You should respect your patients' dignity and modesty by:
 - 2.1 explaining to patients in advance of their first appointment that they may be asked to undress for examination and treatment
 - 2.2 allowing a patient to undress, and get dressed again, without being observed
 - 2.3 only observing a patient undressing if you consider this necessary for the purposes of diagnosis or treatment – this must be explained to the patient and consent obtained; if the patient does not wish to be observed, you must respect their wishes and find another way of establishing the clinical information you need
 - 2.4 giving patients the option of covering areas of their body that do not need to be exposed for examination or treatment. This can be achieved by providing a suitable gown or cover, asking that they only remove such items of clothing as are necessary for the proposed examination or treatment, or providing the opportunity to get dressed again in full or part as appropriate. If you feel it is necessary for the examination or treatment that the patient is undressed to their underwear, you should explain this to the patient, and seek their consent.
3. If it becomes necessary during examination or treatment to adjust or remove items of the patient's clothing or underwear, they should be asked to do this themselves. If it is necessary for you to assist them, then you must have their consent to do so.

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4. If you need your patient to remove underwear for an examination or treatment, you should ask them to put their underwear back on at the conclusion of that particular examination or treatment and before you continue with any other procedure.
5. You must always ask a patient if they would like a chaperone when:
 - 5.1 you examine or treat an intimate area
 - 5.2 you are treating a patient under 16 years of age
 - 5.3 you are treating an adult who lacks capacity
 - 5.4 you are treating a patient in their home.
6. A chaperone can be:
 - 6.1 a relative or friend of the patient
 - 6.2 a suitable person from your practice but not your spouse or personal partner.
7. If the patient wishes to have a chaperone and neither you nor the patient is able to provide one, you should offer to rearrange the appointment.
8. If a chaperone is present, you should record this in the patient records. If a patient within one of the categories in paragraph A6.5 declines the offer of a chaperone, you should record this in the patient's notes.

A7 You must make sure your beliefs and values do not prejudice your patients' care.

1. The same quality of service and care should ~~must~~ be provided to all patients.
~~It is illegal to refuse a service to someone on the grounds of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.~~
2. You should reflect on how your own experiences, background, culture, beliefs and values may influence your professional practice, and take steps to ensure that these do not adversely affect your judgement or your ability to recognise and respond to patients' individual needs.
3. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient.
4. You are not obliged to accept any individual as a patient (subject to the points raised in paragraph 1 above), but if having done so you feel you cannot continue to give them the good-quality care to which they are entitled, you may decline to continue treating them. In that case, you should try to refer them to another osteopath or healthcare professional where appropriate. Reasons for not accepting someone as a patient or declining to continue their care might arise where:

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- 4.1 they are or become aggressive
- 4.2 their behaviour compromises the therapeutic relationship;
- 4.3 they seem to lack confidence in the care you are providing
- 4.4 they appear to have become inappropriately dependent on you.

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B. Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support **the roles they undertake. This includes** their practice as primary healthcare professionals, and must maintain and develop these throughout their careers. They must always work within the limits of their skills and experience. The standards in this theme set out the requirements in this respect.

Standards

- B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support **all** your work as an osteopath.
- B2 You must recognise and work within the limits of your training and competence.
- B3 You must keep your professional knowledge and skills up to date.
- B4 You must ~~be able to analyse and reflect upon~~ **and analyse** information related to your practice in order to enhance patient care **and your work as an osteopath.**

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B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support **all your work as an osteopath.**

1. These should include:
 - 1.1 an understanding of osteopathic philosophy, principles and concepts of health, illness and disease and the ability to apply this knowledge critically, in the care of patients
 - 1.2 a knowledge of human structure and function sufficient to inform appropriate care
 - 1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional
 - 1.4 an understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care
 - 1.5 an awareness of the principles and applications of scientific enquiry and the ability to critically evaluate scientific information and data to inform osteopathic care
 - 1.6 an understanding of the principles of biomechanics sufficient to apply osteopathic treatment safely and effectively
 - 1.7 well-developed palpatory skills
 - 1.8 an understanding of the characteristics of the normal and abnormal functioning of different body tissues and systems to inform the interpretation of clinical findings
 - 1.9 the ability to determine changes in health and function by the appropriate use of observation, palpation, motion and clinical evaluation
 - 1.10 problem-solving and **critical** thinking skills in order to inform and guide the interpretation of clinical and other data and to justify clinical reasoning and decision-making
 - 1.11 the ability to protect yourself physically and psychologically during interactions with patients to maintain your own health
 - 1.12 **an understanding of the risks and benefits of any technology you are using and the impact this can have on patients**
 - 1.13 the ability to critically appraise your own osteopathic practice. For example, this could be achieved through:
 - 1.13.1 self-reflection
 - 1.13.2 feedback from patients
 - 1.13.3 feedback from colleagues
 - 1.13.4 case analysis or clinical audit.

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B2 You must recognise and work within the limits of your training and competence.

1. You should use your professional judgement to assess whether you have the training, skills and competence **necessary for your role.** ~~to treat a patient, seeking advice where necessary.~~
2. **You should be competent in all aspects of your practice and professional work, including in any clinical, formal leadership, management, research or teaching roles.**
3. If **not**, you should consider:
 - 3.1 seeking advice or assistance from an appropriate source to support your care for the patient
 - 3.2 working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient
 - 3.3 referring the patient to another osteopath or appropriately qualified healthcare professional.
4. Working within your competence also applies if you work within the fields of education and research.

B3 You must keep your professional knowledge and skills up to date.

1. To achieve this, you should:
 - 1.1 be professionally engaged, undertaking professional development activities and complying with GOsC requirements regarding continuing professional development
 - 1.2 keep up to date with factors relevant to your practice **and role**, including:
 - 1.2.1 GOsC guidance
 - 1.2.2 legal requirements or changes to the law in relation to your practice, for example, in relation to data storage (see standard C3), health and safety in the workplace (see standard C5) and equality issues (see standard D6)
 - 1.2.3 research, **digital technologies** and other relevant developments in healthcare.

B4 ~~You must be able to analyse and reflect upon~~ **and analyse information related to your practice in order to enhance patient care **and your work as an osteopath.****

1. **Information about your practice may be gained through activities such as feedback, audit, appraisal, peer discussion, review or risk assessment.**

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2. You should identify and implement any actions arising from these activities and use them to support your professional development and the care you provide.

~~To achieve this you will need to have sufficient knowledge and ability to collect and analyse information and evidence about your practice to support both patient care and your own professional development.~~

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C. Safety and quality in practice

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care, including evaluation and management approaches, record keeping, safeguarding of patients, and public health.

Standards

- | | |
|----|--|
| C1 | You must be able work in partnership with your patient to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients. |
| C2 | You must ensure that your patient records are comprehensive, accurate, legible and completed promptly. |
| C3 | You must respond effectively and appropriately to requests for the production of written material and data. |
| C4 | You must take action to keep patients from harm. |
| C5 | You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation. |
| C6 | You must recognise be aware of your wider role as a healthcare professional to and contribute appropriately to enhancing the health and wellbeing of your patients. |

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C1 You must be able ~~work in partnership with your patient~~ to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

1. This should include the ability to:
 - 1.1 take and record the patient's case history, adapting your communication style to take account of the patient's individual needs and sensitivities
 - 1.2 select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history
 - 1.3 take account of the setting and method of consultation, including any limitations on the information or clinical findings available, and adapt your assessment and care accordingly.
 - 1.4 formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient
 - 1.5 develop and apply an appropriate plan of treatment and care; this should be based on:
 - 1.5.1 the working diagnosis
 - 1.5.2 the best available evidence
 - 1.5.3 the patient's values and preferences
 - 1.5.4 your own skills, experience and competence
 - 1.6 adapt an osteopathic technique or treatment approach in response to findings from the examination of your patient
 - 1.7 evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate
 - 1.8 recognise adverse reactions to treatment, and take appropriate action
 - 1.9 monitor the effects of your care, and keep this under review; you should cease care if requested to do so by the patient or if you judge that care is likely to be ineffective or not in the patient's best interests
 - 1.10 ensure patients understand what to expect, what changes or warning signs require action, and what to do and who to contact if their condition changes or does not improve as expected; agree appropriate follow-up where clinically indicated.
 - 1.11 recognise when errors have been made, and take appropriate action to remedy these, taking account of the patient's best interests under your duty of candour (see standard D3)
 - 1.12 where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.
2. If providing care outside of your usual practice environment, you should note in your records where this took place, and apply the same standards

as you would apply in your usual practice, or be able to justify why this was not appropriate.

C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.

1. Records help you to provide good-quality care to your patients and should include:
 - 1.1 date of the consultation
 - 1.2 patient's personal details
 - 1.3 any problems, symptoms, concerns and priorities discussed with your patient
 - 1.4 relevant medical, family and social history
 - 1.5 your clinical findings
 - 1.6 the information and advice you provide, including a record of how this is communicated to your patient
 - 1.7 a working diagnosis and treatment plan
 - 1.8 records of consent (see Standard A4)
 - 1.9 any treatment you undertake
 - 1.10 any communication with, about or from the patient
 - 1.11 copies of any correspondence, reports, test results, etc relating to the patient
 - 1.12 clinical response to treatment and treatment outcomes
 - 1.13 the location of your visit if outside your usual consulting rooms
 - 1.14 whether any other person was present and their status
 - 1.15 where an observer is present (for example, a chaperone, peer observer, osteopathic student, or potential student) as well as you should record their status and identity, you should record and the patient's consent to their presence.
2. Your notes should be contemporaneous or completed promptly after a consultation (generally on the same day).
3. The information you provide in reports and forms or for any other purpose associated with your practice should be honest, accurate and complete.

C3 You must respond effectively and appropriately to requests for the production of written material and data.

1. To achieve this you will need to:

- 1.1 produce reports and referrals, and present information in an appropriate format to support patient care and effective practice management
- 1.2 develop mechanisms for storing and retrieving patient information, including financial and other practice data to comply with legal requirements in relation to confidentiality, data processing and storage, and requests for information from patients, healthcare professionals or other authorised parties.

C4 You must take action to keep patients from harm.

1. You must comply with the law to protect children and vulnerable adults.
2. You should ~~have an awareness of~~, **understand**, and keep up to date with, **and know how to apply**, current safeguarding procedures, including those relevant to your local area. **You must** and follow these if you suspect a child or vulnerable adult is at risk.
3. You should take steps to protect patients if you believe that the health, conduct or professional performance of a colleague or other healthcare practitioner poses a risk to patients. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:
 - 3.1 discussing your concerns with the colleague or practitioner
 - 3.2 reporting your concerns to other colleagues or to the principal of the practice, if there is one, or to an employer
 - 3.3 if the practitioner belongs to a regulated profession, reporting your concerns to their regulator
 - 3.4 if the practitioner belongs to a voluntary register, reporting your concerns to that organisation
 - 3.5 where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.
4. In any circumstances where you believe a patient is at immediate and serious risk of harm, you should consider the best course of action, which may include contacting the police or social services (though see standard D5 regarding confidentiality).
5. If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients.
6. You must comply with any mandatory reporting requirements, for example, those related to female genital mutilation (FGM) in England and Wales.

C5 You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.

1. Your practice premises must be clean, safe, hygienic, comfortable and appropriately equipped.
2. There are detailed requirements in law for health and safety in the workplace. Further details can be found on the website of the UK Health and Safety Executive **and in Northern Ireland, the Health and Safety Executive for Northern Ireland.**
3. You must have adequate public liability insurance.
4. You ~~should~~ **must** ensure that you have appropriate procedures in place in the event of a medical emergency.
5. You ~~should~~ **must** take all necessary steps to control the spread of communicable diseases.

C6 You must **recognise be aware of your wider role as a healthcare professional to **and** contribute **appropriately** to enhancing the health and wellbeing of your patients.**

1. You should **maintain awareness** ~~be aware of public health issues relevant to your practice and the people and communities you serve. and You should be able to discuss public health issues~~ and concerns, ~~and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision-making. regarding these.~~
2. **Where relevant to your professional role, you should identify appropriate opportunities to contribute to health improvement and the prevention of ill health.**

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D. Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession. The standards in this theme deal with such issues and behaviours, including the establishment of clear professional boundaries with patients, the duty of candour, and the confidential management of patient information. These contribute to ensuring that trust is established and maintained within therapeutic relationships.

Standards

- D1 You must act with honesty and integrity in your professional practice **and financial dealings**.
- D2 You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.
- D3 You must be open and honest with patients, fulfilling your duty of candour.
- D4 You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.
- D5 You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.
- D6 You must treat patients fairly, ~~and~~ recognise diversity and individual values, **and practise in an inclusive and non-discriminatory manner**. You must comply with equality and anti-discrimination law.
- D7 You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.
- D8 ~~You must be honest and trustworthy in your professional and personal financial dealings.~~
- D9 You must support colleagues and cooperate with **those you work with** ~~them~~ to enhance patient care.
- D10 You must consider the contributions of other health and care professionals, to optimise patient care.
- D11 You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.
- D12 You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation and comply with all regulatory requirements.

D1 You must act with honesty and integrity in your professional practice and financial dealings.

1. A lack of **honesty and integrity** in your practice can adversely affect patient care **and public trust and confidence in the profession**. Some examples are:
 - 1.1 putting your own interest above your duty to your patient
 - 1.2 subjecting a patient to an investigation or treatment that is unnecessary or not in their best interests
 - 1.3 deliberately withholding a necessary investigation, treatment or referral
 - 1.4 prolonging treatment unnecessarily
 - 1.5 putting pressure on a patient **to commit to treatment**, obtain other professional advice or to purchase a product **or service that is not clinically justified**.
 - 1.6 recommending a professional service or product solely for financial gain
 - 1.7 borrowing money from patients or accepting any other benefit that brings you financial gain.
2. You should **must** not allow misleading advertising or information about you and your practice. You should make sure that:
 - 2.1 Your advertising and promotional material, including website content, is legal, decent, honest and truthful as defined by the advertising standards authority (ASA) and conforms to current guidance, such as the UK Code of Non-broadcast Advertising and Direct and Promotional Marketing (the CAP code).
 - 2.2 The information you provide about your professional qualifications, practice arrangements and the services you provide is of a high standard and factually accurate.
 - 2.3 You do not use any title that implies you are a licensed medical practitioner if you are not; if you use the title 'doctor' because you have a PhD, other doctorate or you qualified as a medical doctor but you do not have a licence to practise, you should make this clear to patients and others.
 - 2.4 You do not generate publicity so frequently or in such a manner that it becomes a nuisance or puts those to whom it is directed under pressure to respond.
3. You must have a professional indemnity insurance arrangement which provides appropriate cover in accordance with the requirements of the Osteopaths Act 1993 and the current Professional Indemnity Insurance Rules.

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D2 You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.

1. The principles in this guidance apply to professional boundaries between osteopaths and their patients, but also where relevant to professional relationships with colleagues, students and others you teach, supervise, assess, employ or manage.
2. Osteopaths occupy a position of trust and responsibility, and you must not use your professional position, authority or influence in a way that exploits, pressures, harms or undermines appropriate professional boundaries, whether sexual or otherwise.

~~Abuse of your professional standing can take many forms. The most serious abuse of your professional standing is likely to be the failure to establish and maintain appropriate boundaries, whether sexual or otherwise.~~

3. Appropriate professional boundaries are essential for trust and an effective therapeutic relationship between osteopath and patient. Professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries. Failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on the patient, is likely to bring the profession into disrepute and could lead to your removal from the GOsC Register.
4. Not all crossing of professional boundaries will necessarily be an abuse of your professional standing. For example, sometimes it may support empathy and trust with a patient to disclose personal information or to treat a patient as an emergency outside your usual hours. However, there is a spectrum, and osteopaths must ensure that patients who may be vulnerable are protected at the time and throughout the duration of the professional relationship.
5. You should be aware of the risks to patients and to yourself of engaging in or developing social or commercial relationships with patients, and the challenges which this might present for the therapeutic relationship and to the expectations of both patient and professional. You should also be aware of the risk of patients developing an inappropriate dependency upon you, and be able to manage these situations appropriately, seeking advice from a colleague or professional body as necessary.
6. When establishing and maintaining sexual boundaries, you should bear in mind the following:
 - 6.1 Words and behaviour, as well as more overt acts, may be sexualised, or regarded as such by the patient. Examples might include:
 - 5.1.1 sharing inappropriate intimate details about yourself

- 5.1.2 visiting a patient's home without an appointment
- 5.1.3 making inappropriate sexual remarks to or about patients
- 5.1.4 unnecessary physical contact.
- 6.2 You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship or response.
- 6.3 Physical contact for which valid consent has not been given can amount to an assault, leading to criminal liability.
- 6.4 It is your responsibility not to act on feelings of sexual attraction to or from patients.
- 6.5 If you are sexually attracted to a patient or if a patient displays sexualised behaviour towards you, you should seek advice from, for example, a colleague or professional body on the most appropriate course of action. If you believe that you cannot remain objective and professional or that it is not possible to re-establish a professional relationship, you should refer your patient to another healthcare practitioner. If referring a patient because of your own sexual feelings towards them, you should endeavour to do so in a way that does not make the patient feel that they have done anything wrong.
- 6.6 You must not take advantage of your professional standing to initiate a personal relationship with a patient. This applies even when the patient is no longer in your care, as any personal relationship may be influenced by the previous professional relationship and an imbalance of power between the parties.
- 6.7 You must not end a professional relationship with a patient solely to pursue a personal relationship with them.
- 6.8 If you think that a personal relationship with a former patient might develop, you must consider whether this is appropriate. Factors that might impact on this include:
 - 6.8.1 the nature of the previous professional relationship
 - 6.8.2 the length of time the professional relationship lasted, and when it ended
 - 6.8.3 whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be vulnerable.
- 6.9 Osteopaths who practise in small communities may find themselves treating friends or family. In such cases, establishing and maintaining clear professional boundaries will help you ensure that your clinical judgement is objective and that you can provide the treatment your patients need. ~~The same level of care should be given to all patients, whether you know them in a social or other capacity, or not.~~ **You should provide all patients with the same standard of care and**

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maintain appropriate professional boundaries, whether or not you know them socially or in another capacity.

D3 You must be open and honest with patients, fulfilling your duty of candour.

1. If something goes wrong with a patient's care which causes, or has the potential to cause, harm or distress, you must tell the patient, offer an explanation as to what has happened and the effects of this, together with an apology, if appropriate, and a suitable remedy or support.
2. You must also be open and honest with your colleagues and/or employers, where applicable, and take part in reviews and investigations when requested.
3. You should reflect on the incident and consider how patients can be kept from harm in the future.

D4 You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.

1. A complaint is an opportunity to reflect on the communication and standard of care that was given, and it may highlight areas of your practice that could be improved. A complaint which is handled well can also result in a stronger bond of trust between you and your patient, leading to improved patient care.
2. In the event of a concern being raised, if you act constructively, allow patients the opportunity to express their dissatisfaction, and provide sensitive explanations of what has happened and why, you may resolve this at an early stage.
3. You should provide information to patients about how they can make comments, complaints and compliments about the service they have received.
4. You should make sure that your staff are familiar with your complaints policy and know to whom they should direct any patient complaint.
5. You should inform your professional indemnity insurers immediately if you receive a complaint.
6. You should ensure that anyone making a complaint knows that they can refer it to the GOSc, and provide them with appropriate details explaining the procedure.

D5 You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.

Confidentiality

1. Maintaining patient confidentiality includes:
 - 1.1 keeping confidential your patients' identities and other personal information, and any opinions you form about them in the course of your work
 - 1.2 ensuring that your staff or anyone else attending your clinic in a professional capacity (for example, students of osteopathy, potential students or peers) keep such information confidential
 - 1.3 ensuring that the information is kept confidential even after the death of a patient
 - 1.4 not releasing medical details or information about the care of a patient to anyone – or discussing such information with anyone – including their spouse, partner or other family members, unless you have the patient's consent to do so (see standard D5.7 and standard D5.8 below)
 - 1.5 taking appropriate measures to ensure that ~~that~~ such information is securely protected against loss, theft and improper disclosure, **including if you use digital technologies to record, store, process, share or manage patient information.**
2. Patients are entitled to obtain copies of their notes and, if such a request is made, you must comply with this in accordance with relevant legislation and good practice.

Management of patient information

3. You should have adequate and secure methods for storing patient information and records. Patient records should be kept:
 - 3.1 for a minimum of eight years after their last consultation
 - 3.2 if the patient is a child, until their 25th birthday.
4. You should have a written policy regarding retention, transfer and disposal of patient information and records, which should include whether it is your practice to retain them beyond eight years, or, in the case of a child, beyond their 25th birthday. Your patients should be made aware of this.
5. You should ~~make arrangements for~~ **support continuity of care by ensuring patient records to continue to remain secure and accessible if you temporarily or permanently stop practising, including because of** death or incapacity. Patients should know how they can access their records in such circumstances.
6. You must comply with the law on data protection and associated legislation. For further information on data protection, please refer to the website of the UK Information Commissioner's Office.

Disclosure of confidential information

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7. There may be times when you want to ask your patient if they (or someone on their behalf) will give consent for you to disclose confidential information about them; for example, if you need to share information with another healthcare professional. In that case, you should:
 - 7.1 explain to the patient the circumstances in which you wish to disclose the information, and make sure they understand what you will be disclosing, the person you will be disclosing it to, the reasons for its disclosure, and the likely consequences
 - 7.2 allow them to withhold permission if they wish
 - 7.3 if they agree, ask them to provide their consent in writing or to sign a consent form
 - 7.4 advise anyone to whom you disclose information that they must respect the patient's confidentiality
 - 7.5 disclose only the information you need to (for example, does the recipient need to see the patient's entire medical history?).

Disclosure of confidential information without consent

8. In general, you should not disclose confidential information about a patient without their consent; however, there may be circumstances in which you are obliged to do so, **including to meet safeguarding responsibilities (see Standard C4)**. Such circumstances might include:
 - 8.1 if you are compelled to do so by order of a court or other legal authority. You should only disclose the information you are required to under that order.
 - 8.2 if it is necessary in the public interest. In this case, your duty to society overrides your duty to your patient. This might happen when a patient puts themselves or others at serious risk; for example, by the possibility of infection, or a violent or serious criminal act.
 - 8.3 if it is necessary, in the interests of the patient's health, to share the information with their medical adviser, legal guardian or close relatives, and the patient is incapable of giving consent.
9. In any such circumstances, you are strongly advised to seek appropriate legal advice.
10. If you need to disclose information without your patient's consent, you should inform the patient, unless you are specifically prohibited from doing so (for example, in a criminal investigation), or there is another good reason not to (for example, where a patient may become violent).
11. Any disclosures of information should be proportionate and limited to the relevant details.

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12. If a patient is not informed before disclosure of confidential information takes place, you should record the reasons why it was not possible to do so and maintain this with the patient's records.

D6 You must treat patients fairly, and recognise diversity and individual values, and practise in an inclusive and non-discriminatory manner. You must comply with equality and anti-discrimination law.

1. You should be familiar with the requirements that apply to you under equality law including the need to treat people fairly and not refuse care or services unlawfully because of a protected characteristic.
2. You should work in a way that promotes inclusive practice. This means recognising and responding appropriately to the diverse needs, backgrounds and experiences of patients, and taking reasonable steps to reduce barriers that may affect a patient's access to, experience of, or outcomes from care.
3. You should take appropriate and proportional steps to challenge all forms of discrimination, including naming racism, where you encounter it in your professional practice.

~~It is illegal to refuse a service to someone on the grounds of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.~~

D7 You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.

1. The public's trust and confidence in the profession (and the reputation of the profession generally) can be undermined by an osteopath's professional or personal conduct. You should have regard to your professional standing, even when you are not acting as an osteopath.
2. In any public communications you should promote informed understanding of osteopathic care, uphold the reputation of the profession, and reflect the professionalism and dignity expected of osteopaths. You should not communicate in a way that sensationalises, misrepresents or trivialises osteopathic care and should be able to justify that your communications reflect the standards expected by patients, the public and your professional peers.
3. Upholding the reputation of the profession may include:
 - 3.1 acting within the law at all times (criminal convictions could be evidence that an osteopath is unfit to practise)
 - 3.2 showing compassion to patients
 - 3.3 showing professional courtesy to those with whom you work
 - 3.4 behaving honestly in your personal and professional dealings

- 3.5 maintaining the same standard of professional conduct in an online environment as would be expected elsewhere
- 3.6 not abusing alcohol or drugs
- 3.7 not behaving in an aggressive or violent way in your personal or professional life
- 3.8 not allowing professional disputes to cause you to fall below the standards expected of you
- 3.9 not falsifying records, data or other documents.

Education

- 4. You should not provide or promote training in a way that misleadingly implies an osteopathic qualification or professional status. You should ensure that training is appropriate to learners' existing knowledge, skills and scope of practice, and does not create an avoidable risk to patient safety.

D8 ~~You must be honest and trustworthy in your professional and personal financial dealings.~~

- ~~1. You should charge fees responsibly and in a way which avoids bringing the profession into disrepute.~~
- ~~2. It will help you avoid disputes about fees if you have clear and visible information available on patient fees and charging policies.~~
- ~~3. You should not place pressure on a patient to commit to unjustified treatment.~~
- ~~4. You may recommend products or services to patients only if, in your professional judgement, they will benefit the patient.~~
- ~~5. You should declare to your patients any financial or other benefit you receive for introducing them to other professionals or commercial organisations. You should not allow such an organisation to use your name for promotional purposes.~~
- ~~6. You should maintain sound financial records for your practice.~~

D9 You must support colleagues and cooperate with those you work with them to enhance patient care.

- 1. You should help to create a positive, inclusive and supportive workplace that puts patient care at its heart.
- 2. You are responsible for all the staff you employ in your clinic (including administrative staff) and for their conduct, and any guidance or advice they

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give to patients. You should make sure that staff understand the importance of:

- 2.1 patient confidentiality
 - 2.2 secure storage and retention of medical records
 - 2.3 appropriate relationships with patients, colleagues and other healthcare professionals
 - 2.4 complaints and associated procedures for handling them
 - 2.5 maintaining a safe work environment
 - 2.6 health and safety
 - 2.7 equality duties and good practice.
3. Where you teach, supervise or support the development of others, you should do so conscientiously, provide appropriate support and feedback, promote learning and reflection, and prioritise patient safety.
 4. If you are responsible for an associate, ~~or assistant,~~ or student, you should provide professional support, appropriate supervision and adequate resources for them so that they are able to offer appropriate care to their patients. You should foster a culture that supports learning, reflection and the raising of concerns, and take reasonable steps to ensure that they work within their competence. You should not put them under undue pressure, ~~or expect them to work excessive hours,~~ or expect ~~you should not expect~~ them to provide treatment beyond their competence.
 5. Where the care of patients is shared between professionals, you should consider the effectiveness of your handover procedures. Effective handovers can be done verbally, but it is good practice to make a note of the handover in the patient's osteopathic records.
 6. If your practice employs support staff, you should ensure that they are managed effectively and are aware of any legal obligations necessary to fulfil their role.

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

1. To achieve this, you should:
 - 1.1 treat other health and care professionals with respect, acknowledging the role that they may have in the care of your patients; any comments that you make about other healthcare professionals should be honest, valid and accurate
 - 1.2 understand the contribution of osteopathy within the context of healthcare as a whole
 - 1.3 follow appropriate referral procedures when referring a patient, or when one has been referred to you

- 1.4 work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available.

D11 You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.

1. If you know or suspect that your physical or mental health is impaired in a way that might affect the care you give to patients, you must:
 - 1.1 seek and follow appropriate medical advice on whether you should modify your practice and in what way
 - 1.2 if necessary, stop practising until your medical adviser considers you fit to practise again
 - 1.3 inform the GOsC.
2. If you are exposed to a serious communicable disease, and you believe that you may be a carrier, you should not practise until you have received appropriate medical advice, and you should follow any advice you are given about suspending or modifying your practice. You should take all necessary precautions to prevent transmission of the condition to patients.

D12 You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation and comply with all regulatory requirements.

1. Such information regarding your conduct and competence would include:
 - 1.1 being subject to regulatory proceedings by a professional body anywhere in the world
 - 1.2 being charged with a criminal offence anywhere in the world
 - 1.3 accepting a police caution
 - 1.4 being suspended or placed under a practice restriction by your employer or a similar organisation because of concerns about your conduct or competence.

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Policy and Education Committee

15 October 2026

Development: a discussion paper

Classification	Public
Action	Discussion
Purpose of the paper	To seek feedback on 'development' – how the statutory role of the GOsC is framed in today's context.
Strategic Priority implications	Trust, inclusivity and innovation: A collaborative approach to the GOsC's role in development in today's context will support the profession and increase trust, inclusivity and innovation and give great osteopathic care and will support confidence in the osteopathic profession.
Standards of Good Regulation implications	Standard two: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others. Standard five: 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.
Communications implications	We held a Sector Development Day in January 2026. We have been discussing the GOsC's role in development with our key partners. Ongoing collaboration and discussion with our sector partners, osteopaths and patients will help to refine our thinking as we explore how best to invest in the development of the osteopathic profession for the medium term to achieve common goals.
Financial, resourcing and risk implications	None at this stage. As we refine and develop our thinking, programme costs will need to be agreed separately.
Patient perspectives	Patients and osteopaths are our beneficiaries and it's important that we seek feedback as we develop our thinking further.
Diversity implications	Inclusivity is a core theme across our regulatory activity including strengthened Osteopathic Practice Standards for consultation and a CPD scheme which mandates CPD in inclusive practice along with supporting resources. We will



	continue to develop inclusive practice as part of this development work.
Welsh language implications	None at this stage.
Annex(es)	Draft Development of the Profession Framework for feedback
Author	Fiona Browne, Matthew Redford, Steven Bettles, Stacey Clift
Background reading	February 2022 Council Paper – Development of the Profession

Recommendation	To consider and provide feedback on the content of this paper.
Key messages • This paper asks for feedback about how we articulate the next stages for our role in 'development' as outlined in the Osteopaths Act 1993. • A draft framework is presented at the annex to stimulate discussion. • It will be important that the distinctive role of GOSc also works in the wider context of the sector and with our key partners, including patients. • Feedback will be considered further by Council and our key partners before being finalised in 2027.	

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Introduction

1. The General Osteopathic Council has a role to 'develop and regulate' the profession. But not to promote the profession. What does this mean in today's context and how can we make this meaningful for our key partners so that we can better connect our statutory purpose of development and our activities to have impact in supporting high standards of osteopathic care and confidence in the osteopathic profession.
2. The General Osteopathic Council is taking steps to put itself on a more sustainable footing. Since 2022 - 23, the team have been working to contain costs. However, despite this we have spent just over £540 000 more than our income over that period.
3. Council has taken time to address its financial position and to set in train steps to become sustainable over the short to medium term. This includes selling the main office building, Osteopathy House, to reduce costs and to take steps to ensure that expenditure and income from registration fees are balanced (rather than being in deficit) by consulting on an increase to the registration fee. The consultation was not 'should the fee be increased', because we are not consulting on whether we should raise the fees, but instead the question was by how much should the fee be raised. Not raising them at all is not a sustainable option.
4. Council will make decisions about the level of the fee increase in November based on the results of the consultation and so from May 2026, it is expected that the GOsC will be sustainable (with income being balanced with expenditure) enabling us to reflect further on our statutory duty of development in the current context.
5. The sale of Osteopathy House means that there will be reserves in excess of GOsC's stated reserves policy of 8 to 9 months expenditure.
6. The key question for Council to consider moving forward will be '**how best should the reserves be used to deliver its statutory responsibilities and particularly to support the professions' development in today's context**'. And '**how do we collaborate with our key partners in the sector and patients to deliver our statutory duties?**'

Discussion

Development: to what end?

7. In 2022, Council reflected on a number of objectives that development might seek to achieve. The table at Annex A summarises these, progress, impact and what next. There are also example outcomes in the Draft Framework at Annex B for consideration.

8. The Osteopathic Development Group and its role is being rethought by the sector and an in person event is planned by the Institute of Osteopathy in early 2027. It is expected that this will be a profession discussion on desired outcomes for the profession.
9. The role of GOsC and its contribution to development should be aligned to that of the profession as a whole and to patients but should also be distinctive.

Q: What would success look like for the development of the osteopathic profession, and how should the GOsC contribute to this while remaining aligned with its statutory responsibilities?

Connecting statutory purpose of Development, activities and impact

10. The draft framework below aims to support Council to make decisions about what it does and doesn't do in the context of development.

Q: We welcome feedback from the Committee on this first draft. What are its strengths? Where can it be improved? How might we best collaborate with key partners to refine?

Executive view

This paper represents early thinking about a refreshed perspective on our statutory development role. We welcome feedback from all to help us to collaborate to deliver great osteopathic care.

Recommendation(s) – To consider and provide feedback on the content of this paper.

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Development to What End? (2022)

- a. *A more developed specialist body of knowledge to provide a stronger evidence base, a strong research base and a strong educational foundation and structure.*

2022: We reflected that a number of key partners would have a role in this. The National Council for Osteopathic Research have a role in 'a profession-wide research culture' and the 'development of a research network of osteopaths'. The Institute of Osteopathy undertook a role to identify research questions and promote relevant research externally to support understanding and credibility of the osteopathic profession.

What now: We continue to fund the National Council for Osteopathic Research to support development of their role to support development of the profession.

So what: The impact of this has been to continue to support NCOR's impact, for example in supporting profession wide audit and learning in relation to established clinical guidelines for neck pain, increasing numbers of osteopaths participating in the Practice Based Research network and PROMs and other studies to increase research about the impact of osteopathic care.

What next? What should our role be in supporting a research informed profession.

- b. Osteopaths practising in a wider range of clinical settings, including a greater contribution to the workforce and to health and well-being.

2022: We felt that GOsC's role was to ensure that a graduate role was able to practice in a range of different settings so that osteopaths could see a range of career paths to enhance access to great osteopathic care.

What now: The Graduate Outcomes, published in 2022, expressly state 'The outcomes represent the minimum requirements to apply for entry to the GOsC Register, and progress to a career in a range of settings.'

The Apprenticeship Standard has been published following collaborative work between osteopath employers, the Institute of Osteopathy and GOsC to map this against the Graduate Outcomes to assure consistency of standards.

So what: The impact that GOsC has had in this area is enabling these innovations, collaborating to develop and open alternative pathways and

Annex A to 4

remove potential barriers to training as an osteopath whilst still embedding the same Graduate Outcomes and Standards.

What next: The next stage of impact will be to recognise qualifications in these alternative pathways and for those pathways to be delivered. The Institute of Osteopathy is strengthening its role in osteopathic education and may have a role to play in supporting operationalisation of these pathways along with the Council of Osteopathic Educational Institutions.

GOsC's role will be to welcome innovation and provide confidence and assurance of consistent standards through transparent, accessible and accountable quality assurance.

- c. Cohesive professional identity (or identities) supported by a strong professional structure with clearly defined roles supported by strong professional structures (e.g. Royal Colleges, Chartered Societies – representing scholastic excellence) to better support ongoing and holistic development of the profession.

2022: Concern about whether osteopathic education was sufficiently osteopathic. Wide ranging debate about different types of osteopathy. Proactive collaboration supporting high quality osteopathic care more limited. Key partners roles developing.

What now: We have centred our position around what patients want and need – different types of osteopathy delivered with the common framework of the Osteopathic Practice Standards. There is room for different kinds of osteopathy all meeting the Osteopathic Practice Standards. We have aimed to facilitate an understood space which enables identities to co-exist and develop within the common framework of the Osteopathic Practice Standards. We have undertaken events such as our January Sector Development Day to explore leadership and proactive collaboration across the sector.

So what: Differing perspectives on professional identities impact on graduates' sense of belonging as they enter a profession as well as confidence in and understanding of undergraduate osteopathic education.

Without dialogue and collaboration it is difficult for key partners to articulate their roles to others and collective and proactive contribution to great patient care.

In this space, we have been clear that it is not our role to define what is osteopathic professional identity, but we are clear that we welcome and hold all osteopathic identities at GOsC within the framework of the Osteopathic Practice Standards. Patients want access to a range of osteopathic treatments and care and so for GOsC our role is to recognise the breadth of osteopathic practice, and facilitate openness, understanding and tolerance.

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Annex A to 4

What matters is that the common framework of the Osteopathic Practice Standards applies to all practice to protect patients.

Now what: We are developing a thematic review on how osteopathic identities are developed as part of undergraduate education to explore further and increase understanding and promote informed discussion in this space. The Institute of Osteopathy are undertaking a programme of supportive work for graduates.

- d. Stronger patient partnership at micro level in terms of shared decision making and at a macro level in terms of co-production and involvement across the osteopathic professional structure to better support high quality patient care.

2022: Ongoing promotion of our shared decision making resources and proposals to develop our Patient Partner to Council and our Patient Information Forum.

What now: We have continued to promote communication, consent and shared decision making as part of our CPD scheme and we undertake workshops with students and osteopaths in this area. We have strengthened aspects of the CPD scheme in relation to boundaries and inclusive practice and we are about to publish resources in this area which will support shared decision making.

The Osteopathic Practice Standards review is also proposing to strengthen requirements in relation to supporting patients' understanding prior to the consultation and making more explicit aspects including withdrawal of consent.

We are funding a PhD student who is also an osteopath to undertake research in the area of professional boundaries to help us to better understand what goes wrong in the osteopathic context and how we can prevent boundary breaches and support high quality osteopathic care.

We have piloted the patient partner governance position for one year and extended the pilot to explore further evidence of impact.

We have continued to support patient involvement in the Osteopathic Development Group and related groups to inform profession wide access to the patient voice at the heart of decision-making alongside osteopaths.

So what: Areas of boundaries are becoming increasing proportions of concerns. We are seeing inclusive practice as another way to support and reduce miscommunications and misunderstandings. We hope that the focus on these aspects of communication and consent will reduce concerns from patients and will support high quality osteopathic care.

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What next: We will publish our new resources and continue to undertake a range of workshops and communications to promote the implementation of our standards. Alongside this the Osteopathic Practice Standards review will enable osteopaths to reflect on and embed strengthened practice in these areas. We hope that the impact will be reduced concerns in this space.

- e. Sustainable and accessible profession: in order to exercise our statutory functions effectively, we need to be able to sustain the register and we also need to ensure that the profession reflects the diversity of the society it serves.

2022: We have collected and analysed EDI data in relation to enrolment, progression and the register to identify and remove barriers and support the development of a diverse profession. We commissioned the Urgent project to explore EDI and belonging in undergraduate education.

What now: The Urgent study was published and made recommendations in relation to training, student support and networks, clarity in institutional policies. We have worked to disseminate the findings alongside NCOR in workshops for osteopaths, student and educators including dissemination of the NCOR video on the findings. We are proposing a thematic review in this area to explore implementation with the Osteopathic Educational Institutions during 2026/27.

So what: Despite work to raise awareness and support implementation of the findings alongside the strengthening of the Graduate Outcomes in the area of EDI, there has been little evidence of impact to date. Hence the Thematic Review will be an important aspect of understanding the evidence of impact in relation to the recommendations.

We have commissioned a series of projects with NCOR to explore barriers to the profession and reasons for leaving.

Now what: The Institute of Osteopathy is undertaking a programme of work to support raised awareness of osteopathy as a career. The thematic review of EDIB aims to provide evidence of what works and to promote and share this. This may also lead to more targeted reviews of evidence around culture and belonging in due course.

The Institute of Osteopathy has been undertaking work to remove funding barriers.

- f. Embedding commonly agreed, owned and understood standards

2022: We have engaged in promoting our standards with students and osteopathic groups both online and in person. We provide support to osteopaths in ethical queries to help them to exercise their professional

Annex A to 4

judgement. The CPD scheme requires osteopaths to map their CPD against the four themes of the OPS.

What now: We are currently undertaking a review of our Osteopathic Practice Standards to support the standards to be appropriate to the current context. Areas that are being strengthened include: use of artificial intelligence, inclusive practice, boundaries, social media use among others.

So what: Standards should support high standards of osteopathic care in today's context.

Now what: Raising awareness of the new standards and increasing understanding will be key during the consultation and supporting osteopaths to exercise their professional judgement will be important.

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General
Osteopathic
Council

EARLY DRAFT

Development of the profession Framework 2027-30

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07/10/2026 16:53:02

Introduction

1. The Osteopaths Act 1993 gives the GOsC the statutory remit to regulate and develop the osteopathic profession. This framework explains what development of the profession means from GOsC's statutory perspective and how we will approach that role from 2027 to 2030.
2. Development is not separate from public protection. It supports public protection by helping to create the conditions in which osteopaths are capable, ethical, inclusive, resilient and able to respond to change. Regulation and development therefore work together, while remaining distinct.

Regulation and development: connected but distinct

Area	Regulation	Development
Education	Set and assure minimum requirements for recognised qualifications.	Encourage high standards; share learning and work with educators on future capability and readiness for practice.
Standards	Set the standards expected of registered osteopaths.	Support understanding, professional judgement and consistent application through guidance, learning and engagement.
Registration	Maintain the statutory register and determine eligibility.	Help applicants understand requirements and use register workforce insights
Continuing profession development	Set minimum CPD requirements and assure compliance.	Strengthen the impact of learning, reflection, peer support and patient involvement on high standards of practice.
Fitness to practise	Investigate concerns and restrict or remove registration where standards are not met.	Use aggregate data to identify learning needs, improve understanding and support safe engagement with learning from hearings and via the National Council for Osteopathic Research

		complaints and concerns reports. .
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3. The framework provides a common basis for Council and the Executive to make choices about priorities, investment and partnerships. It does not commit GOsC to undertaking every possible activity. Individual programmes will continue to require proportionate business planning, affordability assessment and governance approval.

Purpose

4. The purpose of the framework is to provide a clear evidence-informed framework for how the GOsC will use its statutory role to support the development of the osteopathic profession in the public interest.

Definition (working)

For GOsC, development of the profession is the way in which we use our statutory role, evidence, standards, relationships and influence to support a capable, ethical, inclusive, connected and resilient osteopathic profession to deliver high standards of osteopathic care within a common framework of the Osteopathic Practice Standards. A profession which is reflective and adaptable, but maintaining the distinct nature of osteopathic care in a way that works in the wider healthcare landscape, and enhances it for the benefit of patients. This is so that patients and the public can continue to have confidence in high-quality osteopathic care, now and in the future.

What this framework sets out

5. The framework sets out:
- The statutory basis for our role
 - Our current position and the baseline from which we will build
 - The principles and boundaries that will guide our decision-making
 - Five outcomes we will work towards by 2030
 - A high-level action plan for 2027-30

Our Strategy: Vision and Priorities

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

Our Priorities:

- **Strengthening Trust:** We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.

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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
- **Embracing Innovation:** We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

Our Values

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

We work **collaboratively** to be an **influential** and **respectful** regulator with an **evidence-informed** approach.

Our governance for the Framework

Our governance: to ensure we are developing the profession within our statutory remit we will continuously review and reflect on our approach in accordance with changing circumstances and emerging data.

6. Council has overall accountability for agreeing the definition, intended outcomes and strategic direction of this framework.
7. The Chief Executive and Registrar is accountable for ensuring that delivery remains aligned with the statutory remit, Strategy and approved resources.
8. The Director Education, Standards and Development is accountable for oversight of the individual programmes identified within the Framework.

Our current position

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

9. GOsC already undertakes activity that contributes to development across education, standards, CPD, registration, fitness to practise, research, engagement and Equity, Diversity, Inclusion and Belonging (EDIB).
10. The challenge is not an absence of activity. It is the need for a shared definition, clearer prioritisation, more consistent explanation and stronger evaluation of collective impact.

11. The Annex to the framework articulates our current position in more detail.

Our forecast position

Where do we want to be: by forecasting our future position we can ensure we are financially sustainable as an organisation.

12. The annex to the Framework articulates the future position through to 2030 in relation to development of the profession. This will enable GOsC to show a coherent contribution to our identified priorities, as articulated in the Annex.

Future actions

The actions we intend to take: we will identify the actions we need to take in order to ensure we are contributing to the development of the profession.

13. The annex to the Framework highlights the practical steps we will take to ensure we are making progress on the identified priorities which we consider will develop the profession.

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Annex to framework:

Context

The General Osteopathic Council is not the only body which has a remit for 'development' in the osteopathic sector. The Institute of Osteopathy has an important role too and it is important that as part of our role of development of the profession, that GOsC supports the Institute of Osteopathy to develop the profession and to this end collaboration is key.

The table below sets out an illustration of the distinctive roles of the GOsC and iO in this space.

The Institute of Osteopathy is the professional membership body. The General Osteopathic Council is the regulator. This table helps to explain the distinctive but important roles of both organisations:

GOsC	Institute of Osteopathy
Statutory regulator	Professional membership body
Regulation: Osteopaths must be registered with GOsC in order to practise legally as an osteopath.	Membership is voluntary
Regulation and Development: Overarching objective to protect the public but also has responsibilities to develop and regulate, and protect the reputation of the profession of osteopathy.	Established to promote osteopathy and work in the interests of osteopaths. Advocates for the profession to other stakeholders including other health professions, government and others. Provides support for osteopaths in relation to practice and complaints.
Regulation: Protects the title of osteopath by taking legal action when people who are not on our Register are found to be using the osteopathic title. Development: Encourage osteopaths to promote awareness and checking of their registration to keep patients safe from unregistered practitioners	Reports concerns about protection of title to GOsC. Promotes the importance of being regulated to osteopaths.

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GOsC	Institute of Osteopathy
Regulation: By law we cannot promote the profession of osteopathy (although can publicise professional standards and regulation of osteopathy for public protection). The GOsC used to have the promotion of osteopathy in its legislation, but this was removed in 2008 because government wanted to separate out profession self-interest and representation from regulation).	Promotes a greater understanding of osteopathic care and the benefits of osteopathy for the public and patients.
Regulation: Decide on the standards of practice that providers and osteopathic students must demonstrate before they graduate, and must check the quality of education meets these standards. Development: Has a role in supporting ongoing implementation of standards, enhancement and promotion of high standards of education. (Through development of guidance and resources for students and osteopaths and implementation of these through workshops, blogs, communications etc)	Developing an enhanced role in education in collaboration with GOsC and the Council for Osteopathic Educational Institutions.
Regulation: Holds the Osteopathic Practice Standards – the core standards of practice. Development: Supports the implementation of those standards through supporting professional judgement using a range of mechanisms including development and dissemination of resources, guidance, workshops, other communications. Ethical advice line.	Can set higher standards to promote scholarship and for professional organisational membership in addition to mandatory registration. Provides more specific advice on profession norms and the application of guidance in practice.

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GOSc	Institute of Osteopathy
Regulation: Sets a CPD scheme to support osteopaths to stay up to date and fit to practise. Development: Uses insights from GOSc research and data to support osteopaths to target risk areas in their professional development through additional development of resources, guidance and workshops.	Has a broader role in CPD to support career and professional development and career advancement. Is developing a career framework for osteopaths.
Is required to investigate all concerns about osteopaths reported to the GOSc.	Has a role to represent osteopaths within the fitness to practise process.
Has a panel of independent osteopaths and lay people (non-osteopaths) who make decisions about fitness to practise. In serious cases where necessary for public protection or public confidence in the profession of osteopathy, these panels can restrict or remove the registration of osteopaths.	Has no role in removing osteopaths from practice.
As part of its development role, funds osteopathic research (for example via National Council for Osteopathic Research) and the provision of professional research journals for osteopaths. As part of its development role, funds and develops resources and sessions to support osteopaths to implement its standards	As part of its development role, contributes funds towards profession sustainability, for example by promoting osteopathy as a career option for students. As part of its development role offers CPD opportunities for members.

In addition, other key partners will also have a role in the development of the profession. These include Council for Osteopathic Educational Institutions, the

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individual osteopathic educational institutions, postgraduate educational providers, Osteopathic Alliance and the National Council for Osteopathic Research.

Current position on development of the profession

The table below describes how everything the GOsC does fulfils either its regulatory or development statutory function.

Activity	Regulation	Development
Education	Ensuring that all 'recognised qualifications' are only awarded to graduates meeting the Osteopathic Practice Standards.	- Promoting high standards of education. - Education thematic reviews (e.g. boundaries, equity, diversity, inclusion and belonging, artificial intelligence and the development of osteopathic identity in undergraduate education) - Work with COEI to support strategic development, educator workshops and networks, engagement with students on the value of regulation, the Osteopathic Practice Standards and professionalism and professional judgement.
Standards ¹	- Publishing the Osteopathic Practice Standards. - Additional guidance signposting Covid 19 guidance from UKSA and relevant bodies.	- Providing ethical guidance and individual support to help osteopaths to exercise their professional judgement and make decisions. - Provision of additional guidance and support, for example, adjunctive therapies guidance. - Ongoing implementation of OPS through engagement with osteopaths and educators, ongoing provision of resources (case studies, blogs, videos),

¹ Includes proper professional practice (including patient partnership and working with other health professionals)

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Activity	Regulation	Development
		development and implementation of values materials. Seminars to support the implementation of our standards and to support CPD (using scenarios) with osteopaths at local level.
Registration	Maintaining the register.	Supporting international applicants to understand requirements for registration and support them to complete forms and demonstrate requirements.
Continuing professional development	Minimum requirements to complete the CPD cycle.	- Developmental objectives for the scheme (engagement, support, community), supportive engagement (webinars, case studies, animations, videos, completed examples, explanations, 1 to 1 support and advice). - Patient engagement work with osteopaths and osteopathic education, interprofessional blog highlighting that working closely with others is important to the patient journey and links to Theme A. - Boundaries project and implementation.
Fitness to practise	Ensuring that those who do not meet standards have their registration restricted or removed.	Support to osteopaths to demystify the fitness to practise process, support for osteopaths who are vulnerable.
Research and development	No minimum requirements.	Funding of IJOM and associated journals.

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Activity	Regulation	Development
		Funding towards the National Council for Osteopathic Research.

This Framework is developed from a solid baseline and which also recognises where we have gaps and areas to build on.

Strengths to build on

- A statutory position spanning entry to the profession, standards, continuing development and fitness to practise.
- Access to regulatory data and insight across the whole registered profession.
- Established relationships with patients, osteopaths, students, educators, researchers, professional bodies, regulators and policymakers.
- Experience of commissioning research, producing guidance and learning resources, and convening sector dialogue.
- A Strategy that explicitly prioritises trust, inclusivity and innovation in order to support high standards of osteopathic care for patients.

Gaps to address

- No previously agreed Council definition of development of the profession.
- Limited articulation of the connection between activity, statutory purpose and public benefit.
- Limited measures of whether development activity changes capability, practice or confidence.
- A need for clearer boundaries or understanding between GOSC's role and the role of others in the sector.
- A need to prioritise within finite resources and to avoid assuming that new activity is always the right answer.

Principles for our approach

As we deliver our statutory role to develop the profession, we will adopt the following principles.

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Principle	What it means in practice
Public interest first	Activity must support patient and public confidence, the quality and safety of care, and/or the long-term effectiveness of statutory regulation.
Statutory legitimacy	We will be able to explain how each activity relates to our statutory role.
Profession-wide benefit	Our work will be relevant across the profession.
Evidence-informed and proportionate	We will use data, research and regulatory intelligence relevant to the nature of the issue.
Inclusivity	We will consider equity, diversity, inclusion and belonging, and the needs of patients and osteopaths, in our activity.
Collaborative, with clear accountability	We will convene and influence where this adds value, while being explicit about what is GOsC's responsibility and what is better led by others.
Transparent and evaluative	We will state intended outcomes, costs and measures at the outset, publish relevant learning and stop or change activity that is not delivering sufficient value.

Boundaries of GOsC's role

A clearer development role must not blur the distinction between a statutory regulator and a professional association. GOsC will support the conditions for profession-wide development where there is a legitimate public-interest rationale.

It will not seek to represent the commercial interests of osteopaths or promote the profession as a trade or membership body would.

GOsC will	GOsC will not
Set standards and provide proportionate support for their application.	Act as the representative voice or membership body for osteopaths.
Commission, undertake and share evidence relevant to regulation and profession-wide improvement.	Market individual practitioners or seek commercial advantage for the profession.
Convene the sector around shared challenges and opportunities.	Fund activity primarily benefiting a narrow group without a clear profession-wide or public benefit.

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Use data and regulatory intelligence to identify development needs.	Take ownership of every workforce, education or professional challenge.
Work with partners where combined action is more effective.	Use development as a justification for activity without clear outcomes, evidence and accountability.

When making decisions about what activity to continue and/or commence, to ensure we are remaining within our statutory role and boundaries, we will ask ourselves the following questions.

- Is there a clear connection to GOsC's statutory role and the public interest?
- What problem or opportunity is evidenced, and whose perspectives have informed it?
- Is GOsC best placed to lead, convene, fund, influence or simply share insight?
- Does the activity provide profession-wide value and avoid duplicating the role of others?
- What will change, how will we know, and when will we review the evidence?
- What are the delivery implications we need to consider, including but not limited to, financial, risk, EDIB, outcome expectations?
- Is the proposal affordable and proportionate against other regulatory priorities?
- Has, or will, the development activity been approved through the appropriate Council or committee route, in line with the Governance Handbook, procurement requirements and delegated authorities?

Forecast position on development of the profession

By 2030, GOsC will be able to show a coherent contribution to agreed outcomes (in collaboration with key partners including patients).

The desired outcomes will describe the direction of travel. They do not imply that GOsC controls every factor or can deliver each outcome alone – but close collaboration with key partners on the outcomes and the mechanisms for delivery will be necessary pre-conditions of success.

Draft outcomes are suggested below for discussion and development:

A future-ready profession	The profession is adaptable, trusted and responsive to changing patient needs, healthcare delivery models, technological developments and societal expectations. Osteopaths demonstrate high levels of professional capability, judgement and commitment to continuous improvement throughout their careers.
Confident and distinctive professional identities	The osteopathic professions’ diversity is a strength and is underpinned by shared values of belonging, excellent osteopathic patient care, professional respect, professionalism and public confidence.
An inclusive and sustainable profession	The profession is increasingly representative of the society it serves, is resilient and capable of meeting future patient and public needs.
An influential and connected profession	The profession is more connected and collaborative, with its contribution understood in relevant healthcare and public-interest discussions.

In articulating these emerging priorities, the following outcome framework develops them further for feedback.

A future-ready profession	
Element	Framework position
What we seek to influence	• Maintain relevant and proportionate professional standards • Identify and respond to emerging risks and opportunities • Build understanding of technology, including artificial intelligence, in practice, education and regulation • Strengthen and supporting narratives for the exercise of professional judgement and career-long learning • Improve understanding of readiness for practice and changing capability needs as practice develops

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A future-ready profession	
Element	Framework position
	• Use regulatory learning to target profession-wide support •
Potential delivery routes	• Review and update the Osteopathic Practice Standards through the agreed governance and consultation process • Establish proportionate horizon scanning informed by regulatory intelligence, research, engagement and external developments • Ongoing implementation of standards through regular engagement and development of supporting resources and guidance focussing on emerging areas of risk • Review the developmental impact of CPD and identify impact of updates to the CPD scheme • Develop targeted learning resources using themes from enquiries, complaints, fitness to practise, research and engagement
Evidence of progress	• Evidence that standards remain relevant and understood • Published insight on selected emerging issues and the action taken • Registrant and stakeholder feedback demonstrating improved understanding of priority changes

Confident professional identities	
Element	Framework position
What we seek to influence	• Support dialogue and understanding of differing perspectives within the context of the Osteopathic Practice Standards and

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Confident professional identities	
Element	Framework position
	impact on education and career development to support belonging • Difference is respected and focus on supporting diverse osteopaths to give diverse osteopathic care to patients within the context of the Osteopathic Practice Standards
Potential delivery routes	• Convene sector conversations on professional identities, values and public-interest contribution with a focus on inclusion and belonging and great osteopathic care within the framework of the Osteopathic Practice Standards • Undertake collaborative thematic review to support greater understanding of osteopathic education • Strengthen engagement with students and newly registered osteopaths
Evidence of progress	• Increased collaboration and greater articulation of shared values and professional responsibilities • Clearer distinction between regulatory development and professional promotion

An inclusive and sustainable profession	
Element	Framework position
What we seek to influence	• Improve workforce and EDIB intelligence • Identify barriers to participation, progression, retention and inclusive care • Use evidence to inform regulatory decisions and sector dialogue
Potential delivery routes	• Increase completeness and quality of EDIB and workforce data

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An inclusive and sustainable profession	
Element	Framework position
	- Publish proportionate trend analysis, including demographic and geographic insight where data quality permits - Work with partners to understand barriers and identify responsibilities for action
Evidence of progress	- Improved data quality and transparency - Evidence that insight informs regulatory policy and sector planning - Documented mitigations or actions where disproportionate effects or barriers are identified

An influential and connected profession	
Element	Framework position
What we seek to influence	- Improve mutual understanding between GOsC, the profession, patients and partners - Use convening and influence to support coordinated action - Strengthen UK-wide, cross-regulatory and international learning
Potential delivery routes	- Deliver a planned programme of regional engagement across England, Scotland, Wales and Northern Ireland - Create regular opportunities for dialogue with patients, registrants, educators, professional bodies and other partners - Convene strategic discussions on agreed future issues and build relationships with regulators, policymakers and relevant international partners

An influential and connected profession	
Element	Framework position
Evidence of progress	• Evidence that engagement insight changes or informs GOsC activity • Broader and more representative participation • Clear examples of collaboration avoiding duplication and producing shared value

Future actions

High-level action plan: 2027-30

Year	Phase	Indicative actions
2027	Establish and prioritise	• Collaborate with key partners to discuss framework • Confirm Framework. • Map existing activity and expenditure to the agreed outcomes. • Agree baselines, measures and data gaps. • Establish annual reporting and evaluation templates.
2028	Deliver and test	• Continue with, and begin, agreed activity. • Embed regional and stakeholder insight programmes. • Publish selected workforce, EDIB and horizon-scanning insights. • Review early evidence of reach, relevance and value. • Adjust, stop or scale work in response to evidence.
2029	Evaluate and deepen	• Evaluate against intended outcomes. • Strengthen partnerships and address duplication if identified. • Identify gaps requiring further Council decisions or investment.

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		• Use learning to shape the development of the new GOsC Strategy, beyond 2030.
2030	Consolidate and renew	• Report on progress and contribution across the agreed outcomes. • Complete an end-of-framework evaluation. • Identify what should continue, cease or transfer to partners. • Use evidence to inform the successor framework.

DRAFT

Policy and Education Committee

15 October 2026

Quality Assurance: Update on QA activities

Classification	Public
Action	For noting
Purpose of the paper	A number of quality assurance matters are being considered by the Committee in private session at this meeting. In accordance with the Governance Handbook, detailed information relating to individual education institutions, commercially sensitive information, and matters that may prejudice ongoing regulatory processes are considered in private. This public report provides a high-level summary of the work being undertaken and the key themes emerging from recent activity. This approach supports transparency about the Council's work while maintaining appropriate confidentiality where required
Strategic Priority implications	Strengthening trust - Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications. Trust in our ability as a regulator to assure that students who start a course will be able to finish it. Assuring the quality of 'recognised qualifications' meaning that all graduates meet the standards necessary to enter the register is a core part of our statutory duties. It is necessary to maintain the trust and confidence of all our stakeholders including patients, the public, the profession and other healthcare professionals.
Standards of Good Regulation implications	Standard 8: The regulator maintains up to date standards for registrants which are kept under review and prioritise patient and service centred care and safety. Standard 9 – The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns. Our quality assurance process as outlined in our Interim Handbook and the Osteopaths Act 1993 ensures that 'recognised qualifications' are only awarded to graduates

	meeting the Graduate Outcomes and the Osteopathic Practice Standards.
Communications implications	None at this stage
Financial, resourcing and risk implications	There are no specific costs envisaged as a result of this notification.
Patient perspectives	Patient perspectives feature in the Standards for Education and Training and in the delivery of osteopathic education.
Diversity implications	None specifically in the context of this paper, though diversity implications are threaded through the Standards for Education and Training and are a key feature of quality assurance activity.
Welsh language implications	None arising from this paper.
Annex(es)	None
Author	Steven Bettles
Background reading	

Recommendations	1. To note the update on quality assurance activity. 2. To note the ongoing development of risk-based approaches to quality assurance and quality enhancement. 3. To note the matters being considered in private session relating to recognised qualifications and ongoing monitoring activity.
Key messages • This paper summarises key quality assurance activity and issues being considered on the Committee's private agenda.	

Introduction

1. The GOsC's quality assurance framework seeks to provide assurance that graduates of recognised qualifications are able to meet the Osteopathic Practice Standards and are prepared for safe and effective practice. Recent quality assurance activity has focused on strengthening oversight through the use of risk-informed approaches, enhanced analysis of available evidence, and the continued development of quality enhancement activity.

2. Some of our quality assurance activity is considered on our private agenda. In accordance with our [Governance Handbook](#), matters are considered on the private agenda if any of the following features are present, at the discretion of the Chair:
 - 'Any personal matter relating to a present or former osteopath or applicant for registration
 - Any personal matter relating to an employee or member, or a former employee or member
 - Any matter which is commercially sensitive
 - Any matter relating to employment negotiations or consultations between the GOsC and staff
 - Any matter relating to future policy or strategy where, in the opinion of the Chair, public discussion would be premature
 - Any matter which is subject to legal professional privilege
 - Any matter relating to the prevention or detection of crime or the prosecution of offenders
 - Identification of the source of any information given to the GOsC in confidence
 - Any other matter deemed to be confidential by the Chief Executive which is justified as having equivalent characteristics to one or more of the above.'
 (See Annex 2, paragraph 45)
3. This paper aims to provide a high level overview of matters discussed to support transparency and accountability.

Discussion

Curricula Analysis

4. Work has been undertaken to analyse curricula across recognised qualification providers to better understand how Graduate Outcomes are embedded within programmes and to identify opportunities for quality enhancement across the sector.
5. The analysis has contributed to a broader understanding of how providers demonstrate alignment with regulatory requirements and has identified a range of approaches to curriculum design, delivery and assessment. The work is intended to support future quality assurance and quality enhancement activity and will inform ongoing discussions with education providers about emerging themes, innovation and opportunities for continuous improvement.
6. Key findings of this analysis include:
 - Strong alignment between curricula and regulatory requirements.
 - Comprehensive curriculum mapping processes.
 - Integration of professionalism and patient-centred care.
 - Extensive clinical education opportunities.

- Curriculum structures that support progressive learner development.
- Evidence of continuing curriculum innovation and development.

Key areas for further exploration include opportunities for further strengthening monitoring and evaluation of the Graduate Outcomes – how delivery of the curriculum comes together to create the graduate osteopath. We are in discussions with the undergraduate educational institutions and other key partners to explore how we might work on this through a collaborative thematic review.

Risk Profiling and Oversight

7. The Education team are working on development of a draft risk profiling framework for recognised qualification providers. The purpose of this work is to enhance our proportionate, evidence-informed regulatory oversight, better integrating all our sources of evidence to help identify areas where additional monitoring, support or engagement may be appropriate.
8. Initial analysis has identified potential themes including governance and leadership considerations, financial and organisational sustainability, quality indicators relating to education and student outcomes, and operational delivery of programmes. The emerging framework has potential to complement existing quality assurance processes and provide additional contextual information to support regulatory decision-making.
9. The framework not intended to make a judgement on compliance with standards – the existing QA processes are in place to do this - but rather provides a structured assessment of potential risks and mitigations based on available evidence to support engagement and discussion around risk mitigation.
10. Next steps include discussions with osteopathic educational institutions to seek feedback.

Financial Sustainability Modelling

11. Building on previous discussions regarding provider sustainability by the Policy and Education Committee, work is also continuing to develop a more structured approach to understanding financial and organisational factors that may affect recognised qualifications.
12. The objective of this work is to strengthen understanding of potential risks to programme sustainability and to support Council's responsibilities in relation to student protection. This includes consideration of a range of quantitative and qualitative indicators, recognising that provider-level financial performance and programme-level sustainability do not necessarily align. The work remains developmental and will continue to be refined alongside broader risk assessment activity collaboratively with the osteopathic educational institutions.

Review of Evidence Relating to Conditions

13. The Committee will consider evidence submitted by two osteopathic education institutions in relation to conditions arising from previous recognised qualification reviews.
14. The evidence has been reviewed by officers as part of the Council's established quality assurance processes and is intended to provide assurance regarding progress made against the relevant requirements. Detailed consideration of the evidence and provider-specific matters is being undertaken in private session due to the potential impact on ongoing regulatory processes and the commercial interests of the institutions concerned whilst investigations are ongoing.

Curriculum Change Notifications

15. The Committee will receive an update on evidence submitted in relation to a curriculum change notification from a recognised qualification provider.
16. The review has focused on whether the proposed changes continue to support delivery of the Graduate Outcomes and maintain alignment with the Standards for Education and Training. Detailed discussion of the institution-specific evidence is being considered in private session.

Ongoing Monitoring Activity

17. The Committee will also consider evidence relating to whether further monitoring activity may be required in relation to one recognised qualification provider.
18. The purpose of this review is to determine whether the available evidence provides sufficient assurance regarding ongoing delivery of recognised qualifications or whether additional oversight measures would be proportionate and appropriate. Any decision will be based on the totality of evidence available and in accordance with the Council's established quality assurance processes.
19. Monitoring visits are publicised at osteopathic educational institutions and on our website to ensure transparency and to enable those with information to inform the review.

Visits

20. We have visits taking place to the University of Derby in October and Liverpool John Moores University in December. These will be undertaken with our independent Visitors appointed by the Committee.

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Quality Assurance Visitor Training

21. On 7 October 2026, the team ran a quality assurance training session for our Education Visitors. We also invited representatives of postgraduate educators and the Council of Osteopathic Educational Institutions to observe the training with a view to increasing understanding, transparency and confidence in our quality assurance process.
22. The day was titled: Assuring Quality in a Changing Educational Landscape: AI, Inclusion and Professional Judgement in Osteopathic Education.
23. The aims and objectives for the day included: 'To strengthen Visitors' collective capability to make confident, consistent and evidence-informed regulatory judgements that assure standards, promote high-quality and inclusive osteopathic education, and support continuous improvement in a changing educational and professional environment.'
24. Learning outcomes included: By the end of the day, Visitors will be able to:
 - Apply consistent regulatory judgement to understand risk and identify areas for improvement.
 - Assess and understand student experience and outcomes through an Equality, Diversity, Inclusion and Belonging lens.
 - Explore the impact of Artificial Intelligence in higher education.
 - Strengthen confidence and consistency in quality assurance decision making.
25. We will provide a verbal update about the training day on the day of the Committee meeting.

Conclusion

26. Quality assurance activity during this period has focused on strengthening the evidence base available to support regulatory decision-making, enhancing understanding of sector-wide themes and risks, and ensuring that recognised qualifications continue to support the delivery of safe, effective and patient-centred osteopathic practice.
27. Detailed provider-specific matters are being considered within the private agenda in accordance with the Governance Handbook and the need to protect commercially sensitive information and ongoing regulatory activity. The Committee is invited to note this update and the continuing development of quality assurance and quality enhancement activity across the sector.

Recommendations: The Committee is invited

1. To note the update on quality assurance activity.
2. To note the ongoing development of risk-based approaches to quality assurance and quality enhancement.

3. To note the matters being considered in private session relating to recognised qualifications and ongoing monitoring activity.

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Policy and Education Committee

15 October 2026

Policy and Education Committee Terms of Reference

Classification	Public
Action	For noting
Purpose of the paper	The Policy and Education Committee Terms of Reference have been updated to reflect the revised delegations approved by Council in July 2026 and set out in the Scheme of Delegation. To update observers with speaking rights.
Strategic Priority implications	Supports the strategic priority of strengthening trust by ensuring that reporting and decision-making are transparent, clearly assigned and consistent with the GOSc's statutory duties.
Standards of Good Regulation implications	Supports Standard 1 Good Governance by clarifying delegated authority and accountability promoting proportionate, transparent and effective decision-making in the interests of public protection.
Communications implications	Members of the governance structure and the Executive have been informed of the changes. The updated Scheme of Delegation and Terms of Reference are published in the Governance Handbook on the GOSc website.
Financial, resourcing and risk implications	There are no direct financial or resourcing implications. Aligning the Terms of Reference with the Scheme of Delegation reduces the risk of decisions being taken at the wrong level of the governance structure.
Patient perspectives	Clear reporting lines, responsibilities and delegated authority provide assurance that committee business is conducted within remit and in accordance with the GOSc's statutory responsibilities.
Diversity implications	None arising from this paper.
Welsh language implications	Welsh-language versions of the Terms of Reference and Scheme of Delegation will be made available on request.
Annexes	A. Policy and Education Committee Terms of Reference August 2026



Author	Lorna Coe
Background reading	Governance Handbook

Recommendation(s)	1. To note the Policy and Education Committee Terms of Reference August 2026. 2. To note the Sutherland Cranial College of Osteopathy has been granted observer with speaking rights in line with the other stakeholders.
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Key messages

- Following Council's approval of the revised Scheme of Delegation in July 2026, the updated Terms of Reference are presented to the Committee for noting.
- The revised Terms of Reference align the Committee's remit with the Scheme of Delegation, including formal delegated authority for qualification recognition and withdrawal, pre and post-registration education and training, standards, matters connected to Fitness to Practise processes including, where relevant, protection of title and research.
- Under the Scheme of Delegation, the Committee may now decide to recognise or remove recognition of a qualification on behalf of Council within the scope of the authority delegated by Council, subject to the required approval by the Privy Council.
- The Sutherland Cranial College of Osteopathy has been granted observer status with speaking rights, consistent with other stakeholders, and the Governance Handbook and Terms of Reference have been updated accordingly.

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Introduction

- Following Council's approval of the revised Scheme of Delegation in July 2026, the updated Terms of Reference are presented to the Committee for noting.

Changes to Terms of Reference

- The changes to the Policy and Education Committee Terms of Reference from the previous version are as follows.

Matters now formally delegated to the Policy and Education Committee that previously were not:

- Recognise qualifications in accordance with section 14(6) of the Act.
- Withdraw recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.
- Pre-registration, education and training of osteopaths, including standards of practice required for registration.
- Post registration, education and training, including the requirements for ensuring osteopaths remain fit to practise.
- Standards required for initial registration and appropriate means for assessing those standards.
- Matters connected to Fitness to Practise processes, including where relevant, protection of title (Section 32).
- Measures to encourage research and research dissemination within the osteopathic profession.
- Any research needs to support GOsC work

Recognition functions under section 14 of the Act

The Education Committee is established as a statutory committee under section 1 of the Osteopaths Act 1993. Its main duties for education and training are set out in section 11. These include advising Council on relevant matters.

Section 14 gives the Committee further responsibilities relating to the recognition of qualifications and requires Council to consult it before deciding whether to recognise a qualification.

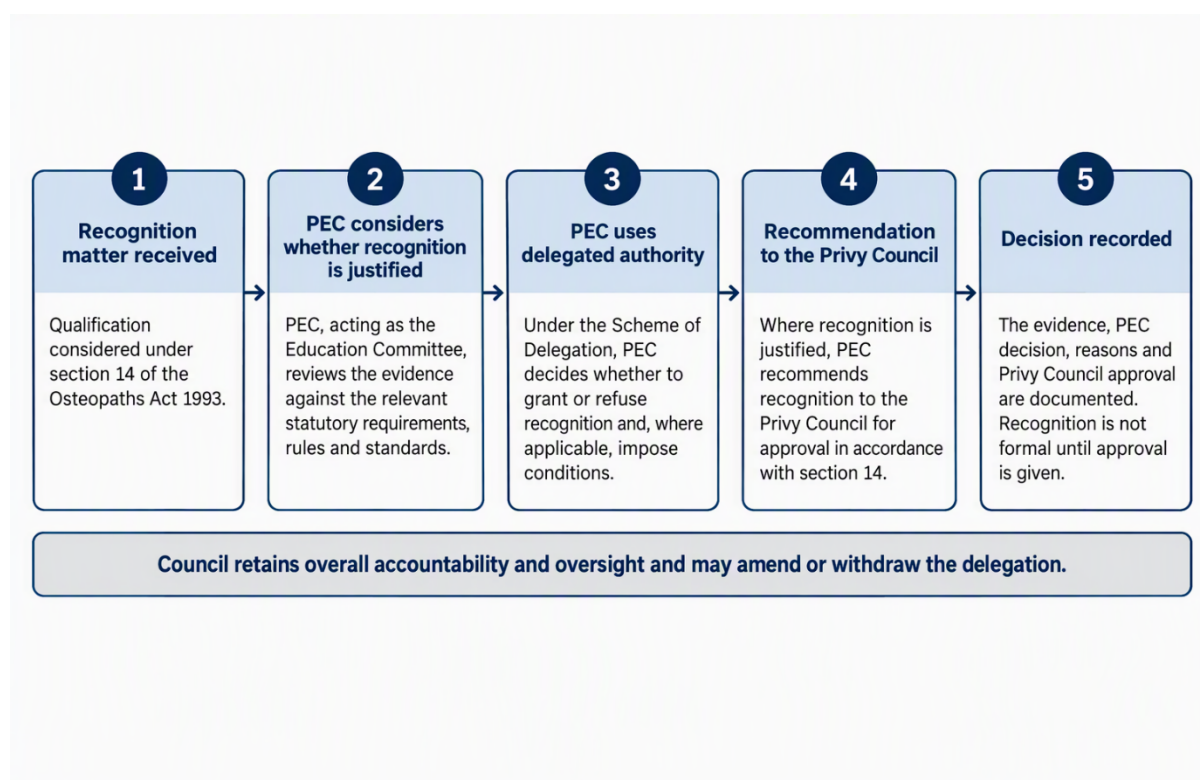
Paragraph 15(2)(i) of the Schedule to the Act allows Council to delegate any of its functions to a committee, except its power to make rules. Under the approved Scheme of Delegation, PEC may therefore make decisions directly on Council's recognition functions. This includes deciding whether to recognise or withdraw a qualification and, where applicable, whether to impose conditions.

When PEC uses this delegated authority, it makes the recognition decision on behalf of Council and does not need to send a recommendation to Council for approval. Where PEC decides that recognition is justified, it recommends recognition to the Privy Council for approval in accordance with section 14. The qualification is not formally recognised until that approval has been given by Privy Council.

PEC must follow the Act, any relevant rules and the Scheme of Delegation. It must also clearly record what it considered, the decision it reached and the reasons for that decision.

Council remains accountable for these functions. It keeps oversight of how PEC uses the delegated authority through Admincontrol where any such decision will be advised to Council and followed up in the Chair of PEC's report at the next Council meeting. Council may change or withdraw the delegation if considered necessary.

The diagram below shows the process:



Observers with Speaking Rights

Further to the Sutherland Cranial College of Osteopathy (SCCO) separating from the Osteopathic Alliance (OA), they have requested the same speaking rights as the OA. The Executive and the Chair of the Committee have agreed this would be the fair course of action and have advised the representatives accordingly.

The Governance Handbook and the Committee Terms of Reference have been updated.

Recommendations:

1. To note the Policy and Education Committee Terms of Reference August 2026.
2. To note the Sutherland Cranial College of Osteopathy has been granted observer with speaking rights in line with the other stakeholders.

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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.

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(1) 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. 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. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.
- k. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.
- l. Any research needs to support GOsC work

The Committee will undertake the statutory functions that are reserved to the Education Committee, which are to:

¹ n.b. for the purposes of the Osteopaths Act 1993, the Policy and Education Committee performs the role of the statutory Education Committee.

- a. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.
- b. 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. Advise Council in relation to policy- the management, investigation and adjudication of concerns about the fitness to practise of registrants.
- b. 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) and the Sutherland Cranial College of Osteopathy (SCCO) are invited to send an observer with speaking rights to each meeting.

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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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Policy and Education Committee

15 October 2026

Review of the Threshold Criteria for Unacceptable Professional Conduct

Classification	Public
Action	Discussion
Purpose of the paper	To consider a revised guidance to the Threshold Criteria for Unacceptable Professional Conduct, together with worked examples, and to agree the next stage of engagement and consultation.
Strategic Priority implications	Strengthening trust: updated, transparent criteria should improve understanding and confidence in early fitness to practise decision-making. Championing inclusivity: the draft expressly addresses fair decision-making, discrimination and the Public Sector Equality Duty. Embracing innovation: the revised framework uses audit learning and worked examples to support more consistent, proportionate decisions.
Standards of Good Regulation implications	The proposals support proportionate, fair and transparent fitness to practise decision-making, effective public protection and continuous improvement informed by independent audit.
Communications implications	This paper is an early iteration of the draft criteria intended to invite feedback and discussion from PEC. Further pre-consultation engagement and development will be undertaken over the remainder of 2026, with public consultation planned for the first half of 2027. A communications plan and accessible, plain-English supporting material will be developed for the consultation and final publication.
Financial, resourcing and risk implications	Work can be undertaken within the existing budget. Implementation will require staff and decision-maker training, revised templates, publication and quality assurance. The principal risks and proposed safeguards are set out in the paper.
Patient perspectives	The revised criteria are intended to make decisions clearer for patients and this form part of the proposed engagement and pre consultation activity.
Diversity implications	The draft expressly incorporates the Public Sector Equality Duty and cautions against assumptions based on protected characteristics, disability, communication style, health condition, cultural background or representation. A full Equality Impact Assessment should accompany the consultation draft.



Welsh language implications	The consultation and final publication should be considered in accordance with the GOSc Welsh Language Scheme. No additional implications have been identified at this stage.
Annex(es)	Annex A: Draft Threshold Criteria for Unacceptable Professional Conduct Annex B: Worked examples
Author	Sheleen McCormack, Director of Fitness to Practise and General Counsel
Background reading	Threshold Criteria for Unacceptable Professional Conduct, approved 4 February 2015: https://www.osteopathy.org.uk/raising-a-concern/the-investigation-process/supporting-guidance-and-procedures/ Guidance for Screeners, February 2026

Recommendations:

1. To consider the policy approach and the draft at Annex A;
2. To comment on the worked examples at Annex B;
3. To endorse the draft as an early iteration for further pre-consultation engagement and development, subject to agreed amendments; and
4. To note the proposed timetable: pre-consultation engagement and further development during the remainder of 2026, public consultation in the first half of 2027, followed by implementation planning including revised templates, training and a review after the first year of operation.

Key messages

- The current Threshold Criteria were approved by Council on 4 February 2015 and have not since been substantively revised.
 - The 2025 external audit found no unsafe decision or failure to protect the public, but identified learning on information gathering, application of the criteria, use of the Osteopathic Practice Standards and reasons.
 - The draft distinguishes the low statutory threshold applied by Screeners from the Investigating Committee's case-to-answer assessment and reframes the existing categories as non-exhaustive guidance.
 - Four anonymised worked examples, based on audit themes, are included to support consistent application and training.
- Subject to the Committee's views, the draft will be developed through pre-consultation work during the remainder of 2026, before public consultation in the first half of 2027.

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Introduction

1. During 2014-15, the GOsC consulted on new Threshold Criteria to assist Screeners and the Investigating Committee when considering whether allegations could amount to Unacceptable Professional Conduct. Council approved the criteria on 4 February 2015.
2. The Threshold Criteria set out the factors that should be considered when determining whether information received by the GOsC raises a fitness to practise concern that requires further regulatory consideration. They provide a structured framework to support consistent, proportionate and evidence-based decision-making, helping decision-makers identify concerns that may engage the GOsC's statutory fitness to practise functions. The criteria are not meant to be a checklist and are not determinative in themselves. Rather, they are intended to distinguish concerns that warrant progression within the fitness to practise process from matters that are more appropriately resolved through other means or which do not raise a regulatory issue.
3. The criteria were intended to promote public protection, proportionality, transparency and consistency. They identify categories of complaint that will not usually be capable of amounting to Unacceptable Professional Conduct, while preserving the need to consider each case on its own facts.
4. At the time of publication, the GOsC stated that the criteria would be reviewed in light of operational experience and developments in the wider regulatory landscape. Although the criteria have continued to be used, they have not been substantively revised since 2015.
5. The regulatory context and the GOsC's operational experience have developed since then. In particular, there is now a clearer need to distinguish the narrow statutory question for a Screener from the realistic prospect assessment undertaken by the Investigating Committee, to address the Public Sector Equality Duty expressly, and to provide more practical assistance on reasons and mixed allegations.
6. In 2025, an external legal audit reviewed 18 initial-stage fitness to practise decisions made between 1 April 2023 and 30 August 2024: ten cases closed by Screeners and eight cases closed by the Investigating Committee.

The audit did not identify concerns at a level suggesting that the public was not protected. Five Screener decisions and three Investigating Committee decisions were rated amber because of learning points or areas for improvement in the written record.

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8. The audit considered the existing categories comprehensive overall, but identified scope to improve the guidance. The principal themes relevant to this review were: the need to obtain necessary information before closure; the importance of identifying and applying relevant professional standards; careful use of the term “vexatious”; fuller reasons; clearer treatment of allegations with no supporting evidence; and clearer explanation of public protection, including patients, the wider public and public confidence.

Discussion

9. The proposed Threshold Criteria have been revised to improve clarity, consistency and usability for decision-makers. The principal changes are:
 - Separate the guidance applicable to Screeners from the guidance applicable to the Investigating Committee, while retaining a common statement of purpose and seriousness.
 - Emphasise that a Screener is applying a low statutory threshold and should not determine disputed facts, assess credibility finally or apply the Investigating Committee’s realistic prospect test.
 - Reframe the existing list as non-exhaustive indicators rather than automatic exclusions.
 - Remove “complaints outside the statutory grounds” as a standalone threshold criterion because it states the statutory question rather than being a category of case.
 - Remove anonymous complaints and differences of professional opinion as automatic categories.
 - Retain, but provide greater definition, the category relating to vexatious complaints. The label should be used sparingly and only where the purpose or conduct of the complaint process, rather than simply its weakness or persistence, justifies it.
 - Expressly address the Public Sector Equality Duty and allegations of discriminatory conduct.
 - Inclusion of worked examples to illustrate how the Threshold Criteria may be applied in practice and to promote greater consistency and understanding amongst decisionmakers.

Recommendations:

1. To consider the policy approach and the draft at Annex A;

2. To comment on the worked examples at Annex B;
3. To endorse the draft as an early iteration for further pre-consultation engagement and development, subject to agreed amendments; and
4. To note the proposed timetable: pre-consultation engagement and further development during the remainder of 2026, public consultation in the first half of 2027, followed by implementation planning including revised templates, training and a review after the first year of operation.

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Annex A: Draft Threshold Criteria for Unacceptable Professional Conduct

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1. Purpose and status

This guidance assists complainants, registrants, Screeners and the Investigating Committee to understand the types of concern that may engage the GOsC's fitness to practise procedures.

The GOsC's fitness to practise procedures protect patients and the wider public, maintain public confidence in osteopathy and uphold proper professional standards. They are not a general complaints service or a forum for resolving private, commercial or civil disputes.

These criteria are guidance. They are not exhaustive and do not replace the statutory tests. Each allegation must be considered on its own facts and in its full context.

2. The seriousness threshold

Unacceptable Professional Conduct is conduct falling short of the standard required of a registered osteopath. A departure from the Osteopathic Practice Standards does not, without more, establish Unacceptable Professional Conduct.

The central question is whether the alleged conduct, if proved, would be sufficiently serious to justify regulatory action in the public interest. Relevant considerations may include:

5. actual or potential harm;
6. risk of repetition;
7. abuse of professional position or trust;
8. dishonesty, discrimination or exploitation;
9. the vulnerability of any person affected;
10. whether the conduct was deliberate, reckless, persistent or repeated;
11. the extent of the departure from professional standards;
12. the effect on public confidence and proper professional standards; and
13. whether several lower-level concerns, considered cumulatively, create a serious concern.

3. Public Sector Equality Duty and fair decision-making

Decision-makers must act fairly, without bias and with due regard to the Public Sector Equality Duty. They must not make assumptions based on a protected characteristic, communication style, disability, health condition, cultural background or whether a person is represented.

An allegation of racist, discriminatory, harassing or victimising conduct should not be screened out merely because there is no evidence of physical harm or only one complaint. The decision-maker must consider the nature of the alleged conduct, the professional context, potential harm, public confidence and the need to uphold standards.

4. Guidance for Screeners

The Screener's statutory role is narrow. The Screener asks whether, if the allegation proves to be well founded, the Act gives power to deal with it. This is a low threshold. The Screener should not conduct a final assessment of disputed facts, decide credibility, or apply the Investigating Committee's realistic prospect test.

Before closing a case, the Screener should ask:

1. Is the person complained about a registered osteopath and does the allegation fall within a statutory category?
2. Is there sufficient relevant, credible and detailed information to identify an allegation?
3. Is there a material gap in the information which can reasonably and proportionately be filled?
4. If the facts were proved, could the conduct be sufficiently serious to amount to Unacceptable Professional Conduct?
5. Does the concern include any feature that increases seriousness, including harm, dishonesty, discrimination, abuse of trust, repetition or public confidence?
6. If only part of the allegation should be referred, have the referred and closed parts been clearly identified and explained?

5. Matters that will not usually meet the threshold

The following matters will not usually be capable, by themselves, of amounting to Unacceptable Professional Conduct. They may nevertheless require referral where there are aggravating features, linked concerns or a wider public protection issue.

Minor record-keeping concerns	where the concern is isolated and does not involve significant clinical risk, deliberate concealment, persistent failure, serious information governance concerns or another aggravating feature.
Unsupported concerns	where reasonable and proportionate enquiries have been made but there remains no factual material capable of supporting the allegation. A lack of proof should not be confused with disagreement about the facts, which may require investigation.
Abuse of the complaints process	where there is clear evidence that the complaint has been pursued solely or predominantly to cause harassment, annoyance or disruption. The term "vexatious" should be used sparingly. Repetition, strongly expressed views, inconsistency or an ultimately unsuccessful

	complaint do not, without more, make a complaint vexatious.
Fee or cost disputes	unless there is an allegation of dishonesty, deception, exploitation, improper pressure, a failure to provide clinically necessary information or another public protection concern.
Employment, contractual or business disputes	unless the facts also raise a distinct regulatory concern, such as dishonesty, misuse of patient information, discrimination, intimidation, patient safety or abuse of professional position.
Private life disputes	unless the alleged conduct includes violence, abuse, harassment, discrimination, dishonesty, a relevant criminal matter, a risk to patients or others, or conduct capable of seriously undermining public confidence.
Minor motoring or transport matters	where there is no alcohol or drug involvement, health concern, dishonesty, repeated disregard of the law, risk to others or other feature relevant to fitness to practise.

6. Mixed and cumulative allegations

The fact that one part of a complaint falls within a category above does not determine the remainder. Decision-makers must separate the issues, consider whether any part should be referred and assess the cumulative effect of all linked concerns. A private dispute may reveal a separate regulatory issue. Equally, a minor standards departure may remain below the threshold when considered fairly in context.

7. Guidance for the Investigating Committee

The Investigating Committee applies its statutory case-to-answer test on the evidence gathered. It should:

1. identify the material factual allegations and the applicable Osteopathic Practice Standards;
2. address relevant expert evidence and explain whether it is accepted;
3. consider whether further investigation is needed before a fair decision can be made;
4. apply the seriousness threshold separately from the question whether a standard may have been breached;
5. consider public protection, public confidence and proper professional standards; and
6. give clear, case-specific reasons for each allegation and for any part-referral.

8. Reasons and lay review

Reasons may be concise but must be clear, intelligible and specific to the case. They should identify the material facts, relevant standards, applicable criterion, any public protection factors and why the allegation is referred or closed. Merely naming a criterion is not sufficient.

Where a lay member reviews a Screener's closure decision, the lay member must undertake an independent review and record brief reasons for agreement or disagreement, including any public interest point considered.

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Annex B: Worked examples

These anonymised examples are adapted from themes identified in the external audit. They are illustrative only and are not substitutes for applying the statutory test to the evidence in an individual case.

Example 1: Public response to an online review and disclosure of patient information

Scenario. A patient posts a critical online review. The osteopath responds publicly and includes details about the patient's behaviour and aspects of the consultation. The osteopath says the review was unfair and provocative. The patient complains to the GOsC.

Application:

1. The complaint should not be labelled vexatious merely because the Screener considers the review unfair, strongly expressed or motivated by a dispute.
2. The regulatory concern should capture the alleged public disclosure of confidential or health-related information, not only the tone of the exchange.
3. If the factual allegation is supported, it could engage confidentiality, professionalism and public confidence and should ordinarily be referred.
4. Before deciding, the Screener should obtain the review and response in full and clarify what information is said to have been disclosed.

Likely approach: refer the confidentiality and professional conduct concern if there is sufficient material. Do not use the vexatious criterion unless there is separate, clear evidence of abuse of the complaints process.

Example 2: Poor service does not automatically amount to a fitness to practise concern

Scenario: A patient complains that an osteopath was late for two appointments, did not respond promptly to emails and was rude during a consultation. The patient is dissatisfied with the service received but there is no allegation of clinical failings, dishonesty, boundary issues, patient safety concerns or wider misconduct.

Application:

- Not every complaint made about an osteopath raises a fitness to practise concern.
- The decision-maker should consider whether the concerns, if proved, would be capable of engaging public protection, public confidence or professional standards.
- Matters concerning customer service, communication or dissatisfaction with treatment outcomes will not necessarily require regulatory action.
- The reasons should explain why the concerns do, or do not, raise a regulatory issue.

Likely approach: Conclude that the concerns, taken at their highest, are unlikely to require progression within the fitness to practise process and are more appropriately addressed outside the regulatory framework.

Example 3: Single clinical concern does not automatically raise a fitness to practise issue

Scenario: A patient complains that an osteopath used a treatment technique that caused temporary discomfort. The patient recovered fully and there is no evidence of harm beyond that normally associated with treatment. An independent clinical adviser identifies a minor departure from best practice but concludes that the conduct was isolated, remediable and unlikely to be repeated.

Application:

- Not every departure from best practice will amount to a fitness to practise concern.
- The decision-maker should consider the seriousness of the concern, the risk of repetition, any evidence of insight or remediation, and whether the matter engages the wider public interest.
- The Threshold Criteria require consideration of the particular facts of the case rather than reliance on a finding that a standard was not met.
- The reasons should explain why the concern does, or does not, warrant progression within the fitness to practise process.

Likely approach: Conclude that, on the available information, the concern is unlikely to require further fitness to practise action and is more appropriately dealt with outside the fitness to practise process.

Example 4: Broad regulatory concerns and mixed fee and clinical issues

Scenario. A patient says that an osteopath charged more than expected, did not provide a promised report and failed to communicate an important clinical finding. The regulatory concerns are drafted broadly as “issues about fees and communication”. The osteopath disputes the patient’s account.

Application:

1. The fee dispute may fall below the threshold if there is no evidence of dishonesty, deception or improper pressure.
2. The failure to communicate a potentially important clinical finding is a separate patient-care issue and must not be absorbed into the fee dispute.
3. The regulatory concerns should identify the factual issues specifically enough to focus the Screener’s analysis.

4. The Screener may close the pure fee element while referring the clinical communication concern, with reasons for the part-referral.

Likely approach: separate the allegations. Close the pure fee dispute if no aggravating feature is present, but refer the supported clinical concern if it could amount to a serious standards departure.

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